Integration of fast-track home adaptation services with health and social care services

Report to:

Healthy Ageing and Care Network Steering Group

Oxford Brookes University

August 2022

PI: Youngha Cho

Co-Is: Jo Brett, Juliet Carpenter,
Researcher : Elaine Ulett

Healthy Ageing and Care Network
Oxford Brookes University
Gipsy Lane
Oxford
OX3 0BP
healthyageing@brookes.ac.uk

Table of Contents

Abbreviation

DFG: Disability Facilities Grant

FHA: Fast-track Home Adaptation

HIA: Home Improvement Agency

ICES: Integrated Community Equipment Services

LA: Local Authority

OT: Occupational Therapist

TA: Trained Assessor

Integration of fast-track home adaptation services with health and social care services

Summary

- Home adaptations, funded by Disabled Facilities Grant, are very important as most of the housing stock in England are not designed to accommodate us as we age. The availability and timely access to the grants and an efficient adaptation process are crucial for older people.
- However, delivering effective home adaptation services is difficult. There are a lot of different strands of legislation and funding, and responsibility is split between health, social care and housing. In Oxfordshire, it is made even more complicated because it is not a unitary authority, and the district and county authorities all have a part to play in the process.
- Fast-track Home Adaptation (FHA) is a non-means tested adaptation funded by DFG for small adaptations such as walk in shower, stair lifts and large ramps etc following a referral from an OT. It aims to speed up delivery for home adaptations to allow people to get discharged home from hospital quicker and to allow older people to stay safe and independent at home for longer.
- This study explores the use of FHA for older people delivered by local housing authorities in Oxfordshire in partnership with health and social care services. First, we explore the extent to which the current FHA is integrated with health and social care services in Oxfordshire; identify successful factors and barriers to the integration of a county-wide FHA service; and develop an integration pathway of the Fast-track Home Adaptations service.
- Since the DFG funding was within the pooled budget Better Care Fund 2015, there was great potential for local authorities to establish fast-track adaptation services and a significant number of changes has been implemented across the county. Each district has been working ambitiously to provide fast track adaptations and to integrate them into health and social care services.
- There are many positive points identified from the workshops : simple and adequate equipment quickly provided for free ; hospital discharge routes that were quick and supportive to enable people to return home. On the operational side, good communication between OTs and housing providers; use of in-house OTs and TAs; councils working closely with housing associations; HIA's involvement in senior management meetings for better communication; and ICES drivers trained as TAs were all pointed out as positive changes.

- However, not all changes have had positive effects for clients. There is unclear and confusing information on the different routes and who to contact; confusion over what services are available to clients and what is not available; concerns about eligibility and means-testing of clients. Clients experienced difficulties in accessing services, particularly through non-hospital routes and sometimes with disappointing outcomes.
- On the operational side, a series of issues currently affect the smooth and swift provision of services. Firstly, there is a lack of communication between housing and health professionals. Secondly, health professionals found the grant system overly complex with an unclear structure. Furthermore, the delivery of the services is inconsistent across the county. Clients often find themselves in a post-code lottery regarding funding and there is lack of support for private rented clients. Ongoing challenges that affect fast delivery of the services also include a lack of resources within local government, delays in securing building contractors and materials, unsuitable existing stock, and clients' reluctance to adapt their own home.
- Based on the findings, we recommend several points for more effective and efficient delivery of the services in Oxfordshire: greater communication among the service providers; partnership and training of staff to deal with lack of resources; the voices of older people and caregivers to be heard; more support for private tenant households; ongoing review of home technology and equipment.
- We recommend having a 'One stop shop' County level Housing Adaptation Support Centre. This approach could improve awareness of FHA service and simplify and streamline the FHA process. The main function includes systems for cross-referrals, joint assessments and signposting among housing , health professionals and clients.

Integration of fast-track home adaptation services with health and social care services

Introduction

- The UK's population is ageing, one-fifth of the population being 65 or over. [1] The ageing process often results in a gradual loss in physical capacity for routine activity.
  - The majority of older people in the UK have a strong aspiration to stay in their own houses, to remain engaged in the community, and to live independently with confidence and self-esteem.
  - Home adaptations, funded by Disabled Facilities Grant, are very important as most of the housing stock was not designed to accommodate us as we age. The availability and timely access to the grants and an efficient adaptation process are crucial for older people.
  - However, delivering effective home adaptation services is difficult. There are a lot of different strands of legislation and funding, and responsibility is split between health, social care and housing. In Oxfordshire, it is made even more complicated because it is not a unitary authority, and the district and county authorities all have a part to play in the process.
  - This study aims to explore the use of 'Fast-track home adaptation' services for older people delivered by local housing authorities in partnership with health and social care services in Oxfordshire.
  - Part 1 of this report provides the context and explains in more detail the complexities of Home Adaptation provision.
  - The research findings form Part 2 of the report.

Background

- Creating a home environment that supports older people to live safely and independently can make a significant contribution to their health and wellbeing.
- The challenges of older people's homes are complex. One of the biggest barriers is the low rate of housing stock replacement; which means the opportunity to move to a new and more

[1] ONS:https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/2018-08-13

accessible home is limited.[2] Consequently, the majority of older and disabled people are living in ordinary housing.[3]

- A 2022 article[4] shows that over 70% of older adults with a mobility impairment in England live in a home without an adaptation for their disability; older people with mobility problems living without home adaptations have poorer health and higher levels of pain; and the lack of adaptations also links to not being able to participate in social activities and having to move home within two years.
- Home adaptation is regarded as an effective intervention to enhance home accessibility and to meet the changing needs of older people. Adaptations can make the home environment safer and prevent or defer older people going into care homes, and facilitate faster discharge from hospitals.
- Disabled Facilities Grant (DFG) is the main source of state funding for home adaptations for older people in England. Since 2015 when the Care Act 2014 was implemented, Government has provided ring fenced DFG funding through the Better Care Fund (BCF) in recognition of the importance of ensuring adaptations are part of an integrated approach to housing, health and social care locally, and to help promote joined up local person-centred approaches to supporting communities.
- Since 2015 the funding for DFG has grown steadily but various criticisms (i.e. the delivery process of housing adaptation is fraught with delays with multiple partners and fragmented responsibilities etc.) have remained.
- The recent Foundations report (2022) [5]recommends that local authorities should provide ***fast turnaround grants*** without a means test[6], i.e. without household resources being considered. If the adaptations are urgent or the adaptations do not need an assessment by an occupational therapist, the provision of support to provide adaptations can and should be relatively rapid.

---

[2] Mackintosh, S. (2020) Putting Home Adaptations on the Policy Agenda in England, Journal of Ageing and Environment, 34:2, 126-140, DOI: 10.1080/26892618.2020.1743511

[3] Ministry of Housing, Communities and Local Government [MHCLG]. (2018). English housing survey: Headline report, 2016–17, MHCLG

[4]Chandola T. Rouxel P, (2022), Home modifications and disability outcomes: A longitudinal study of older adults living in England, The Lancet Regional Health-Europe, Vol 18 https://doi.org/10.1016/j.lanepe.2022.100397

[5] Foundations report (2022) https://thiis.co.uk/foundations-releases-new-research-paper-highlighting-the-social-value-of-adaptations

[6] Means-tested indicates that people's income and savings are assessed according to rules set out in government regulations

The use of fast track home adaptations facilitates earlier discharge from hospital and can prevent or defer admission to care homes.

Part I: Home adaptation policy and practice

1. Relevant policies

Housing Grants Construction and Regeneration Act 1996

- According to the Housing Grants Construction and Regeneration Act 1996, a Disabled Facilities Grant must be awarded by a housing authority when an adaptation is necessary and appropriate to meet an applicant's needs and it is reasonable and practicable to adapt the property. It enables many older people to maintain independent living at home.
- Although the 1996 Act aims to fund home adaptations across all tenures, several factors including the level of funding source, timeframes for assessments, approvals for works to be undertaken plus a plethora of locally determined processes result in differences between private and public sector tenures.
- Council (public housing) tenants can also apply for a DFG in the same way as any other applicant, but local housing authorities should fund home adaptations from their Housing Revenue Account (HRA).
- The 1996 Act (as amended) sets out rules for when a DFG is mandatory up to a maximum value, currently £30,000, and subject to a **means test** in cases involving disabled adults. There are key questions determining eligibility:
  1) whether the person is disabled,
  2) the proposed adaptations fall within the prescribed list of purposes,
  3) the works are necessary and appropriate, and
  4) whether they are reasonable and practicable.

Regulatory Reform (Housing Assistance) Order 2002

- The RRO 2002 provides local authorities with wide powers and discretion to assist with housing needs locally: provide extra funding for home adaptations on top of the £30,000 maximum awarded for a DFG if needs are not met in full under the 1996 Act; and offers other forms of

assistance such as funding for repairs, or assistance to move if an applicant's home is unsuitable for adaptation.

- However, as the RRO 2002 is discretionary, in times of financial constraint its application must be balanced against the demands of mandatory grant assistance.
- Under the RRO 2002, housing authorities can use the DFG more flexibly i.e. develop a simplified system to deliver small-scale adaptations more quickly, assist people who are terminally ill, enable rapid discharge of people from hospital, or prevent admission to hospital or residential care.

The National Health Service Act 2006

- The NHS Act 2006 Section 3 defines the provision of adaptation services rather broadly:
  - when the NHS decides to provide some type of adaptations in relation to a health condition;
  - if a person is given NHS continuing healthcare status;
  - when the NHS provides funding to assist local authorities to carry out their functions through joint working. [7]
- However, regulations and guidance about NHS continuing healthcare are more specific:
  - *"if a person's needs amount to a 'primary health need', and thus constitute a continuing healthcare need, the person's package of care must be arranged and funded solely by the NHS"*. [8]
  - for additional needs in relation to home adaptations, NHS Clinical Commissioning Groups (CCGs) have their responsibilities and powers to meet housing related needs of those with NHS continuing healthcare needs.
- In summary, this means that the provision of some adaptations comes under the NHS Act 2006 and CCGs can make payment to local authorities for home adaptations, however, the actual home adaptations would be provided under local authority legislation, not NHS legislation.
- It is noteworthy that housing authorities, CCGs and LA social services authorities all have discretionary powers to provide additional support where appropriate.

[7] Mandelstam, M. (2016) Home Adaptations: The Care Act 2014 and Related Provision across the United Kingdom; College of Occupational Therapists Ltd.: London, UK.

[8] Department of Health (November 2012, Revised) National framework for NHS continuing healthcare and NHS-funded nursing care. London: DH, para 2.3, page 50.

The Care Act 2014

- Most of the Care Act 2014 supersedes diverse adult social care legislation and re-sets the interplay between the Act and other housing legislation.
- Section 2 of the Care Act places a general duty on local authorities to provide, arrange or identify services, facilities and resources to prevent, delay or reduce the needs of adults for care and support. Home adaptations become one component that occupational therapists consider when they decide how to meet people's needs.
- Statutory guidance on the Care Act 2014 also refers to NHS CCG involvement in the provision of home adaptations: integrated management or provision of services. This includes jointly funding home adaptations to ensure people with changing care needs are able to maximise their independence and live well at home for longer. [9]
- Although the guidance is statutory so a local authority should do something, this doesn't mean that people can get whatever home adaptations they want. When occupational therapists think there is a need to implement provision, they must assess whether the need is eligible.

2. Funding Sources

Disabled Facilities Grant (DFG)

- DFG is the main source of funding for private households' adaptations. As DFG is a mandatory grant, there is a legal requirement for local authorities to provide help to people who meet the eligibility criteria, whether or not the authority has sufficient budget.
- Delivery of the grant has changed over the past 20 years. A major change occurred in 2015 when the DFG became part of a joint health and social care budget, the Better Care Fund. It means the responsibility for funding the DFG is held by the Department of Health and Social Care (DHSC) and the fund must be spent in accordance with Better Care Fund plans.
- The Care Act 2014 does not directly affect the 1996 Act which contains the provisions for DFG. It means the Ministry of Housing, Communities and Local Government (MHCLG) continues to lead on specific policy issues and the distribution of funding.

[9] Department of Health (2014) Care and support statutory guidance: issued under the Care Act 2014. London: DH, para 15.12.

- Since the Care Act was implemented, the problem of funding has been improved: from £220 m in 2014/15 to £431 m in 2017/18, and £573m in 2022/23.[10] When the funding first increased, it was predicted that by 2019/20 it would result in 85,000 grants being awarded per year preventing 8,500 people from moving to care homes (Mackintosh et al. 2018). However, the rising cost of work and greater complexity of cases combined with delays caused by the Covid-19 pandemic means that these predictions were over-optimistic. In 2020/21 58,181 homes were adapted in the private sector using the DFG (Foundations 2021).
- Although the 1996 Act set out the maximum value of a DFG at £30,000, the majority of grants are mostly under £10,000 and a high proportion are under £5,000. The most common adaptations are level access showers (55%); ramping/access, stair lifts, and downstairs toilets (25%); less common are floor lifts, extensions/conversions, kitchen adaptations. [11]
- The regulations in the Care Act 2014 states that a minor adaptation costing £1000 or less, equipment, and re-ablement (for at least six weeks) must be free of charge. It shows that the Department of Health believes these forms of help are important.

Other discretionary funds

- The increase in funding has allowed the DFG to diversify and invest in simple and smaller adaptations. This requires the development of a local housing assistance policy under RRO 2002 powers.
- The RRO 2002 is increasingly being used to provide a wider range of solutions to the problems people experience in their home.
- Local district councils have provided various discretionary adaptation funds and repair funds which can be used for minor adaptation. Each fund allows the use of the money in flexible ways as long as it meets the Better Care fund's aim and rules.
- In some areas it is agreed with district councils that a portion of DFG funding can be retained to pay for social care and housing capital elements of joined up health, social care and housing projects at county level. Local authorities and local health and care commissioners are also trying to add more of their own budget to home adaptations funds. [12]

[10] https://www.foundations.uk.com/library/dfg-allocations/

[11] https://www.gov.uk/government/publications/disabled-facilities-grant-and-other-adaptations-external-review

[12] DLUHC and DHSC 2021-22: https://www.gov.uk/government/publications/dluhc-annual-report-and-accounts-2021-to-2022/dluhc-annual-report-and-accounts-2021-to-2022-2-performance-analysis#a-housing--planning

- The home adaptations that Social Care services provide are I**ntegrated Community Equipment Service (ICES).** ICES is funded by joint health and social care budget and offers a range of loan equipment such as bathing and toileting equipment, pressure care and profiling beds and moving, handling and lifting equipment to support the care needs and promote the independence and re-ablement of service users living in their own home. Requests for equipment are generally made by a healthcare professional, such as an occupational therapist or community nurse, although for some smaller items self-referral is possible. The services include the delivery, installation, maintenance, collection and repair and refurbishment of equipment where viable.
- Social Care services in local councils also have a duty to fund minor home adaptations such as installing half steps, grab rails, handrails, changes to pathways, changes to shower screens or kitchen window handles. These adaptations are provided free of charge up to £1000 with no means-tested on income and no need of assessment. Handypersons in DFG teams in local authorities and independent HIAs sometimes provide the installation service for social care funded adaptations.

3. Operational Structure of Home Adaptation Services

Local Housing Authority

- The administration of the DFG programme is the responsibility of the local housing authority throughout all stages, from initial enquiry or referral to post-completion.
- The first step for people to apply for home adaptations usually requires an assessment by the social care authority, usually by an occupational therapist. In the assessment process, the authority decides whether the works are necessary and appropriate.
- Most local authorities provide a range of housing assistance services such as information and advice around housing options. Handyperson's services which can provide minor repairs, safety, security and heating checks are also delivered by most local housing authorities.
- The process and arrangements in providing the services can differ between unitary and non-unitary authority: some unitary authorities have an integrated or co-located team for social care assessment and home adaptations services, but many authorities do not. Therefore, the arrangements vary greatly across the country.

Home Improvement Agency (HIA)

- Home improvement agencies (HIAs) are non-profit organisations dedicated to providing advice, information and support to anyone who needs their help as well as supplying services to make home alterations and adaptations that make daily life easier for those in need.
- They were first set up in the 1980s as independent organisations, but many have now become part of local authority services and over 80% of local authorities are now able to offer HIA services to vulnerable people[13] i.e. people aged 60 and over, person(s) on a low income, and those suffering from a long-term health condition or a disability needing help repairing, maintaining or adapting their home.

Housing Associations

- The DFG funds adaptations for all tenures except in council housing. The majority of people who receive home adaptations are owner occupiers and private tenants, but HA tenants account for around 36% of all DFG grants approved nationally. (https://www.foundations.uk.com/library/dfg-performance/)
- Good partnership working between local authorities and housing associations is essential to providing consistent adaptation process and services.[14]

Social Care and Health professionals

- In hospitals, normally an Occupational Therapist (OT) will assess clients' needs and ability to carry out day to day activities prior to discharge. These OTs are often in joint health and social care discharge teams.
- People who are not in hospital will get an assessment from a social care OT from a dedicated housing OT based in the HIA or housing authority DFG team, or in a few places an OT based in a social housing team. The OT may need to consult with the client's GP.
- Following the assessment, OTs provide advice about home adaptations, equipment which may solve clients' difficulties, or the option of alternative accommodation. If they decide that an

13 DLUHC and DHSC, Disabled Facilities Grant (DFG) delivery: Guidance for local authorities in England, 2022 https://www.gov.uk/government/publications/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england

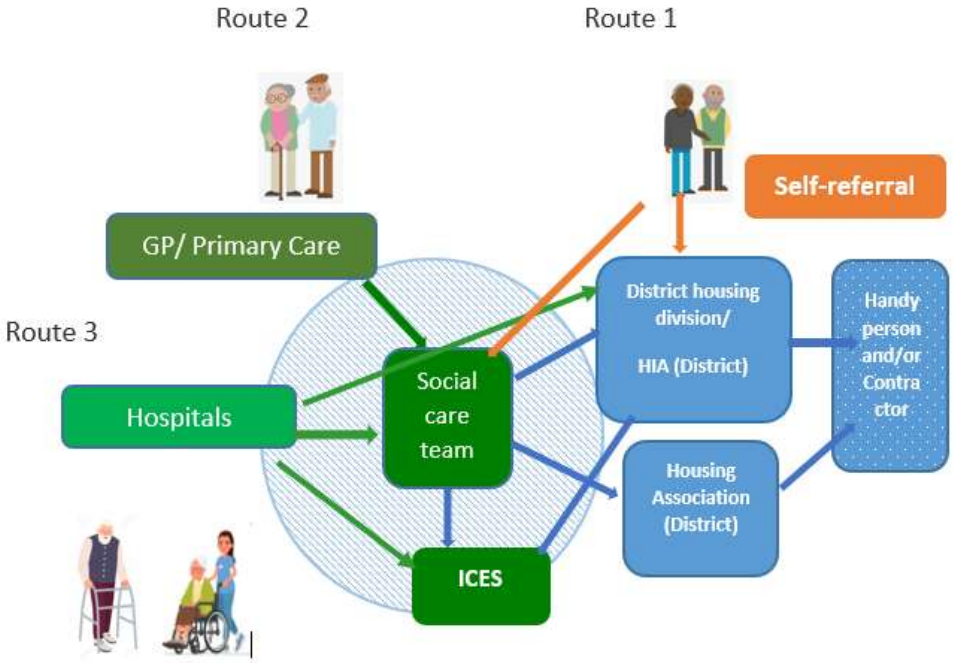
14 DLUHC and DHSC, Disabled Facilities Grant (DFG) delivery: Guidance for local authorities in England, 2022 https://www.gov.uk/government/publications/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england

adaptation is 'necessary and appropriate' to meet clients' needs, they will send their recommendations to the district council.

- For most straightforward and fast track adaptations, a Trusted Assessor (TA) can act on behalf of an OT to carry out a simple assessment of adaptation needs in a variety of health or social care settings or, more usually, in the person's own home.

Main Home Adaptation Service routes

Whilst there are a range of adopted referral arrangements in place nationally, at an individual locality level there are usually three main routes to access Home Adaptation Service.



- **Route 1** indicates that individual clients first either approach social care in their own district council or the housing agency (HIA) reviews and advises the case. A handy person or contractor working with the council will provide the service.
- **Route 2** is the case that the adaptation is recommended by clients' GP or community nurses and referrals through social care in the county go to the appropriate providers (either HIA or HA/ICES).
- **Route 3** is the case of hospital discharge where a rapid adaptation is needed to ensure timely discharge of clients. The hospital discharge team refers either through County OTs or directly to the district council's HIA or ICES.

- Each route indicates a different first contact point that initiates the process and those who are involved in the service provision.
- The service providers are either a housing service agency, or housing associations for tenants, at district level or ICES at county level based on what needs to be met for the client.

4. Challenges and examples of good practice

Challenges

- The adaptation service inevitably involves various organisations and multiple departments. The typical process of delivery of major home adaptations includes five key stages: 1) initial contact with services, 2) contact to assessment and identification of the relevant works; 3) identification of the relevant works to submission of the formal grant application; 4) grant application to grant approval; 5) finally approval of grant to completion of works. In the case involving a tenant there is an additional stage which is to get the landlord's consent before the work can go ahead.
- The time scales for moving through these stages depends on the complexity and urgency of the adaptation required. More urgent cases are prioritised for action, but more complex cases take longer to complete.
- Clients often deal with more than one organisation and several professionals when applying for housing adaptations grants; the customer journey often requires about six steps including referral, allocation, assessment, funding, installation and after-visit in the process. [15] It makes the adaptation system fragmented and confusing. [16]
- The decision whether the adaptations is to be major or minor is often defined [17]by
    - the structural changes required to adapt the home environment rather than cost;

[15] Mandelstam, M. (2016) Home Adaptations: The Care Act 2014 and Related Provision across the United Kingdom; College of Occupational Therapists Ltd.: London, UK.

[16] Peace, S., Maguire, M., Nicolle, C., Marshall, R., Percival, J., Scicluna, R.M., and Lawton, C. (2018). Transitions in kitchen living: Past experiences and present use. Policy Press.
Zhou, W.; Oyegoke, A.S.; Sun, M. Zhu, H (2020) Older Clients' Pathway through the Adaptation System for Independent Living in the UK, Int. J. Environ. Res. Public Health, Volume:17

[17] DLUHC and DHSC, Disabled Facilities Grant (DFG) delivery: Guidance for local authorities in England, 2022 https://www.gov.uk/government/publications/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england/disabled-facilities-grant-dfg-delivery-guidance-for-local-authorities-in-england

- whether the person's situation is straightforward or complicated based on a range of factors including the nature of the person's condition;
- the type of activity the person is unable to do;
- and how ready the person is to have their home adapted.

Examples of good practice

- New DFG guidance encourages service providers to use a faster process for cases where the person's situation is straightforward and no structural changes are required to the home. These cases can be handled by a trusted assessor rather than an occupational therapist. This allows staff with higher levels of qualification to concentrate on the more complex cases.
- RRO policies are being used in about 85% of local authorities[18] and some local authorities have developed a simplified system to deliver small scale adaptations more quickly. Then, the five key stages for major adaptations (indicated above) can be significantly reduced by removing the need for an OT assessment and submission of a formal application.
- The flexibility given in the RRO 2002 enables local authorities to offer a wider range of grants, particularly small grants, and helps DFG teams and HIAs deliver more tailored and personalised services.
- Such Fast-track Home Adaptations (FHAs) allow people's homes to be swiftly adapted if the need is urgent and can facilitate early discharge from hospital.

Part II: Fast Track Home Adaptations: Oxfordshire Case Study

1. Fast Track Home Adaptations

- The scope for use of DFG funding has been widened to support smaller and low-cost adaptations and used more flexibly e.g. to speed up hospital discharge and to prevent admission to hospital or residential care.

[18] Smith P and Williams J, Foundations 2019, Disabled Facilities Grants: Structures & Staffing https://www.independentliving.co.uk/bettercarefund/foundations-research-dfg/

The definition

- Fast-track Home Adaptation (FHA) is a non-means tested adaptation funded by DFG for small adaptations such as walk in shower, stair lifts and large ramps etc following a referral from an OT.
- It aims to speed up delivery for home adaptations to allow people to get discharged home from hospital quicker and to allow people to stay safe and independent at home longer.
- In this study FHA service includes
  - existing minor adaptation (up to £1000)
  - Integrated Community Equipment Services (ICES) funded by Adult Social Care fund
  - Non-means test small adaptations funded by discretionary grants[19]
- Fast-track adaptations are provided for people of all ages, but this report focuses on services for older people.

1. Research aim and methods

Aim

This study aims to explore the use of Fast-track Home Adaptation services delivered by local housing authorities in partnership with health and social care services in Oxfordshire; and to capture the experience of the main stakeholder groups; housing, health and social care professionals and older people and caregivers.

Objectives

This study has three specific objectives

- to explore the extent to which the current Fast-track Home Adaptations service are integrated with health and social care services in Oxfordshire;
- to identify successful factors and barriers to the integration of a county-wide Fast-track Home Adaptations service;
- to develop an integration pathway of the Fast-track Home Adaptations service.

[19] The Local Housing Authority responsible for the administration of the DFG has the discretion to give grants for a wide variety of other adaptations For Fast-track home adaptations funded by discretionary grants, there is no threshold set in stone. Oxfordshire is proactive to support wider clients within their policy by raising the threshold to £10,000 form 2021.

Research Method

The study is designed with mixed methods consisting of stakeholder interviews and focus group workshops. The study was conducted between January and July 2021.

Study steering group

- For this research, we set up a steering group comprised of:
  1) The Oxford Brookes University research team,
  2) External partners: Sheila Mackintosh (housing consultant with a background in academic research); Dr. Rosie Rowe (Cherwell District Council)
  3) A Public Advisory Group (PAG): older people and caregivers (Margaret Simpson, Oxford 50+ network; health professionals involved in caring for older people (Julie Thomas, Vic Marcher); and home adaptation service specialist (Becky Walker OCC HIA, Martin Hodges, housing consultant at Care and Repair England)
- The steering group met regularly to discuss and advise on the direction of the study and inform research methods at all stages of the study, including the recruitment of interview and workshop participants. The group also provided input into development of the most effective fast track grant pathway following the fieldwork.

Stakeholder interviews

- The key aim of the interviews was to understand what services are provided; exactly who does what; what benefits and challenges commissioners, professionals and end users experienced in each of the five district councils in Oxfordshire.
- It started with scoping interviews with main practitioners among the steering group members to understand existing operational practice in Oxfordshire.
- The interviews were conducted in all five local councils (Oxford City, Cherwell, South Oxfordshire, Vale of White Horse, and West Oxfordshire).
- The participants were recruited using snowballing methods: initially we contacted our existing network of health professionals, home adaptation service providers and the public service users.
- The participants passed the study invitation on to relevant individuals who might be interested in participating in interviews, arranged at a time convenient to the participants. Interviews were conducted through zoom or by telephone.

- Each interview lasted between 40 mins and 1 hour and was recorded if permission was granted by the participants. Interviews were transcribed via Zoom/ Panopto platform.

Co-designed focus group workshop

- The objectives of the workshops were to explore each participants' experiences, preferences and suggested improvements for the Fast-track Home Adaptation services.
- Six co-designed focus group workshops were conducted with three stakeholder groups.
  1) two workshops with older people and their caregiver who needed, or already had home adaptations;
  2) two workshops with home adaptation service providers; and
  3) two workshops with health and social care professionals
- Discussion topics were co-designed with the steering group members.

- A small number of participants (6-8) were invited to each workshop for an in-depth discussion. Discussion topics for each workshop were sent in advance to guide the contributions.
- Each virtual workshop lasted around 1.5 hours. The workshops were recorded after permission was granted by all participants. These workshops were transcribed and analysed using the Framework Approach (9). This is an approach to qualitative data analysis that offers researchers a systematic structure to manage, analyse and identify themes.
- Data and comments collected from the workshops provide the base to develop options to integrate the health and care services with Fast-track Home Adaptations service. The draft integration pathways were sent to the steering group members for comment. Based on the comments and further discussion with the whole group, we finalised the pathways and provided recommendations.

3. Practice of Home Adaptation Services in Oxfordshire

Oxfordshire: non-unitary county authorities

Oxfordshire is a non-unitary county. Whilst the County council -Social Care division- assesses and decides whether the needs of clients can be met through a DFG, funding is provided by district

council's housing division. The County council and each district council should work together in delivering the home adaptations.

Funding for Fast-track Home Adaptations in Oxfordshire

DFG

- Oxfordshire County council allocates the Government's home adaptation grant, DFG, to each district council and then works with the districts for the most effective use of the grant to reflect local needs.
- DFG funding allocations are based on a historic formula that did adequately account for the number of disabled people in each area based on the number of disable population[20]. As a result, each council gets different DFG funding allocations. The City, Cherwell, South and Vale of White Horse get very similar amounts, whilst West Oxon gets relatively less funding.
- Most district councils in Oxfordshire are supposed to provide very similar home adaptations services as they have the same policies, same contracts and have the same amount of funding from the County to run the HIA service.
- Each council has various sources of small funds, including some charitable funding. These are used for energy efficiency, essential repair grants, flexible home loans, and small repairs services.
- However, the main problem is every local authority has developed its own RRO policy: while there is some overlap, it creates variation in the experience of older and disabled people requiring assistance.

  One of the main differences was the threshold of the discretionary grant in each council. The maximum limit of three district councils (City, South and Vale of White Horse) was £8000 until 2021 but it was again increased to £10,000. Cherwell council increased the limit to £10,000 from £5,000 even earlier than 2021; It means all four district councils provide FHA services within the £10,000 threshold, whilst West Oxfordshire council has rarely used non-means tested DFG.

[20] The current allocations formula was developed by Building Research Council in Feb 2011 and it is under review potentially to change the allocation formula and to get rid of means test. https://www.foundations.uk.com/library/dfg-allocations/

	Non-means tested DFG threshold				
District councils	**Oxford City**	**Cherwell**	**South Oxfordshire**	**Vale of White Horse**	**West Oxfordshire**
2021 **2022**	£8,000 £10,000	£10,000 £10,000	£8,000 £10,000	£8,000 £10,000	N/A

ICES in Oxfordshire

- Oxfordshire County council also provides equipment services with a contract with Integrated Community Equipment Services (ICES) for items such as beds, hoists, commodes, walking frames and stair and grab rails provided to aid service users in their own homes.
- Half of the ICES fund comes from NHS primary health and the other half comes from the Social Care budget.
- From April 2019, NRS Healthcare became the Integrated Community Equipment Service (ICES) provider in Oxfordshire. The county council and the partners-Oxford Health, Oxford University Hospitals, NHS Foundation Trust-have contracted NRS Healthcare for four years (this was taken over from Millbrook Healthcare).
- NRS Healthcare also supplies and maintains sensors used to deliver the Telecare Service.
- NRS Healthcare carry out the majority of the minor adaptations in Oxfordshire, including handy person services if required.

HIA

- Home adaptations can be run by district councils, sometimes private companies or a third-party organisation such as Age Concern or a charitable organisation etc. In Oxfordshire, each local council has slightly different arrangements as seen below.

Home Adaptation Service Provider				
Oxford City	**Cherwell**	**South Oxfordshire**	**Vale of White Horse**	**West Oxfordshire**
In house HIA	In house HIA	Mears Plc.	Mears Plc.	In house HIA

- Oxford City, Cherwell and West Oxfordshire councils have an established in-house HIA team within the council. The City's HIA has been run by very experienced team leaders whilst West Oxfordshire has only one part-time officer;
- South and Vale of White Horse districts subcontracted the services to a private company called 'Mears Plc'.

Staffing arrangement of social care and health professionals

- It is common that OTs are employed by the county and all the work of OTs is managed and supervised by the County council. Some also have Trusted Assessors (TAs).
- Oxford City Council has set up a contract with the County to fund an in-house OT in order to speed up the referral process. In this case, the OTs are employed by the county but funded by the City districts. The same applies for the Cherwell district which has two part-time in-house OTs (25% of their time is dedicated to Cherwell). However, the rest of the council have no in-house OT but work with County OTs.
- There's nothing in the legislation that says each council has to have an OT or TA. Each district can work with the county's OTs. This is just a model used in Oxfordshire in order to have easy access to services for clients and to speed up the waiting list for clients.

	Staffing arrangement in Oxfordshire				
District councils	**Oxford City**	**Cherwell**	**South Oxfordshire**	**Vale of White Horse**	**West Oxfordshire**
In-house OT	Yes	Yes, 2 part timers	County OT	County OT	County OT
Partner Contractor	Yes	Yes	N/A	N/A	N/A

- It is noteworthy that the City and Cherwell councils have local contractor lists for running the service in a speedy way.

4. Analysis of Workshop Findings

4.1 Workshop with older people and caregivers accessing the Fast Home Adaptation (FHA) service

- In general, the analysis reveals that older people and caregivers' knowledge about the home adaptation services (HAS) emanates from their own experiences of the service.
- These experiences inform comparable accounts to address various home adaptation needs. Although the findings and interpretation from both the workshops and interviews with older people and caregivers give a general impression of their experiences, this section focuses on the typical problems faced by them.
- The data helps to explain the essential part that health, social and housing professionals play in administering and supporting the provision of quality home adaptations.

	Aim	Attendees (or Participants)
Aim	to explore older people and care givers' experience who received/tried home adaptation services.	7 clients and 1 caregiver participants in two workshops.
Key points	▪ Difficulties to access the services; particularly non-hospital route ▪ Lack of information, who to contact, what services covered/not covered are unclear and confusing. ▪ Not sure if eligible for grant ▪ Different clients' experiences of the FHA service: positive & negative ▪ Disappointing outcome of the home adaptation services ▪ More personalised and aesthetically pleasing equipment services should be given ▪ Respect people's privacy when working in the clients' home ▪ The adaptive equipment services should plan ahead	

Experiences of the home adaptation service

The participants made references to the different experiences of accessing HAS. Some of them had access to the service after being discharged from hospital after experiencing a fall. This then led to the need for equipment e.g. grab rail to be fitted in their home to make it easier for them to get

around. Giving patients the opportunity to go home and be able to carry out important tasks in their homes appeared to be the main objective.

> *'I got mine from my constant falls and being in hospital and I was amazed because of all the things they give you if you can afford to pay, even though you offer, they won't even accept a donation'*

Having the freedom to choose what they wanted as part of their home adaptation was very important for some older people. It was clear by those interviewed that in order to have a more personalised equipment or at least one that looked aesthetically pleasing, some older people preferred to privately fund any adaptations they needed. Often these adaptations were for large conversions such as a walk-in shower room. Another reason for self-funded adaptations was the belief that they would be means tested and would not be entitled to receive support. Moreover, there was a concern about the council or housing association prying into their personal affairs or that any work carried out by them would be shoddy. This concern about their privacy and the way the work would be carried out was an important issue for older people so some would seek the aid of outside contractors to complete any adaptations they needed carrying out.

> *'I needed my bath taken out and a shower in its place. I stupidly phoned Oxford council but I was not in their area. I contacted the Vale of White Horse but couldn't get anything concrete from them. In the meantime, someone said to me, you don't want them in your house, they don't take care and they knock it around, which put me off completely. I paid for it myself in the end; I thought it was going to be means-tested and I would probably have to pay for it anyway'*

> *'Some people are frightened. I recently managed to get some help for a friend who is in her 90s who thought that she would not be eligible to get a handrail and who had received a private quote for £15,000. I managed to get an assessment for her and she got a rail but through the hospital'*

Finally, in relation to home adaptations, whether it was carried out by the housing association or, Self-funded older people felt that having the work carried out helped them move around in their own homes. As a result of the movement and being able to carry out tasks as they could before, they acquired more energy and they felt more comfortable and more independent. Furthermore, the improvement in their living conditions put them in a better position to be able to improve their wellbeing.

> *'For such a small thing, my mum doesn't need anyone to come and do anything, she can do it herself, and it makes her be independent; we don't want our independence taken away from us'*

However, some caregivers stated that not all adaptations have a positive effect on the patient. An example was given relating to a dementia patient. The patient had a commode placed downstairs in her home, but due to the effects of her condition, the patient would still go upstairs to use the toilet. This situation meant that further adaptations (gates at the top and bottom of the stairs) were required to prevent the patient from climbing the stairs and possibly injuring themselves.

'She didn't remember the commode … just kept trying to go upstairs to the toilet'

Participants voiced a concern about ensuring that the adaptive equipment is planned for in plenty of time and that the equipment is what the patient actually requires.

'My view is, don't wait until there is an emergency; sometimes it is only a simple thing like a handrail to get into the house or down a step which could make all the difference and prevent falls'

Accessing the home adaptation service

From the data, two key routes were identified, via the GP or via the hospital. Although sometimes one route was used more than the other, in this analysis among the older people and caregivers, these routes could arguably be seen as providing a basic summary of their routes to accessing the service. Participants described difficulty accessing the services:

'*I've been aware of the different services … and I'm also aware of the great difficulties of getting the service*'

Participants drew attention to the need for greater awareness of the non-hospital GP route, with readily available information that clearly explains the service along with contact details for ease of accessing the service.

'*Greater awareness of this service is needed … providing a booklet or something*'

Visiting their GP surgery meant that an occupational therapist could be assigned to assess their home.

'*The care manager assessment of my mum was carried out followed by an occupational therapist; they have this really good specialist knowledge and they were able to do the assessment which was triggered by that initial care assessment*'

This route sometimes used by older people and caregivers for access to fast-track home adaptations was of benefit to them, because the surgery is already aware of the emotional and supportive needs of the patient and as such recognises the importance of the service for them.

However, it was evident that many older people and caregivers were unaware that the GP could provide support with home adaptations. Nonetheless, older people and caregivers believe that a GP or a district nurse were the most reliable and trustworthy people to contact should they need to access fast track home adaptations.

Some of the older people and caregivers emphasised the benefits of accessing the service via the hospital, because hospitals can order items or equipment directly, which can speed up the home adaptation services. However, all the older people and caregivers stressed that the hospital's emphasis on discharging people meant that sometimes, adaptations were not in place making living conditions very difficult for the patient.

> *'They just had to get me home I guess, so I lived in one room to start with'*

> *"Exiting from the hospital should be probably covered with information and advice, and once the local authorities are properly funded, there should be a service where adaptations are done within a week preferably within a couple of days."*

Participants reported a need for information about available funding, about HAS from different sources such as, the council, GP, Age UK websites, and the need for an easily accessible phone number that could be used to provide information.

Improving the service

One concern about HAS was regarding how to respond to the situation with Covid-19. Many difficulties related to concerns about letting people into their home, particularly during the pandemic, and that accessing the service was like accepting charity. But as mentioned earlier, there were concerns about what the quality of the work would be and older people wanted to keep their personal circumstances private.

However, a major barrier to accessing the service was the lack of information available about the service.

> *'I think getting information is really important because it's information that makes you feel more in control if you're the carer with the patient coming home'*

> *'Without that information or someone to help you get along it's difficult, and you don't just need the information once and you certainly don't need it verbally, you need it written down and accessible'*

The uncertainty about whether someone has to pay for the service or be means-tested and therefore potentially not qualify for funding, meant that people did not always explore the options available, and if they did, the information available was found to be unclear or confusing.

Other Issues

Participants described their experiences of needing to use the service in shared areas with neighbours where some of the neighbours were not keen on having a piece of equipment added in a communal area such as a grab rail at the door of a main entrance. They also spoke of how they have had problems with getting any equipment fixed after it had already been installed.

> *"One of the rails snapped at the end. It was a nightmare … to get them to fix it, so I told them that the service has gone from being brilliant, it's gone down again.*

They expressed their frustration, anger and sadness as a consequence of experiencing home adaptations that were unsightly, for example having blocks placed under an armchair in order to raise it, or the colour and the location of grab rails.

> *"You don't want to be dictated to" "Don't want home looking like an institution".*

There was a consensus that the individual's views are important and therefore should be considered. Despite the various small, and sometimes not so small, issues older people face with the service, they seem to be aware of the fact that there have been cuts in budgets and thus, cuts in services. They were also aware that those being discharged from hospital were always prioritised over those already at home, despite the level of need. A suggestion was to have a more central funding system to avoid the postcode lottery

> *'There is a big reduction in staff and that can make a big difference.'*
>
> *'It doesn't make sense that the people who are going to help you, do not to have very close links, and one of the links they have is because they don't want bed blocking'*
>
> *' I still think that all of this could be handled better if they change the funding system from local to national. Locally you're kicked out because they're underfunded, it must be a postcode lottery, but that can be corrected.'*

Through these experiences, it was evident that some older people have battled; others backed away, some have been distressed by the service but have found satisfaction, others have not; and

while some have succeeded, others have become disappointed with the service and chose to privately fund any adaptation needed in their home, or have emotionally disengaged. This disengagement with home adaptation services has enabled private companies to offer similar services which could potentially exploit older people needing home adaptations.

Views on 'remaining Independent at home' and 'ideal home adaptation' service'

When asked about defining 'Remaining independent at home', key words or phrases described: *"being able to continue living independently in your own house"* and *" to not injure yourself",* and *"not be a danger to yourself or others while staying at home".*

A further concern was the management of the service. It was apparent that HAS should be more person-centred and flexible to meet the needs of each patient while at the same time being fair to older people in general. This concern refers to the degree to which health and social care and housing professionals could provide for the individual's needs without the potential of disrupting the service for other people. This concern was one of the most important factors discussed. There was a desire for these services to appreciate the differences that people have and so be able to adapt the service to meet the needs of each person. The decision to deliver HAS by health and social care and housing professionals as part of a more person-centred service, was a regular struggle.

> *"I think that if a system is developed that looks better, that looks more inclusive and actually looks properly at costs, what you save if you run a good system, it is really significant."*

Emerging recommendations

There is a definite need for the voices of older people and caregivers to be heard. It is evident that, for the most part, their voices are unheard and their individual experiences are almost completely unknown by health and social care and housing professionals. Greater communication between health and social care was a key recommendation as was the need for more readily available information for the older person. It was apparent that older people need information that is readily accessible, preferably via: a 'one-stop' contact point such as a phone number or webpage on the council website; Care Navigators who are located in GP surgeries; and local parish council magazine or village newsletter which could provide locals with up-to-date information about the service.

> *'Somebody who was dedicated to contacting the patient's relative on discharge and could give them the information can resolve the problem of knowing where to go, for most cases'*

In addition, not all health and care professionals use the same route for referral to the HAS. There was also a suggestion that professionals sometimes anticipate the need for home adaptations earlier, and thus get home assessments carried out before someone has an accident.

> *'Why a threshold? If I step out of my house now and break my leg, it is going to cost more for the NHS than if they came in and put a handrail up to start with'*

The introduction of forward planning and early assessments rather than prematurely relying on adaptations, might help to prevent falls and possibly hospitalisation for older people. Furthermore, planning ahead would help to ensure that older people, discharged from hospital, would have their home adequately adapted for their return home and could help them live more safely. There was the suggestion that the government adopted a 'Homes for Life' policy - a concept which would enable people to stay in their homes even in old age.

Suggestions

- **The voices of older people and caregivers to be heard.**
- **Greater communication between health and social care**
- **The need for more readily available information for the older person preferably via a 'one-stop' contact point**
- **Forward planning of home assessment to prevent hospitalisation**
- **Planning ahead of the home adaptation before hospital discharge.**
- **The need to review the government 'Homes for Life' policy**

4.2 Interviews and workshop with home adaptation service providers

A series of interviews were conducted with home adaptation providers in Oxfordshire to understand the relevant background factors that led to their current patient pathways and service arrangements. They also looked at how challenges experienced were overcome, described the challenges that remain, and the outcomes for patients/service users.

We also ran a workshop with FHA service providers from other parts of England to explore their experiences. For the workshop outside Oxfordshire, housing professionals from four local

authorities were invited as exemplars of existing good practice, demonstrating a range of provider types and local authority status. Three independent in-house HIAs from three unitary councils : Rochdale as part of Greater Manchester; St Helens in North West England; and Leeds City council discussed various range of innovative services. The two Town and Country Housing Association HIAs from Kent discussed wide range of services provided through joint procurement by several Kent district councils. The table below summarises the attendees and key points.

	Oxfordshire (interview)	Other LAs (workshop)
Aim	To understand the practice of FHA services in Oxfordshire	To explore the experiences of other local authorities that already operate FHA services
Attendant	Total 6 : 2 HIA leads, 1 grant officer, 2 OTs seconded in HIA, and 1 ICES director	Total 5: HIA leads from Rochdale, St Helens , Leeds, and Kent.

	Oxfordshire	Lessons from other LAs
Key points	▪ Unequal provision of the services within the County ▪ Lack of communication among the three divisions: housing, health and social care ▪ Lack of support for private rented clients ▪ Ongoing challenging issues that affects fast delivery of the services- lack of resources- materials, building contractors and technical staff ▪ Use of in-hour OTs and TAs speeding delivery of adaptation services	▪ The HIA leads from unitary councils tend to provide more consistent service and better communication within the system ▪ The participating four councils are practising a more joined-up and collaborative approach to support the neighbouring authorities ▪ The councils implement proactive ways to support HA and private renting clients; innovative pilot schemes i.e. use of graduates and apprentice surveyors; inhouse training of handy persons etc.

Unequal provision of the services in Oxfordshire local councils[21]

It was noted that the provision of the services was different: some councils appear to operate relatively efficient home adaptation services, some less so. If the services were provided under the same policy, people would get the same service no matter which area they lived within the County.

[21] The observations discussed here focus on Oxfordshire and outside Oxfordshire is highlighted in box.

'*No one is allowed to turn down a home adaptation application because there isn't any money left. We can hold off payment for a year when there is no money left, but a decision has to be made within six months of a DFG application'.* (BW)

The ability of the services to operate more equally is limited as each district does not receive the comparable funds from the government. This is mainly because DFG funding, as the main source of home adaptations, is still allocated by a historical formula and is not totally based on the different needs in each area. Using the RRO 2002, DFG allows the council to offer different ways of committing that fund and therefore helping more people and providing more fast-track adaptations.

'RRO 2002 order allows the council to offer up different ways of committing that funding and doing things.'

As each district has a different DFG allocation, it's capacity to use RRO 2002 for low-cost work differs, i.e. West Oxon has a smaller DFG fund than the other councils , which means it has rarely provided minor and non-means tested work up until the last few months.

It was noted that Oxford City HIA provides proactive services with a long-experienced team leader, in-house OTs and TAs. They never stopped working during the Covid pandemic using good communication channels between team and other professionals. Telephone assessments were used during the Pandemic therefore there is almost no backlog.

The HIAs for both South and Vale of White Horse are run by a private company on behalf of the councils which has its own way of operating. Cherwell council's HIA is run by the Council's grant team and retains a relatively good budget e.g. around £1+ million every year but they tend to struggle to spend the capital budget due to various reasons. As a result, they have a relatively long backlog.

West Oxon's HIA has only one part-time member of staff and its funding is a lot smaller than other councils historically. It's difficult for one person to make huge differences in providing the services although the staff member is very experienced and efficient. The team has worked mainly on adaptations for hospital discharge and also supports a relatively high proportion of HA tenants.

About 50% of fast-track adaptations in Oxfordshire are provided by an equipment contract. Each council in the county has an equipment contract with NRS. The size of the resources can be an important factor in determining the way to run HIA, the quality of the services as well as capability to get additional funds in the council.

> *'ICES contracts are also set up inconsistently across districts…. The problem is that there's no consistency in how contracts are set up across local authorities in the U.K.*
>
> *For example, the ICES contract in Oxfordshire is smaller than the one in Berkshire but is bigger than the one in Buckinghamshire. It is not necessarily because of need but because of the way the contracts are structured.*

Approximately half of ICES spending is from orders for the hospital discharge route and the other half is from local authority social care. Hospitals generally use NRS the ICES contractor but will use the HIA if it can be completed quickly or if it is a repair.

> *' There are some cases where were complications or the complexity of the work which our driver technician might not have the skill set because of the location or the condition of the property or the wall the rail needs to be attached to is not strong enough, he can't complete the job so I pass it onto the HIA.'*

In provision of ICES, Oxfordshire seems to have a different geographic and demographic set up.

> *'Oxfordshire is quite rural and the population is spread much more across the entire county and we don't have many cases compared to Slough, Buckinghamshire, or High Wycombe or Aylesbury areas where are densely populated.*
>
> *It makes the contract less cost-efficient and our driver has to drive long distances to reach the clients.'*

Communication between HIAs and the hospital and social care professionals

There is a good communication channel established that enables each council's HIA to link with the whole team: including hospitals, and the social care team in the County. Every district uses Foundations' Case Manager system to record information as part of their contract. Case Manager is a computer system owned and operated by each HIA which links the whole team: hospitals, social care and HIA in Oxfordshire.

> *The only thing that in-house OTs get uploaded to the HIA case manager is the referral form. The information is quite specific. Once the form is uploaded to the system, all team (OTs, social carer, grant team, and contractor) can have a look at their cases to check what's happening*

and read the notes and see what status a case has, whether it's completed or waiting for more information etc., which means that they don't have to keep phoning up the HIA/grant team.

If in-house OTs have any problems where they can't get hold of somebody or are trying to find out what's happening, they can look it up on the county's own Social Care electronic system and check up on the case.

There was a counter-argument though.

'It is communication between people not between systems….

'… housing is always and still the missing component in the whole team (in the connection between health, social care and housing), although housing and social care teams work very well.'

'I think the weakness is that nobody really communicates very well…. I would say that social services do communicate with us (HIA) reasonably well. …. particularly the NHS doesn't communicate with social services… '

It was noted that the Oxford City's HIA team works particularly closely with all the other parties across the County. The team leader, who ran HIA for quite a long time, brings a lot more enthusiasm into what they can do better and works closely with the County council.

Some good case examples were noted from other local authorities.

St Helens HIA
set up it's own electronic system which OTs were part of the managed service. ***The majority of the OTs see themselves as part of the housing division,*** and they communicate and contact housing, the technical offices, the ground staff when they really need to..
If it's a complex case (particularly HA/registered providers), they set up meetings so that all can discuss the issues i.e.rehousing issues.In general, It is indeed good working practices with their partners; they have monthly meetings with the main players.

Rochdale HIA
In Rochdale, strong relationships across social care and housing sectors.
HIA is invited to its 'Huddle meeting':a quick get together every morning with social care team, district nurses, community health staff, staff from the GP surgeries within the six localities.
If complex issues are identified that the HIA can support with, our senior management goes to high level ***NDT meeting*** and invite HIA staff and discuss. The Rochdale experience seems really to be different.

It was observed that the Oxfordshire ICES provider, NRS, also works closely with district nurses, OTs, and health care teams enabling good and productive communication within the provision of FHAs.

Performance of FHAs

Helping people stay safe and secure in their own home or reducing admissions to health facilities is a huge challenge, and requires more than just providing adaptations.

> *'Although speedy delivery is important, the good adaptation is one that's made a difference to people, it's something that's actually meeting their needs, but also makes improvements to the people's life so that they live more independently or easier for them to use whatever.'*

HIA's direct engagement with clients, visiting their home, is an important part of its service so that the person gets a lot more than just what they've asked for.

> *'For example, it is very often that HIA visit client and do a stairlift and then can find out that they've got no heating, or they haven't got any food or they're really struggling with their energy bills or the roof has got a hole in it or the other things that HIAs do to help that person. And also, talking to them about all the other options that are out there to help you.'*

The way the ICES contracts are set up is to maintain speed, particularly for clients who are discharged from hospital. Across all local authorities, NRS agreed the speed of responses and the prescriber can select the appropriate speed of responses. It could be either same day or next day, three to five days, and up to 14 days.

> *'When a district nurse raises an order for a piece of equipment or an adaptation, it can be done anything from the same day to five days. However, if the order is for special equipment e.g. technology normally it is between the same day or two days but it could take up to five to six days.'*

Adaptations for hospital discharge tend to be quick, usually the same day; if it the next day it tends to be for health related reasons to facilitate discharge or stop hospital admission; palliative end of life care tends to be the same day or the next day. Equipment provided urgently does not require social care staff to visit and assess.

However, fast delivery of the service is not necessarily a cheap service. Fast track enables NRS to charge a bit extra and gives the drivers control to make the decision, along with discussing with the service user, where the grab rail or mopstick handrails are going to be located.

> *' We are a private company, whatever you can choose for faster or slower speed, there's a cost difference. For example, the cost to the Oxfordshire County Council for a five-day delivery is less than for the same day.*
>
> *So it's really on the decision. Making the decision of how urgent that equipment determines the costs: higher cost to get it delivered the same day as opposed to five days.'*

Other local authorities seem to provide similar services but St Helens' delivery seems to be consistent in each case.

St Helens HIA
In St Helens, it normally 24 hours and it's very rare that it gets to the three days and all the non-urgent cases are within 14 days.

Challenges

Supporting tenants

Although the Care Act 2014 states that home adaptation is a tenure neutral policy, the great majority of people who receive home adaptations are owner occupiers. A relatively small proportion go to private tenants in Oxfordshire. Landlords do not always support people as well as they should and many private tenants worry about being evicted, particularly those on short term contracts. Due to this reason, one of Oxfordshire councils has restricted private tenants to apply for the service.

Trying to get permission from a housing association is also challenging to some degree, particularly in case of small housing associations. Although there is legislation to protect tenants from housing associations withholding permission, it is not enforced enough.

Oxford City council provides home adaptations for its council tenants using its own budget. It also provides private landlords with a variety of services such as landlord training, home adaptation leaflet and other promotions.

Similar challenges but some proactive resolutions are found in other local districts.

Similar experience was noted in **Leeds**. Although the Council has an accredited landlord scheme, it's only small number of good landlords tend to have signed up to.
When there is a need for work or adaptations in a property, it's really difficult to get the landlord permission as it is hard to get in touch with them.

Peobody HIA in Kent also with the private sector.
*We don't have an issue with private landlords either. I would say most definitely the authorities in Kent have a very **joined up thinking** in so much as they've used their powers to use the money, not only for DFG but other discretionary projects etc.*

Rochdale HIA
In Rochdale, there is significant proportion of private rented household. The majority is not professional landlord;difficulty in communicating and reaching landlords
Rented properties have various issues- damp, asbestos that need to be resoved but could not covered with FHA fund
HIA try to resolve the issues with different and proactive ways.
Working closely linked with LA's hosuing standards team
Helping the tenants move to a more suitable home

Contrarily, **St Helens** has no issues to support private rented tenants to access minors and access measure adaptations for the last 10 years
We very rarely come across cases where a private landlord won't give permission.
It's mostly the case that the specific house can't be adapted.
If that can't be adapted, St Helens discuss with its registered providers to look at supporting them through the bidding process for a social housing provision.

<u>Shortage of building materials, contractors and technical staff</u>

Across the nation, due to a complete lockdown during the pandemic, there was a shortage of many materials such as lift parts, wet floor, cement, window frames and plasterboard which have caused big problems in the provision of FHAs. Getting experienced and skilled contractors on time to meet the demand was also a problem in Oxfordshire.

It created a backlog of work in certain districts but not all. For example, Oxford City HIA which works with agency contractors or partner contractors was not affected greatly.

> *' We can ask prices from contractors and make some comparisons with quality, speed and cost. There is always at least one back-up contractor, so we never have a problem.'*

There was also a lack of technical staff to process cases in the council.

For the services provided by ICES, holding onto and getting the right drivers is crucial because NRS is not just looking for a delivery driver, but a skilled technician to install some facilities and someone capable of going into a home and dealing with vulnerable people. Staff with all those skills are in demand.

Other LAs experienced similar challenges particularly in getting staff for the service.

Rochdale have got huge backlog in the service due to the difficulty to allocate technical staff.
We are desperately trying to recruit additional technical staff but we can't recruit we've been trying for weeks. We are also looking for surveyors.

St Helens also in need of more technical staff.
Our handy persons and assistive technology team were working full time flat out all the way through
Our budget was under spent quite significantly, but the referrals coming through now mean that we are more than going to be able to cope with existing staff.

Lack of equipment stock was also one of barriers experienced in Oxfordshire i.e. at Dec in 2021 there were outstanding backorders for hundreds of four-wheeled walkers because of an issue with delayed shipping containers. It meant the costs of equipment were spiralling out of control.

The other logistical challenge that NRS faces with urgent, same-day deliveries is the nature of the road layout in Oxfordshire. The A34 that runs all the way through the County always has large volumes of traffic leading to delays.

Good case examples to run the service more efficiently

It was noted that one of the best ways to help clients and to speed up the process is employing in-house OTs and TAs. Oxfordshire uses a TA model in several settings across the health and social care system. Whilst OTs are assessing more complex cases for major adaptations, it is common that trained Trusted Assessors (TA) assist fast track adaptations and other simple works without assessment and it can make the process a lot quicker.

> *'Particularly the use of TA can reduce the numbers and waiting times of people awaiting discharge from hospital and help them to move from hospital back home or to another setting speedily, effectively and safely.'*

Other local authorities which experienced difficulties in recruiting people are training their own staff and making use of apprenticeships.

St Helen HIA have trained up a technical officer from one of their handy person so have supported him and basically backfilled the handy person job. They have taken them through his BTEC course he's actually just at the end of two years now.

Peobody HA in Kent also tried to **recruit a graduate apprentice** rather than trying to recruit directly into a surveyor post.

Another good example is the pilot scheme in Oxfordshire: the NRS recruited and trained TAs as drivers.

'They drive and deliver equipment; but also do their own assessments and then the work going forward for a 'fast track' service.

Suggestions:

- **For better communication in the whole team: inclusion of housing lead in the County level health and care meeting**
- **More support for private rented tenants via accredited landlord scheme**
- **More joined up thinking for alternative housing solutions for client**
- **Secondment of TA in each district and provision of training for technical staff**
- **Establish partnership with local building contractors**
- **Better ICES stock management and recruitment of TA driver**
- **Greater flexibility on the use of funds : neighbouring housing authorities may pool funding to meet local demand where long waiting list exist.**

4.3 Workshop with health professionals

	Aim	Attendees (or participants)
Aim	to explore their current knowledge and experiences of fast track home adaptation grants	4 Community Hospital Discharge nurses, 3 Dementia nurses , 2 Acute Hospital Discharge nurses , and 2 Occupational Therapists participated in two workshops
Key points	▪ Lack of awareness and knowledge of fast-track home adaptation service ▪ The grant system is overly complex with unclear structure ▪ Need for speedy adaptations to discharge client from hospital ▪ Confusion over the geographical area covered by the grant ▪ Delayed service via non-hospital route (via Social Care) ▪ Addressing changing needs of clients ▪ Needs of advancements in home adaptations and equipment	

	▪ Unsuitable existing stock & clients' reluctance to adapt their own home

Two workshops with health professionals explored their current knowledge and experiences of fast -track home adaptation grants. While the health professionals described many examples of where the referral for fast-track home adaptations had worked well, there seemed to be a lack of knowledge about the grants available for home adaptations and confusion between the different grant types. The grant system was perceived as overly complex with multiple pathways and an unclear structure. A lack of awareness of who to contact for referrals was reported

> *'there's so many different pathways as we've already heard you can go here or there, but how do you know which is most appropriate'*

The health professionals perceived a need for more timely adaptations and the need to assess clients regularly for changes in their condition and therefore changes in need for home adaptations and equipment. Suggestions for improvements in the current fast track adaptation grant access are reported:

Awareness and knowledge of fast-track home adaptation grants

While most of the health professionals were aware of the home adaptation grants, they were perceived to have a limited knowledge about fast track grants and a lack of understanding about the differences between the grants available. The fast-track grants were often confused with larger means tested grants.

> '*The lack of knowledge that they're (the grants) actually available'*

> *'I think the thing about the home adaptation grants, is the fact that it's not advertised enough people are not vocal about it … that it's accessible'*

Awareness and information about the service was also important. Health professionals wanted to be more knowledgeable about the grants themselves, and wanted to make their clients more aware of the fast-track home adaptation grant system.

> *' it's being really clear about what patients are entitled to, and how we go about accessing their services for all people because I think people's expectations can vary and they get told different things, I think'*

There was also some confusion over which geographical area the grants covered and who to contact about them.

> *'I think that's good, I think the only point that I might add to that is that it's limited as far as I'm aware the service is limited to certain postcode in Oxford city'*

Nonetheless the information of home adaptations is widely promoted[22], health professionals suggested the readily available information i.e. booklets or leaflets that they could give to their clients to help them understand the process.

> '*We could maybe order, some of these booklets and put them in our information pack for everybody'*

They also wanted more knowledge and training on the grants system themselves and suggested talks or training from the grants teams:

> '*we have team meetings you know someone is welcome to come and talk to us because, like I said, if we understand*'

> '*potentially what the Council could do is produce a little training video… we have links on our website that we're more than willing to put up*'

Need for speedy response to discharge client from hospital

The speed of fast- track adaptations was reported as vital for timely hospital discharge due to the shortage of hospital beds and the cost of keeping a person in hospital. Furthermore, clinical staff wanted to discharge older people quickly because of the risk of infection. For these reasons the fast-track referrals needed to be dealt with speedily once a referral was received.

> '*our problem is the pressure for a hospital bed, and how costly the hospital beds are and the pressure, almost as soon as they walk through our door, we were needing to know when they're leaving'*

> *'we can't wait for days, weeks for that kind of input, so what happens is, we will either discharge a patient home with the minimal requirement, which will be often….sort of micro living in one room, you know literally you know, none of its quality of life stuff but it's getting them out of a hospital bed, and the risk that being in a hospital bed pose for a frail elderly person'*

> *'so this is health economics, really, because if we can get that rapid response to services and products being put in that might mean that the person doesn't need a care package or doesn't need to transfer to the nursing home"*

[22] https://www.oxford.gov.uk/dfgbooklet

If the referral reached the right person those being discharged from hospital were prioritised and often fast track home adaptations were made. However, delays in adaptations or equipment reaching the client's home led to health professionals spending time chasing the various contacts involved in the fast-track adaptation pathway.

Clients who were referred via Social Care seemed to encounter the longest waiting times, with slow responses to referrals, as priority lists constantly changed.

Meeting changing needs of clients

The ever-changing needs of clients meant that quick referrals from social care and a responsive grants service to assess change was vital, but often delays prevented this. The health professionals perceived a need for frequent timely client assessments. Two main types of clients were described: those with a degenerative disease or condition and therefore their ever-changing condition needed frequent assessment and often their changing needs went beyond the fast-track service; and those with temporary conditions where temporary home adaptations or equipment were needed while clients regain their health (e.g. hip fracture). The word timely was important for ever changing client needs:

> '*the delay the amount of time it takes from an OT visit to whatever is being put in place, because the person's needs could have completely changed in four months'*

> '*what happens is another source is involved, so social services back off because they'll say that is being dealt with by someone else, and this is where we run into issues … and wasteful that they might not even be there'*

Complexities of grants

Health professionals described the perceived complexity of the grants systems being a barrier to accessing them

> '*90% is cutting through the tangle of the existing systems*'

Health professionals believed that the councils had an equitable process in place for the fast-track grants, but the lack of communication between the clients, health professionals and councils led to mistrust.

> *'I know a lot of these places have a fair system, but we can't make sense of it'*

'It's being really clear about what the patients are entitled to, and how we go about accessing their services for all people because I think people's expectations can vary and they get told different things, I think'

Health professionals suggested that better communication of timelines and expectations would improve the service.

'You know so there's a whole thing about expectations, and I think when you're going to be looking at you know the adaptation, you know, in that, in the process of gaining access to the adaptation services'

Open communication of the issues the service is having is essential, so the client is aware of what is happening.

'I'm putting referrals in and by the time I'm contacted, I've completely forgot about that, because it was so long ago that I made that referral, I have to go back and look it up again to remind myself'

'It comes back because my clients will say you didn't make that referral we've not heard anything'

If the client knows where they are in the priority list then they are likely to be less anxious about whether the adaptations are actually going to happen. This would also save health professionals time in dealing with queries regarding delayed home adaptations. They suggested having a tracking system like the home parcel delivery services where you can log into the system and see where you are on the waiting list and find out any issues the adaptation teams are experiencing.

'What I'm thinking if it's like a tracking system or a checklist. Like with parcel delivery where you can track where the parcel is in the process of delivery'

Routes for referrals

Health Professionals suggested one route for referrals, and suggested this could be via the GP practice, as the primary care team were deemed the closest to the clients and more aware of their needs.

'I want to say have it at the GP surgery because everybody is linked to a GP surgery and they're needs are known'

'So maybe in the GP surgeries and linked with district nurse service, so the district nurse practices, you know they've got a team of people and if an occupational therapist were linked with that person … then that might be an easier route for people'

Health professionals also suggested having the fast-track grant teams in the same building as the Community Therapy Services team so they could work together to provide a more integrated service.

> *'I don't know whether it would be useful to actually physically have CTS and the home adaptation service in the same building'*

> *'It does definitely help when you have those same people in the same building'*

Advancements in home adaptations and equipment

They also felt the lack of funds resulted in the service being inflexible in what adaptations and equipment they provided. Health professionals suggested there was a need to stay up to date with technology to enable people to remain independent at home and to consider adaptations and equipment that are more visually appealing and fit with the home rather than making the home look like a hospital environment.

> *'The technology is there to make a real difference … advanced toilets, sensors, monitors – all the new technology that helps'*

> *'There are systems if somebody is not very mobile, you can remotely open the front door to let somebody in'*

Other barriers to home adaptations:

Health professionals also reported that clients were sometimes reluctant to have changes made to their homes. Furthermore, the existing housing stock was often not suitable for the adaptations needed and sometimes because of the clinical 'look' of the adaptations or equipment, clients were reluctant to get them done. They suggested acceptance of these changes might be improved if the changes were more compatible with the domestic environment

> *'They need to think about the client living with these changes and equipment in their homes. Their living spaces become like their hospital environment in the community hospitals'*

> *'Sometimes the barriers are the patients themselves, who don't pick up the phone to you or don't want the changes made to their house'*

> *'They need to think about the client living with these changes and equipment in their homes. Their living spaces become like their hospital environment in the community hospitals'*

The lack of funding available for fast-track adaptations and the perceived differences in budgets available in different geographical areas was also perceived as a barrier.

Suggestions

- **Simplify the process: 'One Stop Shop' contact for client**
- **Need for Information booklets for health professionals & clients**
- **Training hospital discharge staff about grant system**
- **Improved communication with grants teams on timelines for adaptations (suggested online tracking system for HPs and clients)**
- **Regular meetings of stakeholders**
- **Route for referral based at GP practice or CTS**
- **Ongoing review of technology and more apt/desirable adaptations for homes**

5. Overall findings and recommendations

5.1 Findings

Since Fast Track Home Adaptations were introduced, a significant number of changes has been implemented across the county. Each district has been working ambitiously to provide fast track adaptations and to integrate them into health and social care services.

There are many positive points identified from the workshops : simple and adequate equipment quickly provided for free ; hospital discharge routes that were quick and supportive to enable people to return home. On the operational side, good communication between OTs and housing providers; use of in-house OTs and TAs; councils working closely with housing associations; HIA's involvement in senior management meetings for better communication; and ICES drivers trained as TAs were all pointed out as positive changes.

However, not all changes have had positive effects for clients. There is:

- unclear and confusing information on the various routes and who to contact,
- confusion over what services are covered and not covered; geographical area covered by the grant;
- concerns about eligibility and means-testing of clients.
- difficulties in accessing services, particularly through non-hospital routes
- disappointing outcomes: more personalised and aesthetically pleasing equipment and adaptations could be provided
- a need to respect people's privacy when working in the clients' home

On the operational side, a series of issues currently affect the smooth and swift provision of services:

- lack of communication between housing and health professionals

- the grant system is overly complex with an unclear structure for health professionals: i.e. about where the funding comes from, the maximum limit for fast home adaptations supported by discretionary funds
- inconsistent delivery of the services across the county: clients often find themselves in a post-code lottery regarding funding.
- lack of support for private rented clients
- ongoing challenging issues that affect fast delivery of the services: lack of resources within local authorities delays in getting building contractors & materials; unsuitable existing stock; clients' reluctance to adapt their own home.

5.2 Recommendations

Based on the findings, we recommend several points as below for more effective and efficient delivery of the services in Oxfordshire.

1. Greater communication among the service providers

- Strategic and proactive planning and decision making in delivery of the adaptation service via the County's Health and Wellbeing board.
- Inclusion of local housing leads on the County's Health and Wellbeing board for a fully integrated team.
- Regular team meetings among housing, health and care service provides in each district
- Provide updated information booklets for health professionals
- More readily available and accessible information for clients and caregivers
- Good cases examples from each authority to be shared across the county and available to the public (i.e. publish on website).

2. The voices of older people and caregivers to be heard.

Clients and caregivers expressed the question 'what does an ideal service look like' as 'be more person-centred and flexible to meet the needs of each patient while at the same time being fair to older people' and be 'more inclusive, delivered at appropriate costs, and eventually saves the costs'.

- Forward planning for the assessment of older people' homes to reduce the risk of hospitalisation
- Planning ahead for home adaptations before hospital discharge.
- Addressing changing needs in health status which leads to changing needed in the home
- Needs for advancements in home adaptations and equipment that meet clients' preferences.

3. More support for private tenants

- With the increasing number of older households living in private rented housing in Oxfordshire, more adaptations are expected from the private rented sector.
- More joined up thinking for providing various housing assistance services: including information about trusted handy persons' service; alternative housing solutions for private tenants.
- Stronger regulation on local landlord registration (i.e. via accredited landlord scheme) to enforce housing standards for tenants.
- To address tenants needs better, establish a closer liaison with the local housing associations.
- Mapping of the condition of housing stock (i.e. Home MOTs[23]) in each local authority to support people in identifying what could be improved in their home.

4. Partnership and training

Lack of resources, including materials, building contractors and technical staff, are one of the main barriers to prevent the delivery of fast home adaptations

- Secondment/training of TAs in each district
- Establish partnerships and robust procurement arrangements with local building contractors : by establishing a verified list of local builders dedicated for home adaptation.
- Better ICES stock management and recruitment of TA drivers
- Provision of regular training and apprenticeships for technical staff (TAs, surveyors, handy persons, drivers etc) to develop their careers (i.e. in partnership with Foundations or day release to college programmes).

5. Ongoing review of home technology and equipment.

Regular reviews or mapping exercises of the technology or equipment were suggested as it could save money in the long run and actually support clients.

- Improve the operational information system for better communication i.e. online tracking system for health professionals and clients
- Advise and provide updated information and training on home adaptations, particularly for health professionals; hospital discharge nurses, district nurses, GP and social care staff
- Keep abreast of advancing technology for home adaptations and equipment which help keep people independent at home for longer.

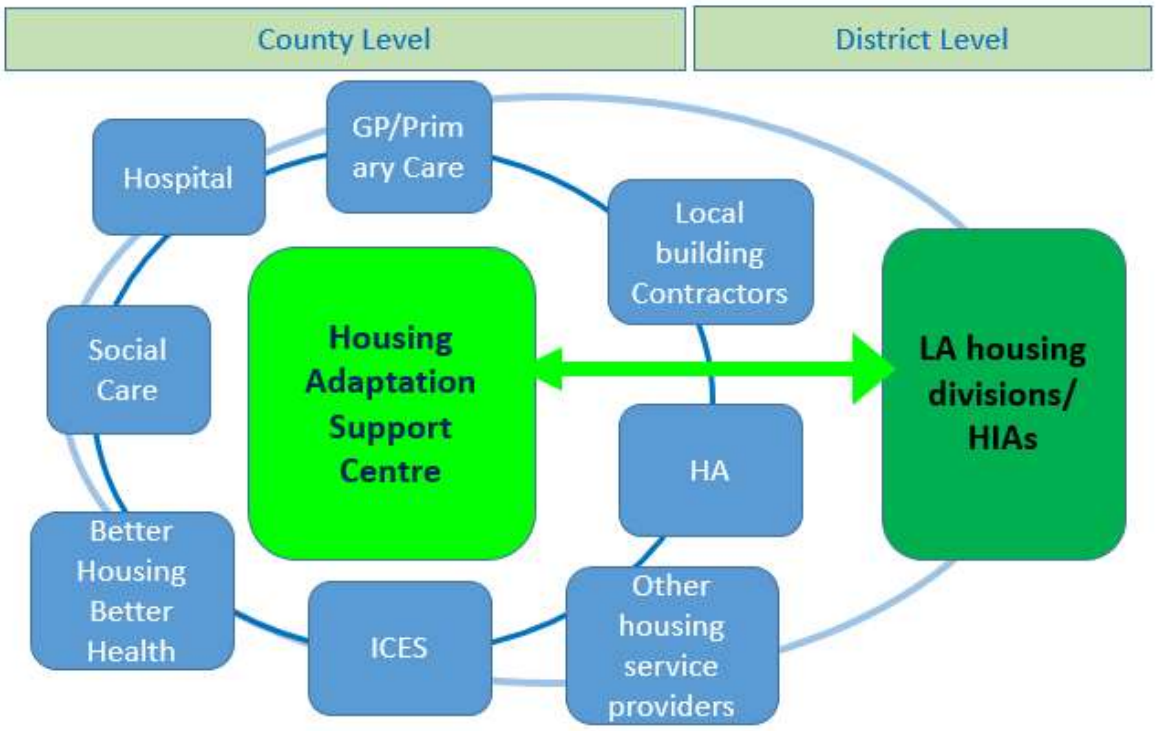
[23] Centre for Ageing Better, 2021, Good Homes Inquiry: Good Home for all: A proposal to fix England's housing.

6. **Simplify fast track adaptation process and improve awareness of the service**

To streamline the processes, including systems for cross-referrals, joint assessments and signposting among housing , health and social care professionals and clients, including having a Housing Adaptation Support Centre.

Housing Adaptation Support Centre (HASC)

- HASC could become the county level initial contact point for all parties involved. The proposal is based on the 'One stop shop' approach that workshop participants suggested.
- The centre could provide initial discussion on the clients' needs and direct them to appropriate staff who can provide further support swiftly.
- It also supports smooth communication between all parties involved in provision of the service – hospital, GP, primary care and social care staff.
- The diagram below shows all parties involved at the two levels of Oxfordshire as a non-unitary council.



Service functions

The main service the Centre would cover are

- first inquiry point for home adaptation service
  - for all tenures: owner occupiers, private, HA and LA tenants including landlord.

- for all type of adaptations: major, minor, fast tract including ICES and other housing assistance.
- for all staff involved in the provision of the service

- Providing right information and advice to clients promptly;
- Moving toward to the next step: providing adaptation services swiftly;
- Sharing all necessary information with all parties involved

Structure and Staffing

- Central person in the Home Adaptation Support Centre could be County OT.
  - OTs have good links with both NHS and housing providers. Therefore at least one OT can sit in the Centre.
  - Staff involved in this first contract should have the appropriate knowledge and experience about home adaptations.
- Within the Centre, keep an appropriate number of TAs and Handy persons working particularly for the fast-track adaptations.

Benefits

- Simpler process to promote– i.e. just one contact number on posters
- The contact point can signpost what's the best route for the client and manage the referral process.
- This new service centre at county level would be easily linked with County's Health and Wellbeing programmes, e.g. the current pilot scheme 'Better Housing, Better Health' for a more comprehensive service.