



Home Environment Assessment & Response Team

HEART: Helping you Live Independently at Home

Updated Business Case

Document Title:	An Updated Business Case for the Home Environment Assessment & Response Team (HEART) Service through a shared agreement.
Description:	This updated business case is to provide a partnership structure for the 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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Status:	
Date:	
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1. Introduction

- 1.1 The HEART service is an integrated service approach between social care and housing which focuses on the customer and their carers to deliver the right practitioner at the right time with the right solution to provide for home adaptations. This enables the customer to have 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 model of integrated delivery is accepted as 'Best Practice' and reflects the ambitions of the 2021 Social Care White Paper 'People at the Heart of Care'.

2. Background

- 2.1 The Councils in Warwickshire have been working together to improve services to deliver home adaptations for 10 years. In 2017 the HEART shared partnership was forged involving all the Councils. The central aim of the partnership was to bring together housing and occupational therapy in an integrated team which delivers Home Improvement Agency services and housing adaptations for disabled and older people in Warwickshire. This has been achieved.
- 2.2 In 2021 the HEART Management Board carried out a strategic review to consider the focus and the direction of HEART services to ensure they reflect the requirements of all partners now and in the future. This review recommended, and the Board agreed, that the Business Case should be updated to reflect changing priorities and focus the service to ensure effective delivery of the Disabled Facilities Grant (DFG) allocation and Care Act outcomes for partners.
- 2.3 The primary aim of the service continues to be to support people through housing interventions to remain living independently in their own homes for as long as they wish, and it is safe for them to do so.
- 2.4 The service has created a customer focused service delivery model which brings together the different professions from each of the organisations. It created an innovative role of a Housing Assessment Officer which combines 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 HEART is to ensure that this is not a process done to a customer but 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”

- 2.5 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. The service works in partnership with the person needing their services, and all other

parties providing support, if necessary over the long term, to achieve an improvement in the quality of the individual's life.

- 2.6 The HEART service also provides a tenure neutral assessment process, providing Occupational Therapy housing assessments for residents regardless of tenure. This includes Local Authority Tenants who are not eligible for Disabled Facilities Grants.
- 2.7 At its inception, as well as acting pragmatically to establish new team structures and systems of work, the HEART partnership created a joint Financial Assistance Policy to provide consistent access to interventions across the County. This was underpinned by the development of a framework of contractors to deliver the approved works. Reflecting the ambition of the partnership HEART has also developed a designated hospital discharge liaison service which acts directly with acute hospitals to assist with preventing delays when housing is an issue.
- 2.8 The HEART service has delivered significant improvement in the customer journey and delivery times but there have been challenges for the service in delivering effective services due to increased demand, the Pandemic and other issues which were identified by the Board reviews of the service. Therefore, the Board requires the service to focus the delivery of the service onto effective delivery of aids and adaptations funded by the Disabled Facility Grant Government allocation and ensuring all outcomes are effectively recorded.
- 2.9 The majority of services across England are still not pursuing an integrated systems approach and are delivering Home Improvement Agency (HIA) and housing adaptations through the 'traditional' silo working practices, with professional boundaries and convoluted processes of work between the Occupational Therapy service and Housing departments. This is not something that any partners wish to see a return to in Warwickshire.
- 2.9.1 As the HEART service has become established the pressures on both health and social care services have increased, particularly in the last 12 months because of the Pandemic. 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 demand for support and adaptations is increasing. The Government remains committed to supporting the delivery of the Disabled Facility Grant, with the 2021 Social Care White Paper making the following commitments to the Grant arrangements:
- Total National Budget allocation would remain at the current £570million per year from 2022-23 to 2024-25
 - Funding for a new service to make minor repairs and changes in people's homes (the details of this are still to be confirmed)
 - Publishing updated guidance to advise local authorities how they can effectively and efficiently deliver DFG (this is expected to recommend a more joined-up approach reflecting the HEART model.
 - Consultation on increasing the DFG limit
 - Consultation on reviewing the allocation formula for DFG funding to local authorities

- Consultation on revising the DFG means test including how best to align it to the social care charging reforms.

2.10 The Government has published new DFG Guidance which is in line with the HEART service purpose and states that “adapting a home environment can help sustain or enable independent living, privacy, confidence and dignity for individuals and their families”.¹ The guidance outlines both strategic and operational best practice and the HEART Service and its Board are committed to following these wherever practicable to deliver the most effective and efficient service for all residents of Warwickshire.

2.11 The commitment of partners across the 6 organisations has enabled the partnership to develop and mature to deliver best practice models of working. The first few years of the partnership were used to establish radically new systems of work and a new policy direction. The service transformation achieved across Warwickshire is accepted as an exemplar of Best Practice. There is a desire from Partners to build on this moving forward.

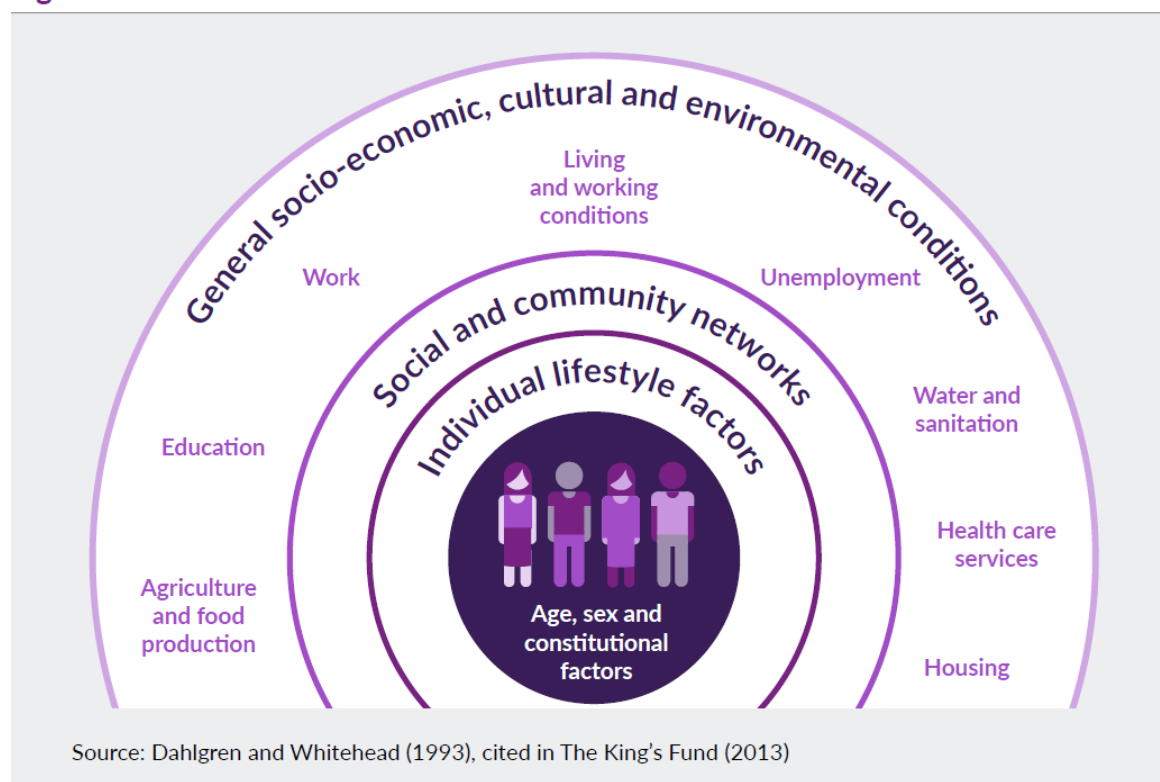
2.12 The key principles² used to ensure the HEART service is meeting people’s needs and wishes are:

- 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.
- Reported performance metrics must reflect the requirements of all Commissioners

2.13 The report ‘A vision for population health – Towards a Healthier Future’ by The Kinds Fund published in November 2018 suggested that health is impacted by many different factors as shown in the diagram below:

¹ <https://www.gov.uk/government/publications/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england>

² Adapted from Commission for Improving Urgent Care for Older People March 2016 www.nhsconfed.org

Figure 1 What affects our health?

The report cites that “there is now a wealth of evidence that the **wider determinants of health** are the most important driver of health. In addition to income and wealth, these determinants include education, housing, transport and leisure”³.

- 2.14 Good housing is essential to health and well-being, with 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 life⁴.
- 2.15 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 2037⁵. An estimated two-thirds of those who have reached pensionable age have at least two chronic conditions⁶ and 850,000 people in the UK are living with dementia⁷.
- 2.16 Warwickshire Insights⁸, using 2011 Census also identified that the expected age profile within Warwickshire is expected to change between 2020 and 2043 with the percentage of the population expected to be over 65 increasing from 20.8% to 24.5% in that period.

³ <https://www.kingsfund.org.uk/publications/vision-population-health>

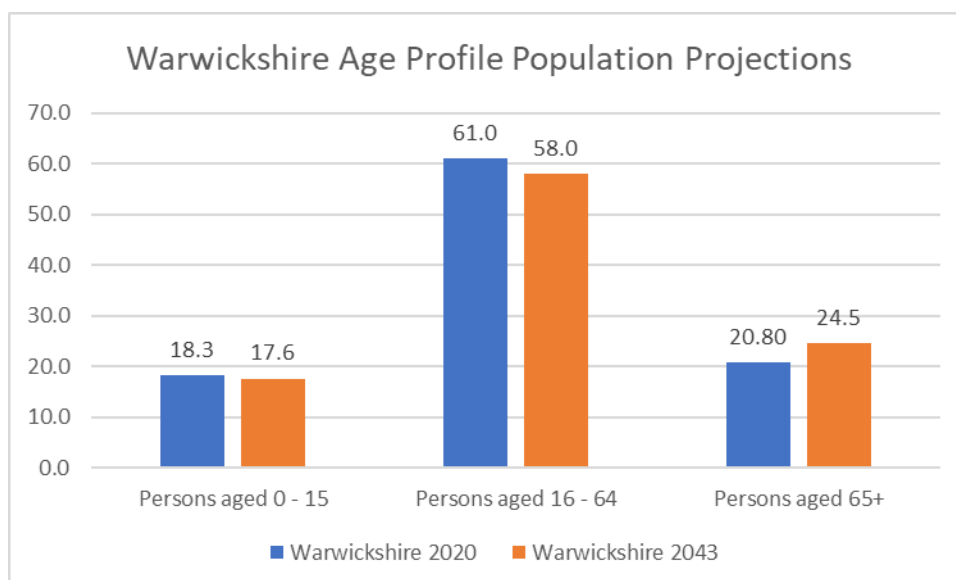
⁴ Heywood, F. Turner, L. (2007), *Better outcomes, lower costs – Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence*.

⁵ Warwickshire Observatory, (2015) *Quality of Life in Warwickshire 2014/15*

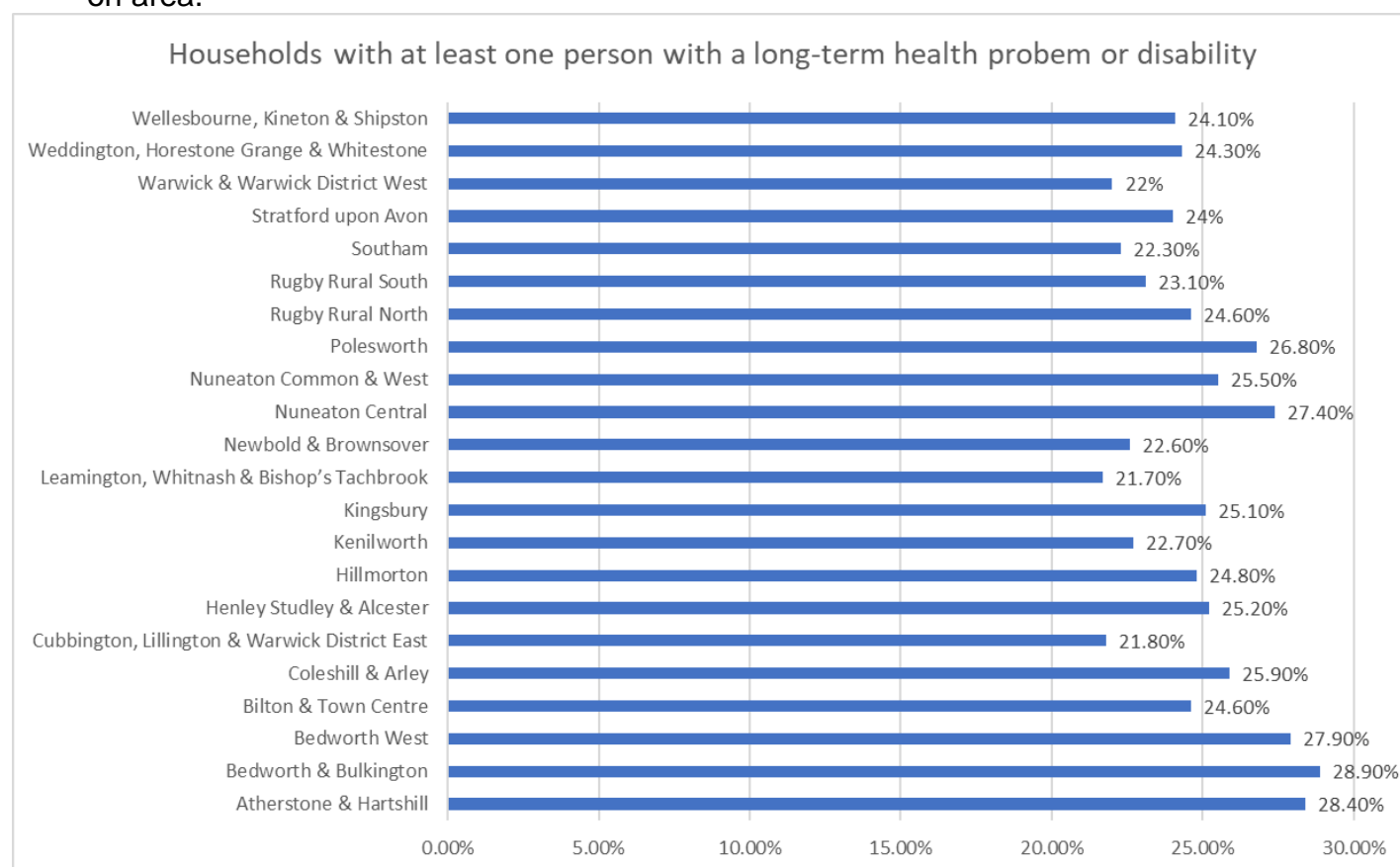
⁶ cited in Nolte, E. Knaul, C. McKee, M. (2008) *Managing chronic conditions*

⁷ Age UK (2015) *Later Life in United Kingdom*.

⁸ <https://data.warwickshire.gov.uk>



2.17 The Joint Strategic Needs Assessment⁹ also indicates that from the 2011 Census across Warwickshire the level of household with someone with at least one person with a long-term health problem or disability is between 21.7% and 28.9% depending on area.



2.18 The benefits to the wider public purse, including the health and social care economy, of carrying out rapid adaptation interventions are widely documented. Examples cited include handrails to the main stairs, which cost in the region of £200 can save health

⁹ <https://data.warwickshire.gov.uk/jsna-profiles/>

costs of around £930 and if the falls risk is removed this increases to around £1,250¹⁰. The installation of adaptations can also significantly reduce the level of Hospital “bed blocking” which represents a potential saving of between £1,750 and £3,000 per week for an acute bed¹¹. Moreover, inappropriate hospital stays for frail older people are dangerous and debilitating.

2.19 Demands for adaptations has 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 community¹². The Care Act 2014 made significant changes to the requirements for social care, but did not replace the Housing Grants, Construction & Regeneration Act 1996 which is the primary legislation which outlines and the responsibilities for the provision of DFG’s. The Care Act introduced many reforms including:

- Establishing a statutory “well-being principle.”
- A 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.

2.20 The Better Care Fund in Warwickshire, known as “Warwickshire Cares Better Together” and managed by the Health and Wellbeing Board has enabled the profile of HEART and its services to be raised more widely and provides further opportunities to ensure that DFG contributes to the wider prevention and wellbeing agenda. The 2021 Social Care White Paper confirmed the Government’s commitment to a national allocation of £570m until 2024-25 and in 2021-22 Warwickshire authorities combined DFG allocation was £5,124,786. It is important to note that the Government has committed to consulting on the current allocation formula so at the current time there is no guarantee that the Warwickshire authorities’ allocations will remain at the same level for the entire award period.

2.21 The customer pathway, for the HEART service is committed to only including only those steps that are of value to the customer and has the ambition to ensure that:

- Initial customer assessment happens at the first point of contact with the service. This allows for information to be shared with the customer and prioritisation.
- All the team members’ skills are developed to ensure they can identify the necessary provide housing solutions.
- The role of Housing Assessment Officer enables the functional ability of the person and the conditions of their home environment to be assessed and modified accordingly on a single visit.
- There is a streamlined proportionate assessment process which includes the relevant sharing of information between all partners to maximise the benefits to customers.
- There is a portfolio of core interventions that are delivered by all practitioners from the delivery of minor and major adaptations through to advice on fall

¹⁰ Building Research Trust, (2010) *The Real Cost of Poor Housing & Homes and ageing in England*.

¹¹ Georghiou, T. and Bardsley, M. (2014) *Exploring the Cost of Care at the End of Life*.

¹² Home Adaptations Consortium, (Oct 2013), *Home Adaptations for Disabled People*.

prevention and other home safety issues as well as arranging for equipment for daily living, and signposting to other services for specialist support.

- There is resilience within the service.
- Continuous improvement is promoted by monitoring key performance indicators which reflect whole service delivery.

2.22 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 have been shown to reduce demand on long term and acute services. 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 outcomes¹³. The service is committed to exploring options for measuring wider health and social value outcomes from its services in the future.

2.23 The primary focus for HEART is the delivery of adaptations and other works funded by the DFG. Dealing with DFG’s and adaptations under Section 24 of the Housing Grants, Construction and Regeneration Act 1996 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 formation of HEART and the single team approach means that in Warwickshire there is no separation of this duty to ‘consult’ from the assessment process and once a person needs have been assessed their adaptation can proceed without delay.

2.24 The Service will continue to develop practitioners with the skills and capabilities to enable the provision of appropriate interventions, minimising risk to customers and their carers, deliver ‘right first time’ outcomes which achieve the aims of the HEART Service.

2.25 The outcomes for the HEART Service moving forward can be identified as follows:

Primary Outcomes

1. To enable customers with multiple and complex conditions to maximise their potential and live in their chosen home environment.
2. To improve quality of life for older and disabled people and their carers.
3. To be proactive and avoid where possible, crisis situations for customers and carers regarding managing in their chosen home environment.
4. To improve living conditions by reducing hazards in the home.

Secondary Outcomes

1. 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.

¹³ Home Adaptations Consortium, (Oct 2013), *Home Adaptations for Disabled People*.

2. To promote positive health and well-being styles of living and falls prevention.
3. To reduce demand elsewhere in the housing, health and care system.
4. To prevent hospital admissions and/or facilitate timely hospital discharges.
5. To contribute to Strategic Priorities of Partners and Government including:
 - Integration & Partnership working.
 - New legislative requirements
 - Safety, Well-being & Prevention.
 - Preventing & Facilitating hospital discharges.
 - Better outcomes for customers & carers in their home environment¹⁴.

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 currently conducted by the HEART service is not solely related to the provision of a Grant 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 most recent (Quarter 4 2021/2022) customer satisfaction information is set out in the table below:

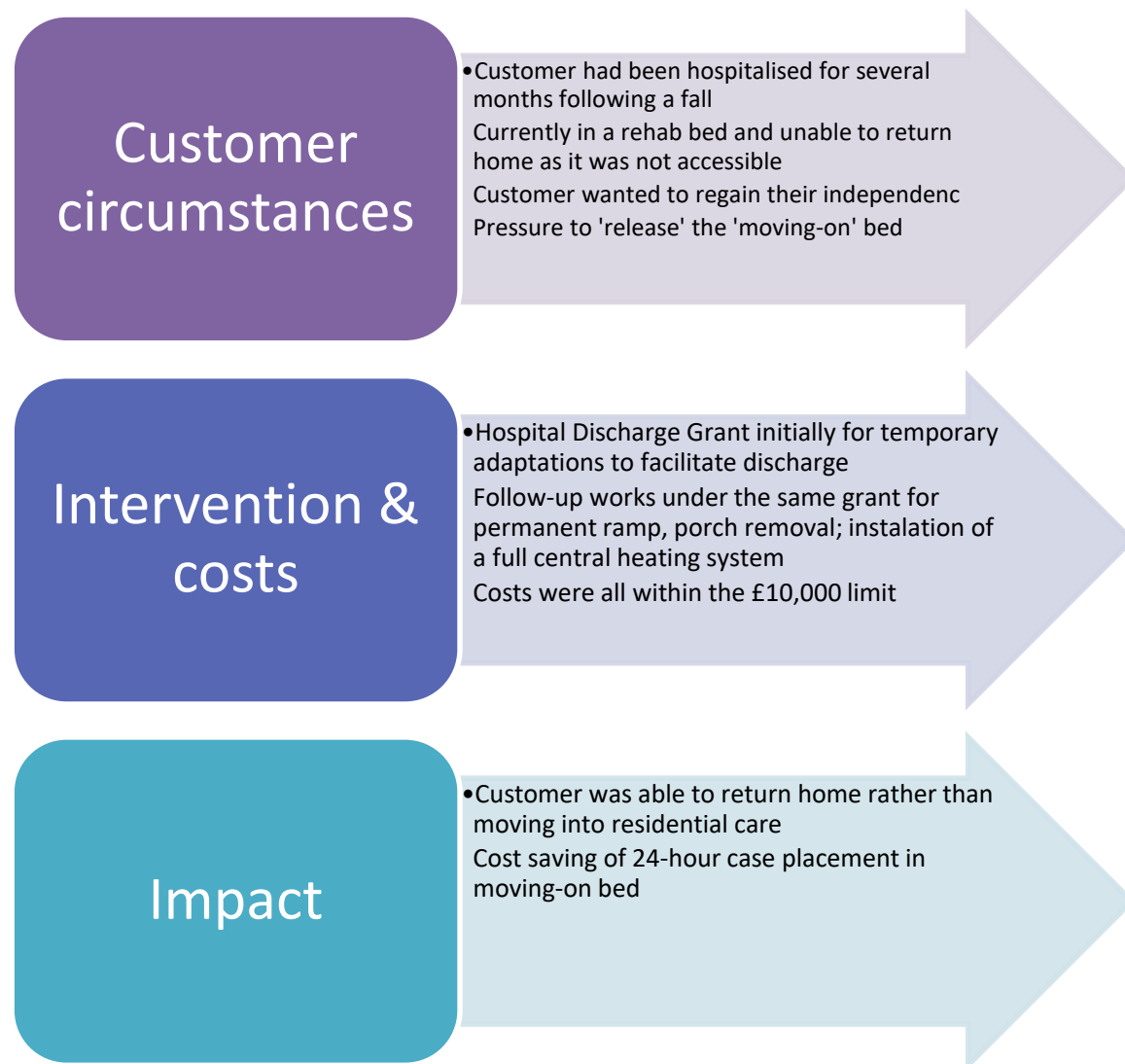
Key Theme	Satisfaction Survey Outcome
Respect & dignity	100%
Communication	100%
Responsiveness	100%
Reliability	100%
Contractors	96%
Overall Experience	100%
Quality of work of contractors	84.5%

- 3.4 It is acknowledged that whilst the current customer survey provides detailed and holistic feedback it is demanding on limited resources to complete. Therefore the service will work to develop new more agile and potentially 'lighter touch' ways to collect customer feedback on the services it provides.

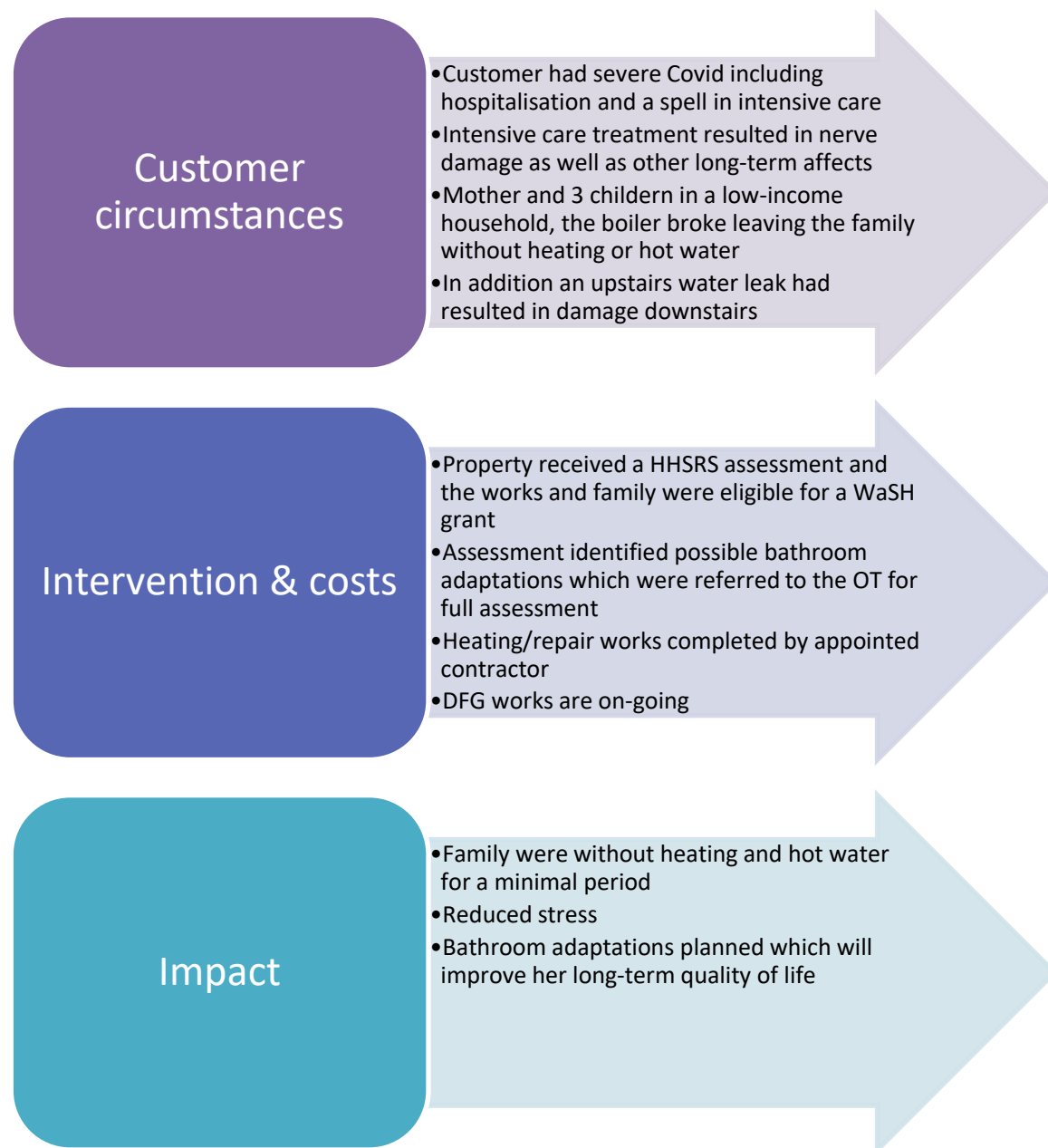
¹⁴ Public Health, Social Care & NHS Outcomes Frameworks for 2015-16.

Case Studies

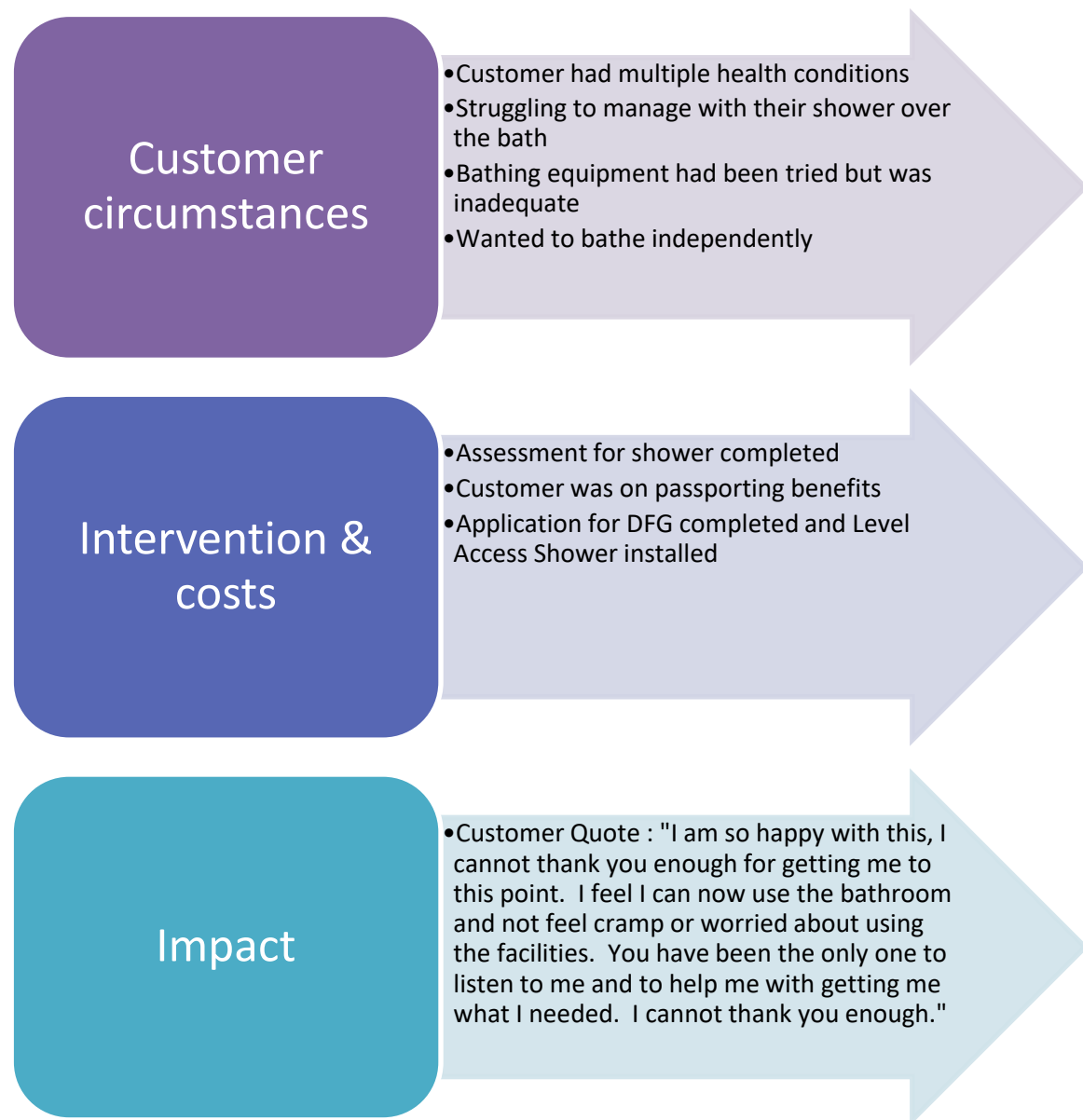
Case Study 1 – Hospital Discharge



Case Study 2 - WaSH Grant

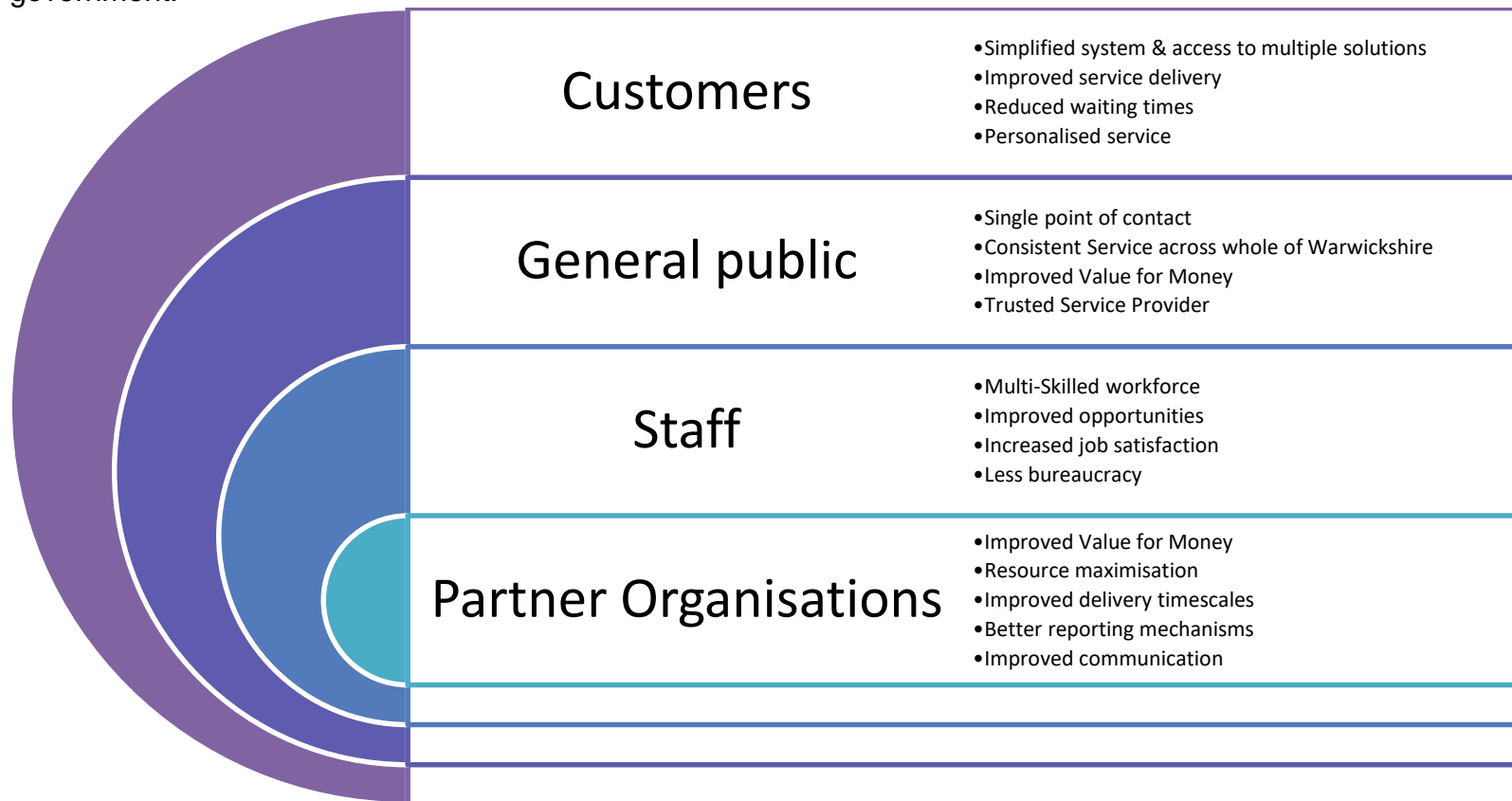


Case Study 3 - DFG



4. Benefits

- 4.1 A successful service contributes to and links to the key objectives of all partners and this updated 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 The multi-disciplinary team developed within the HEART service has enabled staff to enhance their knowledge and skills which, in turn, delivers significant additional benefits in prevention and promoting physical and mental wellbeing.

4.3 The HEART service's primary ambition is to fully commit and spend the DFG allocation through the provision of DFG grants and other housing assistance measures and associated works. However, it is also the appropriate service to incorporate:

- Physical and Mental wellbeing advice
- Advice regarding preventing falls
- Identification of 'Cold Home' and other Category 1 HHSRS Hazards
- Proportionate strengths-based needs assessments under the Care Act 2014
- Promoting Design for Dementia – positive actions and solutions in the home.
- Promotion of enabling techniques.

4.4 The additional benefits of providing these services are:

- Compliance with Falls: assessment and prevention of falls in older people¹⁵ and a 'Falls in older people' assessment after a fall to help prevent further falls¹⁶
- Supporting the challenge on Dementia.
- Embedding of 'Enabling' techniques so that carers are 'enablers' rather than 'doers' which promotes customer independence and can prevent or delay increased formal care services.
- Increased choice & control, dignity and respect, kindness, and compassion.

5. Performance Data

5.1 The HEART performance data is comprehensive. Whilst useful it is recognised that the complexity of multiple ICT systems and differing requirements of partners have resulted in reporting which does not assist decision making and which is time consuming for the Host to produce.

5.2 The HEART Management Board have committed to streamlining the Performance reporting requirements and the updated agreed requirements are included in [Appendix 2](#).

¹⁵ NICE clinical guideline 161; June 2013

¹⁶ NICE Quality standard 86; March 2015.

6. Business Requirement

6.1 To deliver the HEART service:

In Scope

The HEART Service Matrix detailed in Appendix 1, and a shared partnership agreement between all the Local Authorities.

Out of Scope

There is the future opportunity for all or some of the “out of scope” additional or service enhancements to be brought into scope if they do not distract from the core delivery of Disabled Facilities Grants and adaptations and funding is available.

6.2 The HEART service was established as a shared service with a lead authority reflected in a contractual arrangement and the proposal is to retain this model of delivery for 5 years from 1st April 2023.

7 Objectives and Outcomes of HEART

7.1 The objectives of HEART remain as outlined in the first Business Case as:

- Better customer outcomes by improving the customer experience.
- Improve delivery of Disabled Facilities Grants & adaptations
- Utilise resources in an effective & efficient manner to deliver a quality co-ordinated service around the customer and carer.
- Promote effective working within and between 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 The HEART Service will continue as:

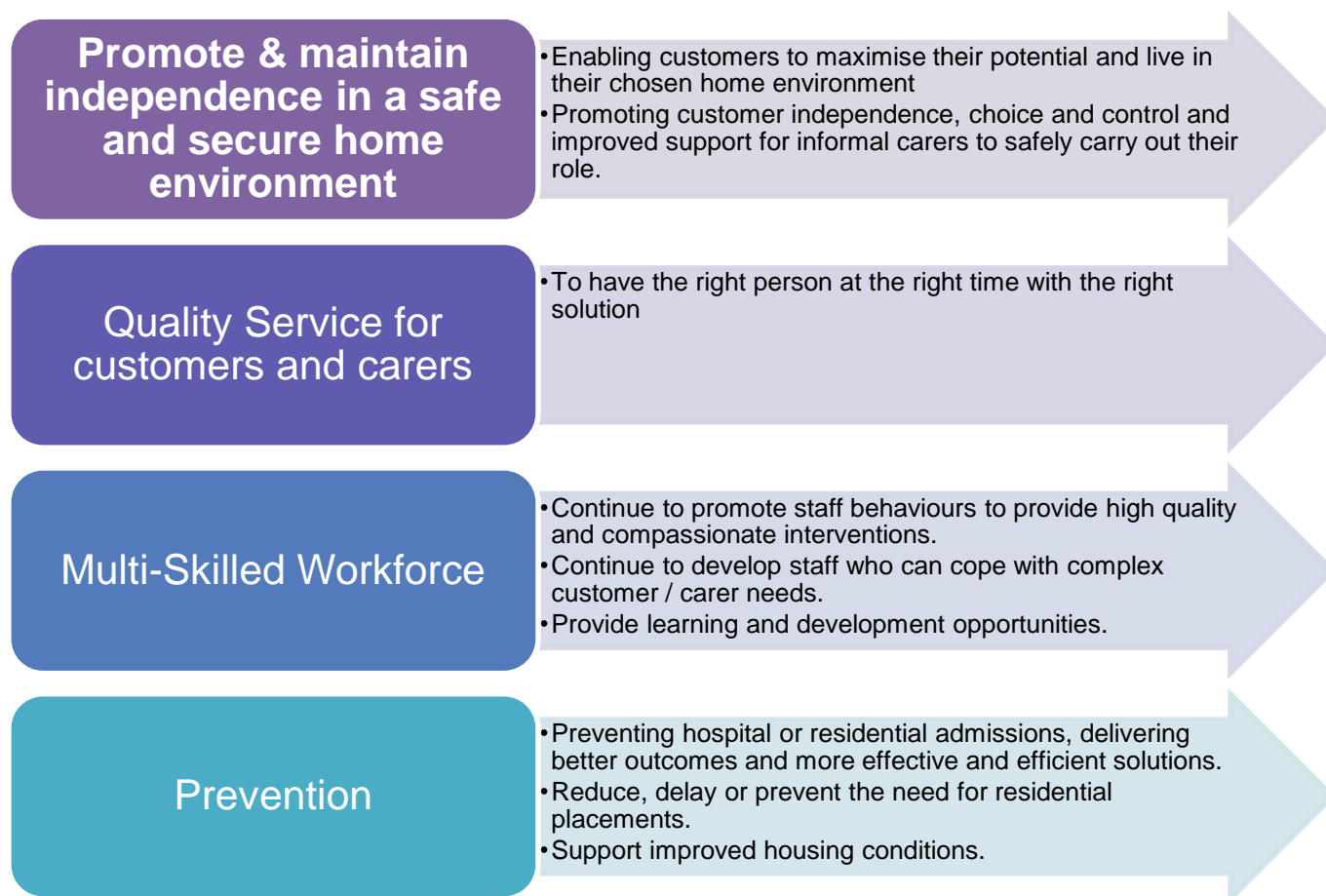
Shared Service Specification Statement	
Shared Service Vehicle	Host Authority
Governance	Governance Board comprising senior managers from each partner. Single management team.
Host Authority	Nuneaton and Bedworth Borough Council.
Functions to be provided by host	Organisational and support functions.
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.

Constraints	<p>Each partner will not receive a disproportionate financial risk.</p> <p>WCC staff to be within a single management structure.</p> <p>Service to deliver the agreed HEART Service Matrix.</p> <p>Competence and capacity assessment necessary from host organisation.</p>
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7.3 The HEART Management Board will keep these objectives and outcomes under review and seek to improve and extend arrangements when it is appropriate to do so in order to enhance the opportunity to sustain the wellbeing of our customers.

8 Benefits and Outcomes

8.1 The continuation of the HEART Service delivery model is expected to deliver the following benefits and outcomes for the service users of Warwickshire:



9 Governance

9.1 The partners have an established Management Board with a Terms of Reference which reflects its remit as set out in the Shared Service Agreement. The work of the Board needs to be supported by specialists from Human Resources, I.T. and Legal Services as required. At times these specialist services will be invited to attend the Board to provide advice and guidance. In general:

1. The Management Board shall consist of the Authorised Representatives of each of the Councils or their authorised substitutes.
2. The Board will 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 any disputes or differences that arise between the Councils concerning the interpretation and effect of any of the provisions of this Agreement.
5. The Board will meet on a Quarterly basis, with specific task-based sub-groups / leads meeting with the Service Manager as required.

9.2 HEART Service Structure

The structure of the service is currently designed to take account a whole of Warwickshire service with teams allocated on a north and south basis for operational purposes. This structure will be reviewed as required to ensure that it remains fit for purpose and provides the required staffing support to deliver the objectives set by the Board for HEART.

9.3 Human Resources

All staff are currently seconded on their existing terms and conditions (unless they were being seconded into an entirely different role) and are hosted and line managed by NBBC.

9.4 Service Provision

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 1.

10 Financial Considerations

10.1 When HEART was created the finances to provide for Disabled Facilities Grants were constrained. They were dependent on a Grant to District and Boroughs from Government and the ability of each Council to supplement that Grant provision from their General Fund. The financial context for Disabled Facilities Grants has changed over the time that HEART

has been developing. It is recognised that Grant provision and the delivery of adaptations for customers contributes to the wider prevention and wellbeing agenda.

10.2 As stated previously the 2021 Social Care White Paper confirmed the Government's commitment to a national allocation of £570m until 2024-25. In 2021-22 Warwickshire authorities combined DFG allocation was £5,124,786. Nonetheless whilst the Government has committed to consulting on the current allocation formula so at the current time there is no guarantee that the Warwickshire authorities' allocations will remain at the same level for the entire award period.

10.3 The Financial requirements for the shared service are set out in the shared service agreement. The main considerations are summarised here. Reports about budget provision for both revenue and capital are submitted to the Management Board quarterly. The capital Grant funding is not pooled.

10.4 The HEART service operates 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 partner's General Fund cost including the associated costs.

10.5 The Host:

- Holds the budgets for the pooled parts of the service.
- Requires other authorities to pay to the host the contributions determined for this part of the overall service, in a timely fashion to be agreed.
- Will also pay into this service their contribution.
- Ensures that the pool cost centre will have a net budget of zero.
- Ensures any overspend / underspend will be subject to the agreed arrangements in the shared service agreement
- Arranges for 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.

10.6 Oversight is provided by the Management Board:

- All partners have an officer responsible for authorising and forecasting on spend against the shared service that is incurred in their authority. This person is the Board representative.
- The Board receives regular reports on the overall financial position, with reasons for variances and recommendations for management action.
- The final budget structure and annual budget forms part of the agreement and makes clear exactly which costs reside with which partner and how this translates into contributions on the shared service.
- The budget provision and any changes are agreed annually in November

- 10.7 As part of their commitment to a tenure neutral assessment process (providing Occupational Therapy housing assessments for residents regardless of tenure) the County Council funds the Occupational Therapy assessment part of the service and makes contributions to the home improvement agency aspect of the service. These are countywide allocations. The Districts and Boroughs contributions are aligned to activity.
- 10.8 The contribution to the service from the Districts and Boroughs is based upon a 15% fee of the DFG allocation/available budget. The fee level will be reviewed annually to ensure that it is adequate to fund the service required by Partners. The Board are committed to ensuring that the HEART service is equipped to deliver an effective and efficient service which offers good quality services to residents and value for money to the Partner authorities.



HEART: Helping you Live Independently at Home

Appendix 1

HEART Service Matrix

HEART Service Description and Specification

This specification describes the services which are provided by HEART on behalf of all Partner authorities and also identifies the priorities for the service whilst placing the customer’s needs at the centre.

Service Outline

All customers contacting HEART will receive assistance based upon their identified request. The triage and assessment process will also be proportionate to identify other needs appropriate to the service for which HEART may either be able to provide direct support or make referrals to assist the customer to live independently at home.

1. Request for Adaptation	Assessment of Individual in their Home
<ul style="list-style-type: none">• Proportionate consideration of activities in Daily Living Assessment relevant to the request or needs• Triage to identify possible housing issues, include Home Environment Needs if necessary• Consider mobility around the home/ falls risks• Financial eligibility check for funding assistance	
2. Request for Assistance	Assessment of their Home Environment
<ul style="list-style-type: none">• Home Environment Assessment• Consider mobility around the home/ falls risks• Identification and consideration of adverse house conditions and health hazards, relating to available policy interventions or signpost if appropriate.• Financial eligibility check for funding assistance	
3. Other issues	Based on identified needs/requests
<ul style="list-style-type: none">• Alternative accommodation assessment	

Interventions

The Host will deliver the core services considering 3 levels of intervention based upon identified needs and customer requests. The following indicates the types of intervention included within each level of support.

The Host will provide the interventions to residents irrespective of funding streams but will respect a person's right to choose the provider of an intervention following an assessment unless access to that intervention is conditional on a particular provider being used.

Intervention Level	Intervention Type
Level 1 – Information and Advice	Verbal, written, leaflets and electronic (web) information and advice.
	Information about local and national services.
	Demonstration of equipment and referral to the retail market
	Signposting to local and national services.
Level 2 – Direct Provision by HEART	Professional support from Housing Assessment Officers & Occupational Therapists <ul style="list-style-type: none"> • Assessment of need for adaptations • Assess need for equipment • Housing suitability reports • Support /assessments for social housing moves • Home environment assessment • Assessment for complex cases & adaptations for children • Home environment assessments • Home suitability reports • Technical Services <ul style="list-style-type: none"> ○ Support with construction and technical matters
	Direct provision of: <ul style="list-style-type: none"> • Activities of Daily Living Equipment • Minor Adaptations) • Grab Rails & Stair Rails
	Major Adaptations: <ul style="list-style-type: none"> • Level Access Shower • Ramps • Door Widening • Property Extensions • Internal Reconfiguration • Lift Installations • Conversions

	<ul style="list-style-type: none"> Other adaptations as appropriate Including appropriate assessment of needs and casework support, including financial assessments, to prepare full DFG and other funding applications. <p>Technical supervision of specifications and completion of works as required</p>
	<p>Minor Property Works (where eligible for Financial Assistance Policy assistance):</p> <p>Minor repairs & alterations to assist independence and well being</p> <p>Includes technical specification of works as required and casework support to carry out the required works.</p>
	<p>Major Property Works (where eligible for HAP assistance):</p> <ul style="list-style-type: none"> Technical assessment to identify works required to eradicate Category 1 Hazards in accordance with Housing Health and Safety Rating System criteria Technical supervision of works Casework support to carry out the required works.
	<p>Other services:</p> <ul style="list-style-type: none"> Procurement of Building Contractors and management of the framework contracts Support for clients who wish to self-fund works within the scope of the assessed needs of the customer and the capabilities and charging structure of the service Charity funding applications in support of Mandatory DFG applications where additional funding is required Identification of possible benefit eligibility and referral to support for applications to be made Falls risk reduction action plan
Level 3 – Referrals made to external provision	Retail model through Integrated Community Equipment and Support Service (ICESS)
	Referrals to Social housing and their building contractors
	Referrals for Assistive Technology Equipment
	Building contractors not procured by the service for bespoke work.
	Handy person (not procured by service)
	Private Sector Enforcement
	Specialist services

Appendix 2 – HEART Board Reporting Requirements

Measuring Performance & Budget

The following outlines the information which would be reported to the HEART Board at its quarterly meetings.

In addition to this framework there will be operational/management KPIs for the Host service to report and information to enable the DELTA return to be completed. The assumption is that these will be captured as a matter of course and can be included in the standard report if necessary. The current Government required DELTA return are included at the end of the Appendix for information purposes.

HEART Service Demand

- Total Enquiries by referral source (*these will be grouped due to the number of sources*)
- Waiting list for assessment (*this includes all cases waiting for the assessment by the Housing Assessment Officer or Occupational Therapist by Local Authority area and county wide – both allocated and not allocated will be included in the definition*)
- Total assessments completed by Housing Assessment Officer & Occupational Therapist by Local Authority area and county-wide

Adaptations Delivery

All to be reported by Local Authority Area and HEART Service overall on a Quarterly Basis

1. Number & Value of Grants Approved (by quarter & incl. YtD figure)
2. Number & Value of Grants Completed (by Quarter & incl. YtD figure)
3. End to End Times by work type & overall (by Quarter & incl. YtD figure)
4. Cancellation Rates (incl. reason breakdown)
5. Average cost of adaptation (overall & by type)
6. End to end times to be shown in stages so that any blockages can be clearly identified

End to end times would be based on works completion date not case closed. Case closed dates will be recorded but not used for indicator reporting.

Target end-to-end timescales for DFG/ adaptation delivery are calculated in calendar days. This is because they reflect past reporting and enable tracking and comparison. They are also more relevant to customers and easier to calculate. The definition document will include when the process starts (enquiry received by HEART) and when it ends (works signed off date).

The proposed work types are:

- Stairlifts
- Ramps
- Level Access Showers
- Property extensions
- Complex cases

Performance outturns will be used to set improvement targets for the service and will reflect on the national Guidance for timescales for overall DFG delivery. The benchmark targets will be agreed annually by the Board.

If a client requires more than one adaptation the report will show the first adaptation to be completed. It is noted that this may not be a reflection of the whole customer journey. This is a constraint of the current recording IT system and may be improved when the new system is live.

Equipment

Number of Social Care equipment items provided by type by Local Authority area and County-wide

Some equipment items to be grouped together for ease of reporting – proposal to be included in the definitions document

Home Safety

Number of Home Safety Interventions provided by Local Authority area and county-wide

House Condition Interventions

Type (e.g. heating, repairs), number and value completed by Local Authority area and county-wide

Advice and assistance

- Number of advice and assistance responses by type
- Number of referrals onto other organisations

Other Assistance

- Hospital Discharge urgent Interventions. Number & Value Completed by Local Authority area and county-wide

Other & Social Value Indicators

- Complaints and Compliment recording
- Customer Satisfaction survey results

Local authority adaptations activity

The number of referrals made to Local Authorities for adaptations in Council stock

Number of Local Authority adaptation completions

End to end times for LA completions by Local Authority area (*referral to HEART to completion of works*)

Spend on works completed in Local Authority properties (*The service to confirm what additional information would be needed on the completion notification to enable this to be reported*)

Annual Report

The Service will produce an annual report to provide detailed analysis of the performance of the service over the year and identify areas for improvement and of good practice. It will be provided in an agreed format for consideration by the HEART Board and an alternative for publication.

The annual report will include analysis of customer surveys and added value measures as well as analysis of spend against budget and against wider population information to enable the Board to support future service planning. (*A template for this to be developed and agreed during 2022-23 to ensure an agreed consistent format*)

Delta return info

These were the questions that the Delta return asked this year – so realistically this information needs to be in easily accessible reports.

1	Total number of home adaptation / housing assistance policy interventions of all type provided in the year and funded from DFG allocation
2	Total number of beneficiaries of mandatory and discretionary, housing related support and interventions paid for by means of the local DFG allocation
3	Number of formal applications received for home adaptations
4	Number of formal applications approved for home adaptations
5	Number of grants completed
6	Number of grants approved where the applicant had an assessed financial contribution following a means test
7	Total value of applicants' assessed financial contributions (following a means test) for all grants approved
8	Number of grants completed for people aged 17 or less
9	Number of grants completed for people of pension age
10	Number of grants completed for working age adults
11	Number of grants completed which cost £5,000 or less
12	Number of grants completed which cost £5,001 - £15,000
13	Number of grants completed which cost £15,001 to £29,999
14	Number of grants completed which cost £30,000 or more
15	Number of grants completed for owner occupiers
16	Number of grants completed for RP/HA tenants
17	Total number of home adaptations completed for council tenants using HRA funding
18	Number of grants completed for occupants living in privately rented accommodation
19	Number of grants completed in year for people from a Black and/or minority ethnic background
20	For all grants processed, what was the average number of working days between assessment and receipt of formal application
21	For all grants approved, what was the average number of working days between the date of receipt of formal application and date of approval
22	For all grants completed, what was the average number of working days between the date of approval and the certified date of installing the adaptations
23	Total receipt from DFG local land charges redeemed? This data would be provided by the L/A
24	Total number of local land charges issued against properties This data would be provided by the L/A
25	Number of DFGs where payment was deferred
26	Total full-time equivalent staff (FTE) of OTs in your authority working specifically on DFGs
27	Total full-time equivalent of Trusted Assessors in your authority working on DFGs
28	Total number of home adaptations completed for common parts – not recorded