



Foundations

City of Southampton

A Review of the Disabled Facilities Grant

Programme (commissioned by the City Council and the
Clinical Commissioning Group)

January 2021



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Introduction

Foundations were commissioned by the City Council and the local Clinical Commissioning Group (CCG) to undertake a review of major adaptations across the City including its integration with other relevant support services for older and disabled residents, and to suggest a list of options for use of a current underspend on the funding provided by government for the purposes. The agreed project deliverables are reproduced in Appendix 2.

Foundations worked with an appointed Stakeholder Group of officers from the City to develop and refine the report and its recommendations. A list of the members of the Stakeholder Group can be seen at Appendix 3. A list of the report recommendations can be found at Appendix 1.

Strategic Relevance

The benefits of providing adaptations to the homes of those with disabilities (physical and sensory), certain medical conditions, and other vulnerabilities such as increasing frailty with old age are well documented. For many years there has been a statutory duty on local housing authorities to provide Disabled Facilities Grants (DFGs) to eligible clients where there is an assessed need.

The legislative framework that governs the delivery of DFGs is dated and unhelpful in the modern context. This has been recognised in several successive national reviews that has seen increasing discretionary flexibilities provided to local authorities. Delivery of DFGs has been documented as being inflexible and hide-bound in several published reports, and client complaints regularly appear in local government ombudsman (LGO) cases. Delays, contractor issues, and unnecessary bureaucracy all feature repeatedly.

In 2015 the government placed funding for DFGs into the Better Care Fund with the intention of generating better integration with social care and health services to provide better outcomes for clients and the wider system. The potential uses for DFG funding were also widened to include agreed social care projects to further that integration.

Since that time, the allocation to local authorities from government has more than doubled and now stands at more than £500 million annually.

At the outset of the project Foundations examined several locally adopted strategies and plans which demonstrate just how relevant the project brief is to the aims and objectives of the Council and its partners. A full list of the documents examined is given in Appendix 4 together with a brief extract from each. Common themes emerge and are repeated around prevention and promoting independence; and the importance of the home and of housing as a wider determinant of health and well-being, mirroring the findings of national reports on the efficacy of major adaptations and their role in local public services. It is the very reason that increased funding has been made available for the national programme.

We also understand that the Council is currently undertaking a Scrutiny Inquiry 'Carer Friendly Southampton'. The Inquiry has heard evidence from young carers and adult carers in the City of their experience of grant funded housing adaptations. The evidence supports the need for a whole family and person-centred approach to ensure carers needs are fully taken into account in the process of housing adaptations. The Inquiry is due to make recommendations for the wider Council and partners in the City to consider by April 2020. Alongside this the Integrated Commissioning Unit is developing a 5-year carers strategy which is being co-produced with carers and stakeholders in the City.

Project deliverables, methodology and recommendations

In our experience, during any DFG review, the opportunities for improvement and innovation centre around two things; the day-to-day operation of the assessment and practical delivery of major adaptations i.e., delivery of Disabled Facilities Grants; and an examination of wider pathways in the provision of support to older and vulnerable clients in their home.

The review commissioned by Southampton encompasses both aspects, and our report is structured accordingly. The review methodology was to initially carry out a desktop review of available strategies, plans, policies, and protocols. Secondly, a series of unstructured interviews with key stakeholders and practitioners were carried out over a period of weeks. Findings were reported to and reviewed by the Stakeholder Group of officers. We have thus arrived at a list of recommendations, some of which provide immediate opportunities, others that will require further consideration and discussion.

A complete list of all the recommendations contained in this report is set out in Appendix 1. They are wide ranging and cut across many directorates and departments. What will be critical to the implementation of the report will be the appointment of a senior manager, a Director, to hold the brief for the project and to oversee it, together with the appointment of a Project Group (the current Stakeholder Group) to monitor progress, and a Project Manager to deliver the brief.

Foundations has outlined a suggested Project Implementation Plan (Appendix 8), and a Project Risk Matrix (Appendix 9) that could be refined and developed by the Project Group and Project Manager.

Below we summarise of our actions, findings, and recommendations on the project deliverables.

Delivery of Major Adaptations

An initial examination of the day-to-day operational delivery of major adaptations, including mandatory and discretionary grants for all tenures other than council tenants, following assessment of need by the Housing Adaptations OT (Occupational Therapy) Team was carried out and a summary report with recommendations is at Appendix 5.

Further discussions confirmed that previous attempts to introduce new working practices had met opposition and resistance, and change has therefore not been implemented. The idea of moving the Adaptations Team to another manager or Directorate to allow a concentrated focus on bringing about change, and with the potential to combining it with the Housing Adaptations OT Team, was rejected in favour of another effort to address matters within the existing arrangement. However, to assist and support any efforts to implement change it is recommended that a independent party be engaged, either internally or externally, to lead and oversee the operational re-design. This could be funded through the DFG underspend.

Rec1: It is recommended that the day-to-day operation of the Adaptations Team be redesigned in line with our report, and that the process be led by and overseen by an experienced independent party.

There is no single manager responsible for ensuring that adaptations meet the needs of residents, and the broader public need, such as hospital discharge etc. It is considered essential that a single owner take responsibility (but not necessarily day-to-day control) of the entire process.

Previous analysis of the adaptations pathway by officers identified that current processes are unnecessarily cumbersome and uncoordinated. The introduction of clearer routes and signposting to Adaptations, Reablement etc need to be agreed. This should include how the first point of contact is to be configured. Wasted effort can be avoided by transferring some sub-process elements to the first point of contact so that client's expectations are managed, and works are aborted at the earliest possible time when necessary.

Major benefits could also accrue from following the legislative DFG process only where clients are required to make a significant financial contribution. It was suggested that only in those cases should the traditional DFG process apply, together with those who want to manage the works themselves to avoid any potential legal challenge. This is certainly worth further consideration.

Rec 2: It is recommended that a single manager be responsible for adaptations process and that current pathways and processes be reviewed including from the first point of contact. Furthermore, that new and simpler pathways be explored for clients requiring major adaptations who do not have a financial contribution.

Currently the Adaptations Team do not provide either casework support to clients or a formal 'agency' service. Thus, clients are left to bring forward their own applications including completing forms and sourcing contractor quotes, permissions (B.Reggs, planning, etc). Experience suggests that this will lead to some clients, including those who are more vulnerable, dropping out of the system and not receiving the required adaptation(s). Even if simplified delivery models are adopted there may be complex cases where clients will need help to bring about successful outcomes.

Rec 3: It is recommended that an agency service be offered to clients and that a fee structure be developed to help towards the cost of the service, paid for from DFG funds.

The issue of casework support (or keyworker) was raised elsewhere during the review (in relation to Wheelchair Users) and the difficulty of vulnerable clients navigating complex public services delivered by different authorities (Health Trust, Clinical Commissioning Group, City Council) and by different teams, leading to multiple hand-offs, delays, confusion, and frustration. Learning from a recently commissioned service provided by 'Two Saints', a known and trusted local third sector provider, provides a model that could be applied to vulnerable clients. A keyworker acts on behalf of the client to navigate local systems whilst at the same time providing active 'challenge' and learning for the client.

This approach mirrors that provided by a home improvement agency where a 'Healthy Homes assessment' identifies the practical measures – adaptations, repairs, maintenance, energy efficiency/fuel poverty, benefit realisation, etc, issues facing the vulnerable householder who is then helped to access the support services to preserve their independence and delay the need for admission to care or hospital settings and enhanced personal care packages.

Rec 4: It is recommended that the provision of casework support should be examined so that vulnerable clients achieve the best outcome for their adaptation and other needs. This should be considered alongside Rec 1-3.

For council tenants the pathway is less complex, but there are still matters that arise. Delays are currently being experienced due a backlog of cases and to inadequate contractor capacity. Recommendations to increase the Housing Revenue Account (HRA) spend to deal with the backlog and to meet demand have been accepted, and arrangements for increasing contractor capacity are being brought forward. In combination this should remove the current waiting list and reduce future waiting times.

In other discussions it was mentioned that the cost of similar major adaptations varied significantly between those carried out by private contractors for private owners and private tenants, and some social rented tenants; and those carried out in council properties by the in-house contractor.

Rec 5: The increased HRA spend on major adaptations in council stock should be used in conjunction with increased contractor capacity to remove the existing waiting list for major adaptations and to reduce future waiting times. If the in-house contractor is unable to provide a detailed plan that evidences how the backlog of disabled adaptation works will be addressed, it is recommended that consideration be given to outsourcing works in order to address the backlog, even if this is on a short-term basis until the in-house contractor is sufficiently resourced to be able to manage the volume of work in the longer term.

Initial contact for clients who may subsequently receive a major adaptation is with either Adult Social Care Connect or the Community Independence Teams. From there a referral is made to the specialist Housing Adaptation OT Team. It is understood that the current arrangements work reasonably well and that the Housing Adaptation OT Team is structured in such a way that there is an appropriate use of professional expertise matched to the complexity of the case as envisaged by the Royal College of Occupational Therapists (RCOT) 'Adaptations Without Delay' report, with Occupational Therapists, Occupational Therapy Assistants (OTAs), Trusted Assessors (TAs), and an Adaptations Officer (for SCC tenants). Nevertheless, there are still waiting times for assessments despite an additional post being funded in 2017. This may in part be due to the requirement for OTs to produce drawings and plans as part of their assessments, not something that makes best use of their professional expertise.

Any redesign of the delivery of major adaptations should encompass the relationship and interface with the Housing Adaptations OT Team to ensure maximum efficiency. This should include the current use of IT and software. A shared client database accessible to both teams has been a major benefit in other authorities.

There is also a waiting list for assessments for children's adaptations and the operational review should consider how best to address this, whether by way of a temporary increase in resources, or in some other way.

Finally, where a means-test is applied to the delivery of major adaptations clients should be provided with information as early as possible in their customer journey, i.e. at or near the first point of contact. Currently, clients are only means-tested after their needs are assessed and at the point where their need is being actively 'processed'. This is typically many months after they have been initially considered as a potential beneficiary. For those screened out by the means-test it increases not only their frustration with the system, but it also introduces further unnecessary delay.

Rec 6: It is recommended that a preliminary means-test be applied to all those being considered for a major adaptation at the earliest possible time to screen out those who are ineligible. Further that comprehensive information, advice, and support (including somewhere to view and test products) be developed to assist self-funders and those not eligible for financial assistance with their major adaptation.

Opportunities for using DFG funding more flexibly

DFG funding is available to meet not only the delivery of major adaptations for private owners, private tenants, and for some social rented tenants, but also to spend on 'wider social care capital projects'¹. Where local budgets are underspent, not under undue pressure, or, as in the case of Southampton, there are carry forwards from previous years, this provides the potential for other priorities to be met that may ease pressures in other parts of the system. This can include initiatives designed to promote independence, to prevent unnecessary hospital admissions or moves to other expensive forms of residential care, to speed up hospital discharge and to reduce dependence on expensive packages of personal care. Notes from a meeting with LA Finance Officers in Appendix 7 give some idea as to how the capital spend requirement can be met.

We go on to consider local opportunities as set out above in the review brief.

The Joint Equipment Store

As in all authorities the budget for community equipment is under huge pressure. However, the £1k threshold that delineates the separation of minor adaptations and the major adaptations and the subsequent pathways for those in the private sector creates a two-tier system. The divergent delivery of major adaptations is covered elsewhere in this report with recommendations for change.

Minor adaptations, including installation are currently delivered in-house by a team within the Joint Equipment Service where waiting times are understood to be minimal. This includes grab and stair rails and a set range of minor adaptations. For those jobs that go over £1k the case is referred to the Grants Team for a formal DFG application and the attendant processes that lead to significant delay. Recommendations for a redesign of the Grants Team are dealt with elsewhere, but aside from that, it is possible to spend DFG through the minor adaptations service to 'top-up' the £1k maximum available for the project and to allow it to progress outside of the major adaptations process. Thus, for example, door widening could be undertaken by the minor adaptation team with the costs attributed and apportioned to the appropriate budget.

A differential pathway was also highlighted in the treatment of ceiling track hoists, and other larger items of equipment that have traditionally been designated as falling within the scope of a 'major adaptation' and therefore subject to the same divergence. If the items were to be

¹ Disabled Facilities Grant Allocation 2020-21: Letter from MHCLG to all LA Chief Officers

fitted through an enhanced or expanded version of the current contractual arrangements provided through the Joint Equipment Store, then a speedier process would result for the private sector and less draw upon resources within the Grants Team.

It would also be beneficial to consider top-slicing some of the DFG funding to contribute towards the cost of some equipment, or re-designating some items in order to avoid the practice of 'enhancing' assessments so that they fall outside the scope of the minor equipment budget.

Finally, the use of extended warranties and arrangements for servicing and maintaining larger items of equipment funded through DFG should be reviewed so that their safety and continuing availability is assured.

Rec 7: It is recommended that in line with earlier Recs 1-3, the delivery of some types of major adaptations be done outside the processes dictated by the Housing Grants (Construction & Regeneration) Act 1996 and this include a consideration of the adjustment of existing contracts and services provided by the Joint Equipment Store to combine the best of both current pathways. To include the use of DFG funding to 'top-up' some minor adaptations where this would be efficient, and with adequate reporting and monitoring of spend.

The Wheelchair Service

Integration of the Wheelchair Service with other support services has been difficult. This has led to delays and difficulties for clients. Delays in the delivery of major adaptations can lead to the delayed handover of an assessed wheelchair to a user. Clients find problems in finding the right person within the wider support services and agencies to speak to, a caseworker model would help to support wheelchair users navigate through often quite complex systems of support.

A casework approach to the delivery of major adaptations is mentioned elsewhere in this report, and the development of a 'home improvement agency' or 'Independent Living Service' bringing together support services for vulnerable clients is a worthy candidate for consideration. This is one outcome of a recent DFG review carried out by Foundations for Slough Borough Council.

Personal wheelchair budgets have helped service users match their personal needs to their assessed needs and to use different pots of money to buy a chair of their choice. There are some cases where the need for major adaptations could be reduced or avoided altogether if even part of the funding to be spent on the major adaptation were to be given to the purchase

of an updated wheelchair. This may need to be considered through existing panels, but the flexibility would be helpful in those limited number of cases where it was felt to be appropriate.

Rec 8: It is recommended that DFG funding be considered for the purpose of upgrading a wheelchair where there is a concurrent need for major adaptations and where the provision of such a chair would obviate or significantly reduce the need for an adaptation to the home.

Housing sector initiatives and funding streams

There was discussion amongst the Stakeholder Group regarding the need to address accessibility when building or commissioning new residential properties within the City, at the same time as considering arrangements for adapting existing housing. It seems sensible, wherever possible, to build new properties that are built to 'Lifetime Homes' standard or that apply the more recent 'HAPPI' (Housing our Ageing Population – Plans for Implementation) principles.

The Group were anxious that this be examined further if the general principles of the wider report are adopted and that it be included in any future work.

The Handyperson Service

There are currently a number of services operating within the City that are either delivered in-house or are funded by the public purse that could be classed as 'Handyperson Services'. This includes the minor adaptations service delivered by the Joint Equipment Store, the fitting element of the Community Alarm/CareLink service provided by Housing, a Handyperson service delivered by Two Saints and commissioned by the Communities Team, the 'Handyperson Plus' initiative commissioned by a different part of the same Directorate, and The Blue Lamp Trust service who provide security measures to name but a few.

There has not been time to map the delivery of these services for eligibility, type of work, geographical coverage, costs, duplication, etc, but this feels like an area ripe for a 'mini-review' in itself.

Rec 9: It is recommended that Handyperson type services across the City be mapped and then evaluated for their scope and effectiveness. From this, decisions about any gaps in provision, any duplication of effort, any need for coordination, or potentially the opportunity to re-commission services jointly under new contractual arrangements can be made.

Falls Prevention Activity

There are a wide range of initiatives across the City that are designed to address the issue of 'fallers'. Some relate to the home environment, and others relate to the person themselves. Work has been done to identify frequent fallers and the 'Well Being Team' is an initiative designed to identify and support those at risk of deterioration and to put in place support measures, from vaccination, to exercise classes. Other schemes were also mentioned.

Of particular interest appeared to be the potential for a new and revised telecare offer, building upon the existing service provided through Housing Services. This is further examined below.

There is no doubt that speeding up the delivery of major adaptations can contribute to the avoidance/reduction of falls. DFG funding could also contribute to wider initiatives such as an enhanced telecare offer to residents. These currently appear to be the two primary opportunities that would have significant impact on falls prevention activity in the City.

Extend the use of Assistive Technology (AT)

Housing Services provide a tiered offer to deliver AT into the homes of Southampton residents to all tenures. The limitations of the current offer, and the opportunities for an enhanced offer are recognised and a report 'Connected Care – Transforming health and social care with care technology' published several years ago sets out a vision and pathway to achieving this. Whilst progress has been made resources to make a 'step-change' have been difficult to identify. One of the major challenges looming is the planned switchover to all digital phone lines/calls in the forthcoming years.

The potential for AT to transform the lives of vulnerable householders is well documented and was covered in the 2018 National Review of the DFG programme, with a recommendation that AT measures be routinely incorporated into individual DFGs. It is not unreasonable to therefore consider that a legitimate use of DFG funding as envisaged by the Better Care Fund programme would be to invest into the infrastructure of the local AT systems to enhance the effectiveness of the 'offer' to the individual. Such an investment would benefit not only those eligible for a DFG, but also the vulnerable members of the wider community.

The underspend of DFG funding at Southampton may provide a unique opportunity to make such a 'step-change' that may unlock at least some of the potential as foreseen in the earlier report. Such an investment would need to be considered alongside other initiatives set out in this review and evaluated as to its priority. It may be that a one-off investment in infra-structure would be judged as providing good value for money when set alongside other gains to be had from changes in operational delivery of major adaptations recommended in our report.

Rec 10: It is recommended that the use of a proportion of the underspend and previous years carry over of DFG funds be considered for an investment into the AT infrastructure within the City with a view to future-proofing and enhancing the offer to all residents. This should be prioritised against other opportunities that may present themselves for use of the underspend as well as any latent demand for more traditional interventions (ramps, stairlifts, bathroom adaptation, etc) that may arise either from changes in operational processes or from increased use of discretion as set out in the City's recent Regulatory Reform Order (RRO) policy.

Voluntary Sector Activity/Opportunity

During the review we were able to speak to several local voluntary sector organisations. All of them acknowledged the generally positive approach adopted by public services across Southampton to their contributions. With regard to the DFG programme the comments were limited, and they were that the system was slow and not responsive to the needs of the individual.

During the course of the conversations with Citizens Advice (CA) and the Environment Centre (tEC) two opportunities arose that are worth including here.

Citizens Advice are the lead organisation in a partnership that provides information and advice to vulnerable residents. The number of enquiries regarding the need for adaptations is limited. However, within the partnership there is a wish to provide 'home visits' for a limited number of clients who are unable to get to local offices for appointments (outside current Covid restrictions). These visits would be enhanced by remote access to information databases and other resources. A small amount of underspend could be set aside for the I&A partnership for the purchase of tablets, mobile phones, Apps, etc, that would make home visits more effective.

Rec 11: It is recommended that a capital sum be set aside (£10k) to be made available to partners within the I&A partnership to support home visiting and remote working.

tEC currently provides energy efficiency/fuel poverty information and support to residents across the City. Several government and industry funding programmes are delivered through them to improve the energy rating of local housing. The benefit to vulnerable householders, including the disabled, of such programmes is well documented. Existing schemes occasionally rule out clients and/or measures that would clearly be beneficial. The recently published RRO policy (setting out discretionary spend of DFG funds) provides options for these gaps to be filled.

tEC is a trusted partner and it would be beneficial if an agreed amount of the current DFG underspend could be vested with them to use in the most effective manner. This would mainly be in topping up existing grant schemes. A little money could make the difference between individual household schemes going ahead or not. Governance could be managed by regular reporting of the spend, detailing amounts, purposes, outputs, etc. Holding the money on account would allow tEC to respond quickly and effectively in the event of emergencies, as well as enhancing the organisation's reputation with other local and national partners and funders.

Rec 12: It is recommended that an agreed amount (£50k?) be held on account by tEC for the provision of energy efficiency measures throughout the City. Details of the use of the funds to be agreed, and regular reports to be made.

Housing initiatives including those associated with specialist housing e.g. Learning Disability, Mental Health

There are 1,200 adults with learning disabilities on local GP registers. Around 780 receive social care support. Supported living is a major area of work and the Council currently supports around 170 tenancies. There are residential care, respite, and day care services within the City supporting those with learning disabilities.

There are several local schemes that would benefit from the upgrading of existing fire safety measures. One of the specified purposes of a Disabled Facilities Grant is to 'make the property safe[®] for the people living there'. This should be in the context of their disability. It does not seem unreasonable that a case could be made to enhance the fire safety of local schemes in their specific use by those with learning disabilities.

A sum of £600k was mentioned in conversation with colleagues in Housing as being needed to realise the benefits Citywide.

Rec 13: It is recommended that a business case for the use of a proportion of the DFG underspend on enhanced fire safety measures in schemes occupied by those with learning disabilities be made and that it be considered alongside and against the other priorities identified within this report.

It may be that the final cost of all the recommendations within this report is more than the current available underspend and that some priorities may not be funded. But the development of a methodology by the Stakeholder Group for presentation to members would be helpful.

Rec14: It is recommended that a methodology be agreed to quickly arrive at a list of priorities for any use of the current DFG underspend as contained in this report, or that may arise out of further discussions.



Appendix 1

List of report recommendations:

1. that the day-to-day operation of the Adaptations Team be redesigned in line with the findings of our report, and that the process be led by and overseen by an experienced independent party.
2. that a single manager be responsible for adaptations process and that current pathways and processes be reviewed including from the first point of contact. Furthermore, that new and simpler pathways be explored for clients requiring major adaptations who do not have a financial contribution.
3. an agency service be offered to all clients and that a fee structure be developed to help towards the cost of the service, paid for from DFG funds.
4. the provision of casework support, particularly more vulnerable and/or complex clients who access a wide range of service should be examined so that these clients achieve the best outcome for their adaptation and other needs. This should be considered alongside Recs 1-3.
5. increased HRA spend on major adaptations in council stock should be used in conjunction with increased contractor capacity to remove the existing waiting list for major adaptations and to reduce future waiting times. If the in-house contractor is unable to provide a detailed plan that evidences how the backlog of disabled adaptation works will be addressed, it is recommended that consideration be given to outsourcing works in order to address the backlog, even if this is on a short-term basis until the in-house contractor is sufficiently resourced to be able to manage the volume of work in the longer term.
6. a preliminary means-test such as the 'Grants Ready Reckoner' at the Foundations' website - [here](#), be applied to all those being considered for a major adaptation at the earliest possible time to screen out those who are ineligible. Further that comprehensive information, advice, and support (including somewhere to view and test products) be developed to assist self-funders and those not eligible for financial assistance with their major adaptation.
7. in line with earlier Recs 1-3, the delivery of some types of major adaptations be done outside the processes dictated by the Housing Grants (Construction & Regeneration) Act 1996 and this include a consideration of the adjustment of existing contracts and services

provided by the Joint Equipment Store to combine the best of both current pathways. To include the use of DFG funding to 'top-up' some minor adaptations where this would be efficient, and with adequate reporting and monitoring of spend.

8. DFG funding be considered for the purpose of upgrading a wheelchair where there is a concurrent need for major adaptations and where the provision of such a chair would obviate or significantly reduce the need for an adaptation to the home.
9. Handyperson type services across the City should be mapped and then evaluated for their scope and effectiveness. From this, decisions about any gaps in provision, any duplication of effort, any need for coordination, or potentially the opportunity to re-commission services jointly under new contractual arrangements can be made.
10. recommended that the use of a proportion of the underspend and previous years carry over of DFG funds be considered for an investment into the AT infrastructure within the City with a view to future-proofing and enhancing the offer to all residents. This should be prioritised against other opportunities that may present themselves for use of the underspend as well as any latent demand for more traditional interventions (ramps, stairlifts, bathroom adaptation, etc) that may arise either from changes in operational processes or from increased use of discretion as set out in the City's recent RRO policy.
11. Rec 11: It is recommended that a capital sum be set aside (£10k) to be made available to partners within the I&A partnership to support home visiting and remote working.
12. Rec 12: It is recommended that an agreed amount (£50k?) be held on account by tEC for the provision of energy efficiency measures throughout the City. Details of the use of the funds to be agreed, and regular reports to be made.
13. Rec 13: It is recommended that a business case for the use of a proportion of the DFG underspend on enhanced fire safety measures in schemes occupied by those with learning difficulties be made and that it be considered alongside and against the other priorities identified within this report.
14. Rec14: It is recommended that a methodology be agreed to quickly arrive at a list of priorities for any use of the current DFG underspend as contained in this report, or that may arise out of further discussions.



Appendix 2

Project Deliverables

1. Critically review and appraise current processes and practice including:

- Workforce - team structures, professional disciplines, workloads, areas of duplication,
- Compliance with current practice, relevant policies, procedures, and regulations,
- Budget - Current expenditure against the DFG budget.
- The effectiveness of current referral, assessment, and intervention pathways
- Information – administration systems, information sharing, use of technology,
- Impact – Key Performance Measures, national and local standards, data collection and quality, complaints, and praise.

Recommend methodology options for measuring performance and outcomes in relation to formal processes (e.g. care act assessments and reviews) finance, wellbeing, and quality of life.

Achieving maximum Value for Money. Make recommendations as to how the DFG budget could be maximised to achieve best value for money and best outcomes for service users.

Produce a revised operating model. Produce an improvement and implementation plan to deliver the recommended operating model.

2. Map, identify and scope the wider opportunities for integration and innovation including:

- The Joint Equipment Store
- The Wheelchair Service
- Housing sector initiatives and funding streams
- The "Handy Person Service"
- "Falls Prevention" activity,
- Extend the use of assistive technology
- Voluntary Sector activity/opportunity

- Housing initiatives including those associated with specialist housing e.g. Learning Disability, Mental Health

Recommend opportunities for utilising the DFG preventatively, including identifying recognised good practice used elsewhere.



Appendix 3

Stakeholder Group

- Steven Hayes-Arter – Service Manager (Private Sector Housing, HMO Licensing, Adaptations, & Port Health)
- Georgina Cunningham – Commissioning Manager
- Kate Dench – Senior Commissioning (Disabilities)
- Paul Frampton – Commissioner for Community Equipment Services
- Lisa Haynes – Head of Supported Housing & Community Support
- Sacha Khakoo – Specialist Housing Occupational Therapist
- Adrian Littlemore – Senior Commissioner
- Jamie Schofield – Senior Commissioning Manager
- Lee Tillyer – Service Development Officer



Appendix 4

Strategic Relevance – Local Strategies, Policies and Plans

Housing Strategy 2016-25

Three priorities, one of which is:

‘We want to support more people to live independently for longer by offering the right housing options to meet their needs, as well as high quality information and advice to help residents to make informed housing decisions’.

Challenges include:

The population of older people (aged 65+) is expected to increase more rapidly than the overall population in the next five years. We need to make sure that older people have the right accommodation to meet their needs and help them stay independent for longer.

What are we going to do?

Focus on supporting more people to live independently for longer by:

- Increasing the number of telecare users across the City
- Making best use of housing adaptations to help people remain in their homes
- Making best use of extra care services to reduce reliance on residential and nursing care settings

Review housing related support for young people, older people and adults, with a focus on prevention and early intervention.

Housing Strategy for Older People 2009-14

The Vision:

Aims are that older people:

- live in safe, secure, warm, well-maintained, energy efficient, and affordable homes
- live in homes of their choice
- can get timely advice on housing options and support, and be able to make choices
- are able to maintain their independence in their home

- live in a safe and well maintained neighbourhood with good access to local facilities, and the opportunity to make a positive contribution to the local community

Joint Strategic Needs Analysis (JSNA)

The JSNA is an assessment of the current and future health and social care needs of the local community. Duty on CCG and LA to Health & Well-Being Strategies. The Strategic Analysis Steering Group leads on the SNA, the local version of the JSNA. Informs commissioning plans for local services. Housing considered to be wider determinant of health.

Better Care Plan 2017-19

Talks about 'person-centred care at the heart of everything we do'. Includes a determination to 'intervening earlier and building resilience in order to secure better outcomes by providing more coordinated, proactive services. And 'focusing on prevention and early intervention to support people to retain and regain their independence'.

What will success look like by 2020-21? 'The balance of care and resources has shifted from treating acute illness towards prevention and earlier intervention'. 'Earlier intervention prevents needs escalating and helps people to stay independent longer'. 'There is a range of community resources which people can access easily, and which supports their independence'.

Southampton Corporate Plan 2020-25

Aims to 'support safer communities'. Committed to ensuring everyone who lives, works, visits the city feels safe. We want to make sure that people have the support they need to build and maintain inclusive communities.

Well-Being:

Working with partners to deliver the ambitions set out in the 5-year Health & Well-Being Strategy. Transforming adult social care. Looking at the way we work so that people feel safe and will be able to live independently for longer. We want our residents to have greater choice and control over which services they use, that access is straight forward, and service provision is timely and appropriate. Children and Young People's specialist resource hub. Specialist response to vulnerable children and young people with complex needs to help prevent entry into care and long-term residential placement.

Southampton City Strategy 2015-25

Our Priorities: Healthier & Safer Communities. Focus: Keeping people healthy. Protecting vulnerable people. Reducing unnecessary attendances and hospital admissions. Outcomes: Improving wellbeing and people staying healthier for longer. People of all ages are safer and

feel secure. Cross cutting themes: Delivering whole place thinking and innovation – working together to pool budgets to deliver seamless services.

Adult Social Care and Support Planning Policy 2016

Importance of assessments – person-centred, outcome focus, strength based, promoting independence. Recognises suitable living accommodation as an element contributing to well-being.

Health & Well-Being Strategy 2017-25

Recognises impact of many elements on health & Well-being including housing. Seeks to promote staying independent at home, high quality support when and where needed, focus on prevention and early help, joined up seamless care, integrating services across health & care. It also talks about improved health outcomes for residents at a lower cost, through integration and joint working across all health and council services. Priority area for adults – injuries due to falls in people aged 65 years and over.

Southampton City Health and Care Strategy 2020-25

Older people, especially those with a disability and/or multiple or complex long-term physical health conditions and/or dementia, are likely to face barriers when accessing services, poorer health outcomes or poorer experience. Falls related emergency admissions are worse than either England or peer average. Long term conditions are more prevalent in older people. Number of people needing home care support with five or more activities of daily living (such as bathing, using the stairs, getting dressed) is estimated to increase by nearly 12% between 2018 and 2023. Key ambitions for 'Age Well' include – reduce the rate of emergency hospital admissions, including readmissions; reduce the rate of older people having discharge delays from hospital; reduce permanent inappropriate admissions into residential care.

What do we want to be different in 5 years' time? We want older people to be able to maintain their health, well-being, and independence into old age, stay living in their own homes, and be part of their local communities. Be supported by collaborative and integrated working between health, social care, and housing support.



Appendix 5

Southampton DFG review

Meeting with Adaptations Service Lead: Southampton

Introduction

A meeting via MS Teams was held on September 30th, 2020 between Rachel Frondigoun (on behalf of Foundations) and Jason Clarke (Southampton DFG Team) to discuss current service delivery of DFG within Southampton. No other team members were present, and no detailed review of systems used, or paperwork was undertaken. Observations and recommendations are based upon discussions held and therefore may be subject to change.

This team is only responsible for the delivery of adaptations funded via the Disabled Facilities Grant (DFG) and therefore no discussion was held regarding the method of delivery of adaptations in council-owned stock.

Service demand

Information on DFGs provided shows a significantly higher number of referrals being received than are completed or cancelled – which suggests that numerically unless the way in which DFG funded adaptations are delivered changes, the waiting list will increase year on year.

	2017/18	2018/19	2019/20
OT referrals	233	214	233
Cancelled	66	68	51
Completed	95	89	79

DFG team & case allocation/management

The current team consists of 4 team members in addition to Jason who have varying job titles but in essence all take any case from enquiry through to completion of works.

All cases are dealt with in an identical manner with no differentiation or 'fast-track' system evident for applicants who require only simple adaptations such as a stairlift or modular ramp and are on a passporting benefit. All cases are placed on a waiting list for allocation and are dealt with in priority and date order. Critical cases are allocated in the month following receipt

(so anywhere from 1-31 days after receipt) and substantial cases are allocated circa 4 months from receipt, regardless of work required or applicant circumstances.

The team self-manage their caseloads with cases being allocated to the team rather than an individual officer, and individual officers agreeing their workload based upon what they currently have 'in hand'. Whilst there is nothing intrinsically 'wrong' with this approach when combined with other factors it does, in my opinion, lead to a slower service than it would be possible to achieve through a more streamlined approach.

Means Testing & Admin support

From discussions held it appears that the principal officer is undertaking a significant amount of preliminary means test and wider administrative support for the DFG team. Whilst this assists the team and frees up time for them to progress cases it is not a role that is usually carried out by a manager.

The team would benefit from some dedicated and trained support. The support required is at a more advanced level than general administrative duties as this post would also need to be able to provide means testing advice and support to applicants. If this post were created then it should also be able to fully process 'straightforward' 'passported applications for stairlifts and ramps, which are fully specified by the suppliers, and forms can be completed by post in the current Covid circumstances, as has been seen in other Home Improvement Agency services across the country. By creating this 'alternative' process the speed of delivery of these adaptations would decrease and capacity within the wider team would increase to progress cases requiring technical input more quickly. This support with means testing would also free up Management time to support the team and take a proactive approach to case and system management.

It may be possible that this support could be shared across both the DFG and public sector adaptations teams but I have had no discussions regarding how public sector adaptations work so at the current time this would only be an option for further discussion.

Policy options

The Council's Housing Assistance policy presents multiple opportunities for good practice and many of these are being used on a case by case basis by the team to achieve good outcomes for their applicants. However, certain elements of the policy have not been implemented and therefore opportunities for wider inter-departmental working lost.

By creating capacity within Management through removing some of the administrative functions currently carried out this would enable some of these opportunities to be pursued and better use of the available DFG funding made.

Referral process

It is noted from discussions that the OT Service currently closes a case once a DFG referral has been made, although plans are sent for approval and approval is usually received. This presents a risk to the Council in that no assessment is carried out at the end of the DFG process to ensure that all identified needs have been met. Given the length of time for delivery currently experienced there is also no assessment to ensure that applicant needs have not changed in the intervening period. Many authorities carry out a review of any care packages once an adaptation is in place and it was not clear from the discussions held that this happens within Southampton.

There are multiple Local Government Ombudsman decisions regarding DFG delivery where the social care authority has been criticised for closing the OT case before an adaptation has been completed. Therefore I would recommend this current practice is reviewed, and potentially a new status added into the social care system to enable cases to remain 'open' without being on an officers case list for the duration of the DFG process to ensure no-one is 'lost' and the full feedback loop for both social care and housing teams closed upon completion of an adaptation and all outcomes measured.

ICT System

The grant funding is managed via Uniform, but it was noted that only the manager makes consistent use of this system and only for certain functions. Based upon the discussions held, it would not appear to be being used as a case management system but as a grant registering and payment tracking system

The manager holds a master spreadsheet used to manage case allocation. It was not evident that the team had a single system that was consistently used for managing their caseload or that could be accessed by Management.

Therefore, one recommendation would be that a single ICT system is implemented which allows effective case and service management and KPI reporting to take place.

Key Performance Indicators (KPI)

There are currently no formal KPIs monitored in relation to DFG delivery although there are discussions regarding implementing some for critical cases.

To effectively manage service delivery a high performing DFG service ensures that all cases are subject to performance monitoring. However, my recommendation would be that performance should be an improvement-based model rather than target driven. Target driven models (e.g. must complete within X weeks) can drive inconsistent service where the difficult cases get left to ensure the majority are delivered within time. Whereas an improvement-based

model takes the current starting point and looks to improve service on a quarterly basis which achieves a more consistent improvement for all service users.

DFG Application process

The team operates a traditional DFG application process which involves multiple stages. One benefit of the Southampton model is that applicants have a single officer who deals with their application from start to finish. However, that officer's focus appears to be on the technical delivery of the adaptation. There would appear to be little softer casework involvement or signposting for additional support which might enable access to DFG funding to be achieved. For example, it is not known whether there is an agreed referral route into the Pensions service for benefits reviews where potential applicants are directed if they may be eligible for Attendance Allowance. Receipt of attendance allowance can have a significant impact (reducing it considerably) upon an assessed contribution towards DFG.

It was clear that some officers within the DFG team may approach SSAFA for funding or the OT service may approach some charities direct to avoid the wait for DFG, but in most cases there is little or no support for clients who have an assessed contribution who may be eligible for charitable funding or support to maximise income and/or reduce assessed contributions. Whilst there is the option for the Council to pay this through discretionary grant there does not appear to be a single agreed process for this and is at officer discretion.

Contractors

The DFG service takes a traditional approach to contractor management and follows the approach that the contract is between the applicant and the contractor and therefore the client must obtain the quote and supervise the works when they are on site, the council 'only' provides the funding. However, the lines are a little blurred as the team will use the Trading Standards list of contractors and it is my understanding that most works are carried out by a relatively small number of contractors who are 'known' to the DFG service.

The legislation does allow the Council to hold an approved list of contractors for DFG purposes and many authorities use a form of agreement to allow the Council to act on behalf of the client to supervise the works and liaise on their behalf, whilst leaving the contract between the client and the contractor.

As the council is already acting as Principal Designer in many adaptations under the Construction (Design and Management) Regulations 2015 (CDM), a recommendation would be that this current practice is reviewed to allow better control over what is usually the most 'traumatic' element of a DFG for the applicant, the works being done in their property. It was not clear from discussions how the Council was fulfilling its obligations under CDM as Principal Designer, nor ensuring that the contractors were fulfilling theirs as Principal Contractor,

although it should be noted that there was little discussion regarding this so it could be that it was simply not covered.

It was noted that delays in obtaining quotes and in works being completed was a contributing factor to the length of time a DFG takes to 'happen' but that there is little support given to either of these stages by the DFG team currently.

If new ways of processing some applications were introduced, it should mean that technically qualified officer time can be made available to provide more effective site supervision and pre-start support to applicants and also manage the contractors completing the works. The current arrangements leave contractor management entirely to vulnerable clients.

Conclusions

All cases regardless of adaptation type, means test/passport etc. follow the same pathway – this is not efficient and does not make best use of either staff resources or the funding available via the Housing Assistance Policy.

The staff structure is flat with no differentiation to enable new pathways to be created to allow for improved service delivery. All roles are very technical with no other skillsets identified which would normally be found within a DFG team which provides a wider breadth of support.

The impression was of a team who 'know' how to do traditional 'Gatekeeper DFG' delivery and they do it well and in line with legislation, however there is a lack of innovation or desire to change.

The service felt that many of the current delays were due to Covid and the service being unable to operate for 5 months, although it was acknowledged that there has always been high demand and they length of time/delays had built up over time. The impression was of a service who knew that DFGs took a long time, but they always had and therefore this was the accepted 'normal' practice.

Recommendations

- Review the staffing structure to include a broader range of specific skills and free up officer and management time to more bespoke roles
- A review of the ICT systems in use to allow for effective service, case, and performance management
- A review of the pathways available for clients to enable discrete pathways for more straightforward adaptations using the options available within the Housing Assistance Policy to be fully utilised
- Implementation of improvement model KPI's for DFG delivery based upon different workstreams as well as priorities

- A review of contractor management and how this element of the DFG experience could be improved for service users
- A review of whether Social Care OT service should close cases when a DFG referrals has been made, to allow for all outcomes following the DFG completion to be measured.



Appendix 6

Disabled Adaptations Process – Summary Report from Ray Shedden (July 2015)

Contents

- Preamble
- Executive Summary
- Potential Benefits of change
- A note about Lean/Systems thinking
- SCC Adaptations Process – Overview at commencement of the workshops
- Current Status
- Sort and Allocate
- Assess and Decide
- Minor Works
- Major Works – Council Tenants
- Major Works, non-Council residents
- Solutions agreed or subject to further review
- Summary
- Signpost to specific process maps and notes of meetings etc.

Preamble

This Report sets out to capture the key changes which should be implemented in order to achieve a better Adaptations service. The Executive Summary captures the key findings, and individual sections aim to summarise the options to achieve savings and the appropriate methodology/process.

Executive Summary

In October 2014 a series of work-shops involving representatives from the Single Point of Access, Adaptations OTs, Reablement OTs, the Adaptations team in Council Housing, The Commissioner for Community Equipment Services (Paul Frampton), and the DFG team (Environmental Health) were instigated. The Sponsors of these activities were Nick Cross (Head of Housing Services), Sharon Stewart (Manager - Personalisation and Safeguarding,

Localities) and Mitch Sanders (Head of Regulatory & City Services). The Team have reviewed or redesigned the sub-processes which in combination form the Adaptations Process across public and private housing. The work has been curtailed in July 2015 due to a number of factors, and it is hoped that the full set of proposals can be implemented at a later date. The proposals and solutions set out in this Paper have been agreed by the Sponsors.

Adaptations improve residents lives and a Social Return on Investment (SROI) analysis suggest very substantial benefits (See Key Documents)

The current process takes far too long in almost all cases and there are opportunities for significant cost and service improvements. Currently all Major Adaptations are complete in under a year – even though the activities involved rarely exceed 3 weeks of work. There is a need to recognise that most major adaptations can be delivered in a few weeks and to move to a new paradigm where we are satisfied when works are completed in (say) 6 weeks.

In the Council's owned properties improvement opportunities (relating to Major Adaptations) hinge around reorganising the work-flow and clearing the back-log. In order to clear the back-log an estimated £700K is required.

Non-Council Major Adaptations have a long lead time due to the perceived need to follow the complex/wasteful Disabled Facilities Grant process. Opportunities have been identified to re-organise the flow of work so that key decisions can be taken as early as possible. Implementing these changes will hasten the adaptations and thus improve lives and reduce costs. The major opportunity for efficiency savings in this area of work relies upon a radical change whereby less than 20% of the works undertaken are managed through the DFG process – The bulk should be managed through a much simpler and quicker process.

The Minor Adaptations process (under £1K) is provided by Millbrook Healthcare (for non-Council properties) and Housing Operations (for Council properties). Opportunities for improvements have been identified, and work is on-going.

Significant changes proposed include the introduction of new capabilities at the start of the Minors process and the introduction of a category where no approvals are required. There is a need to clarify whether these changes are to be implemented through the existing Contact Centre or some other mechanism.

There is no single manager responsible for ensuring that adaptations meet the needs of residents, and the broader public need, such as hospital discharge etc. It is considered essential that a single owner take responsibility (but not necessarily day-to-day control) of the entire process.

Potential benefits of change

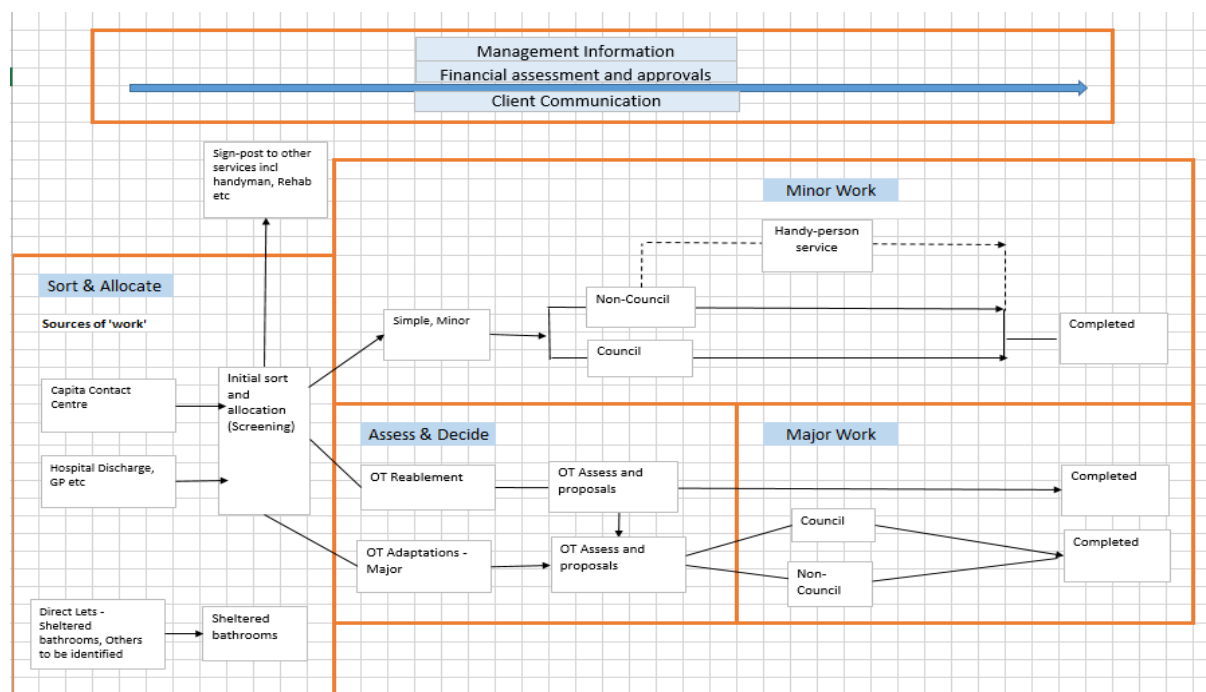
The introduction of changes proposed are expected to lead to Major Adaptations being delivered in circa 6-8 weeks.

No attempt has been made to identify the specific savings arising from each proposal.

A note about Lean/Systems thinking

The Systems approach has enabled a broad team to understand the full processes involved in delivering adaptations and to see how the process can be simplified and waste eliminated. The primary aim has been to identify opportunities for improvement rather than identify the level of savings involved.

SCC Adaptations Process – Overview at commencement of the workshops



The map of the various process involved demonstrates that there are more sub-processes than is necessary in order to meet the Clients' needs.

Current Status

Sort and Allocate

The introduction of clearer routes and signposting to Adaptations, Reablement etc is agreed and in train but completion requires a decision as to how the first point of contact is to be configured and managed.

It is clear that wasted effort can be avoided by transferring some sub-process elements to the first point of contact so that Clients expectations are managed and works are aborted at the earliest possible time when necessary.

Assess and Decide

The consolidation of Adaptations OTs under a single manager is essential in order to manage the process effectively.

Minor Works

Our aim was to create a single route for Clients which was anticipated to flow through the Contact Centre. However, Millbrook Healthcare (our current partners) offer a solution which may be preferable if it can be delivered to all tenures.

A significant proportion of the work undertaken relates to stair lifts and investigation is underway to determine how a revised cross-tenure service could be developed. This might be based upon recycling most stair-lifts whilst addressing the maintenance of installations in the non-Council house sector which is an existing problem. It is likely that a contract procurement process will be necessary to deliver these improvements.

Major Works – Council Tenants

We have identified work-flow changes which can be integrated into the existing Contact Centre or an alternative for Clients first point of contact.

The improvements that we anticipate are dependent upon clearing the back-log of work at a cost of circa £600K. The back-log is consistent, indicating stable demand and so the back-log should not return.

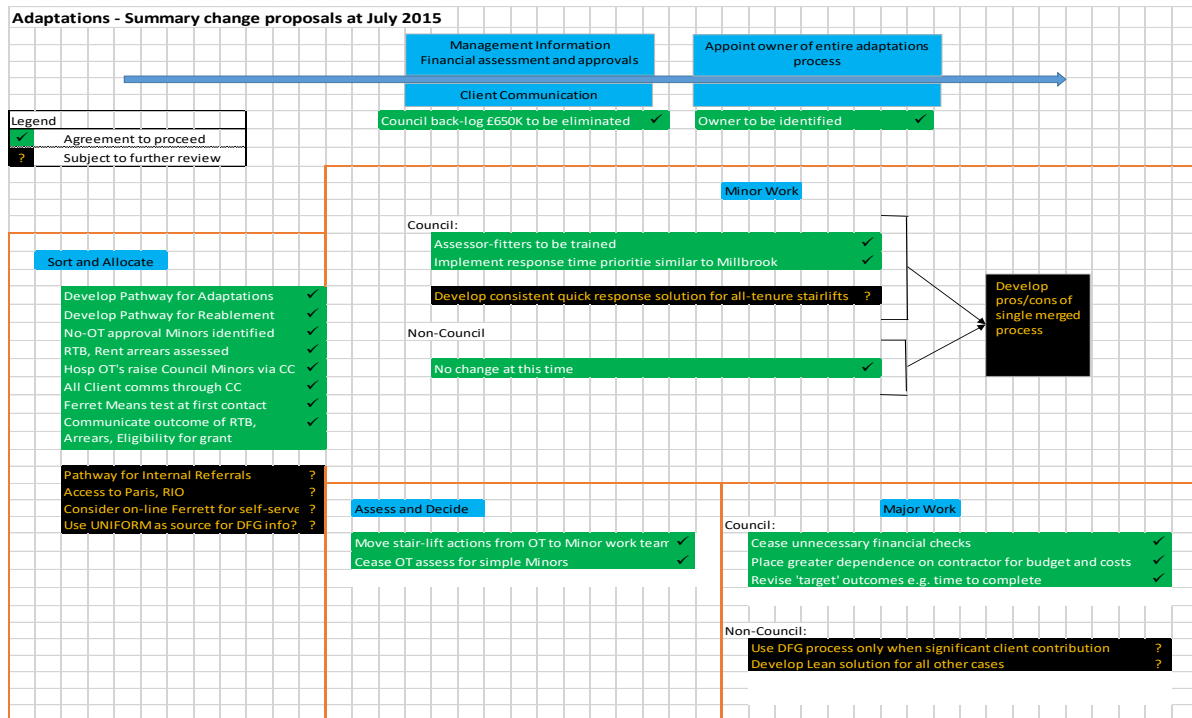
Major Works, non-Council residents

We have identified opportunities to minimise waste in this process by rearranging the work-flow, so that some key decisions are taken at the first point of contact.

Major benefits should accrue from following the wasteful DFG process only when Clients are making a significant contribution. (2014 information demonstrates that residents contribute circa 2% of the total spent on Disabled Facilities Grants; this is considerably less than our costs in supporting the non-Value-add elements of the process). It is proposed that only those residents who make a contribution will follow the DFG process as set down in statute, together with those who want to manage the works themselves and have the capacity to do so.

The Team considered raising the threshold for Means Testing, but assessment of the works undertaken in 2014 suggests that there is no revised level where clear advantages can be identified.

Solutions proposed



Summary

The project has made significant headway, and now needs the focus of a single Process Owner to address some key issues in order to bring discussions to a fruitful conclusion and identify specific savings associated with the agreed changes. Potential savings associated with the administration of the process are likely to exceed £100K per annum.



Appendix 7

Identifying Capital Expenditure for DFG purposes

The Ministry of Housing, Communities and Local Government (MHCLG) provides funding for Disabled Facilities Grants (DFGs) to local housing authorities in England. The previous ring fence was relaxed in 2008 to allow for expenditure on items covered in a local housing assistance policy. However, this is still capital funding and as such should only be spent on items deemed to be capital expenditure.

Capital expenditure typically includes expenditure on non-current assets such as land, buildings and plant and equipment. To qualify as capital, expenditure incurred must result in either the acquisition/construction or addition/enhancement of an asset. In addition, the benefits to the entity from the works must last for more than one accounting period (i.e.: more than one year).

Monies spent must be recorded as capital expenditure and certified as such in a return to MHCLG.

Below are some examples of expenditure, explaining whether or not they might qualify as capital spend:

Type of Expenditure	Is it Capital Expenditure?	Reason
Construction of an extension to an existing dwelling	yes	Creation of an asset, which will provide benefit for more than one accounting period.

Type of Expenditure	Is it Capital Expenditure?	Reason
Major adaptations to existing facilities such as a shower adaptation, ramp or stairlift	yes	A major adaptation, which will increase the economic benefits offered by it – e.g. Increased independence / reduced care costs.
Replacing a floor covering or repairing a shower unit	no	Repairs only maintain the asset; they do not increase the life of the dwelling.
New stairlift	yes	Creation of an asset, which will provide benefit for a period of more than one accounting period.
Repairs to stairlift after breakdown	no	Repairs only maintain the asset; they do not materially increase the life of the stairlift.
Slings for hoists and shower seats	yes	Can be considered for capitalisation as part of the overall project costs of the new adaptation, which results in the creation of an asset that will provide benefit for more than one accounting period
Hoists, shower tables, etc..	yes	New assets that provide benefit for more than one accounting period.

Type of Expenditure	Is it Capital Expenditure?	Reason
Refurbishment of existing adaptations	sometimes	<p>The repair of broken or worn-out adaptations is not capital. However, costs could be capitalised if adaptations are being replaced with a better product (enhancement).</p> <p>For example, flush floor shower replacing a tray with a step would qualify as betterment.</p>
Conversion of a garage into a habitable room	yes	Enhancement of an existing asset which will last for more than one accounting period.
Installation of a new kitchen including new cooker, dishwasher, microwave	yes	Enhancement of an asset that will extend its useful life.
Internal decoration of an existing property	sometimes	Decoration only maintains the asset; it does not increase the life of the building. Can be considered as capital expenditure if included as part of the whole project costs of the adaptation
Purchase of materials only for a major adaptation project	yes	<p>If the materials will be use for enhancement/betterment of the property the purchase of materials is classed as capital.</p> <p>Materials for routine repairs and maintenance are classed as revenue costs.</p>

Type of Expenditure	Is it Capital Expenditure?	Reason
Purchase of materials for repairs and maintenance (e.g. a new shower hose, replacement sections of fencing, parts for equipment etc)	no	Purchases associated with routine maintenance and repairs would be classed as revenue expenditure.
Agency fees - for a major adaptation. Applies to other fees such as planning etc.	yes	Can be considered as capital expenditure if included as part of the whole project costs of the adaptation – see services and charges order
Staff costs for supporting the delivery of major adaptations	yes	Can be considered as capital expenditure for direct support to clients/applicants (including advice) linked to the activities in the services and charges order
Occupational therapy assessment fees	yes	Can be considered as capital expenditure if included as part of the whole project costs of the adaptation and carried out and invoiced by a private OT (see services and charges order)
Training of staff	no	No, as no asset is being created.
Funding towards purchase of a new dwelling?	yes	Acquisition of an asset, which will provide benefit for more than one accounting period. Be careful around leases. Can also include cost of advising and supporting someone to move.

Type of Expenditure	Is it Capital Expenditure?	Reason
Assessment and approval of grant applications	no	No, as no asset is being created.
Developing policies and strategies on home adaptations	no	No, as no asset is being created.
Supervision of staff	no	No, as no asset is being created.
Monitoring of the program	no	No, as no asset is being created.
Delivering a handy person service	sometimes	Yes, where new adaptations are being fitted that will last longer than a year and support someone to live independently. But not if the service is predominantly carrying out repairs

Note: In all cases, an entity's own *de minimus* limits should apply as to whether or not an item is classified as capital expenditure.

Specified services and charges order

- The services and charges specified for the purposes of section 2(3)(b) of the Housing Grants, Construction and Regeneration Act 1996 (meaning of preliminary or ancillary services and charges) are those for which the applicant is liable in respect of—
 - (a) confirmation, if sought by the local authority, that the applicant has an owner's interest,
 - (b) technical and structural surveys,
 - (c) design and preparation of plans and drawings,
 - (d) preparation of schedules of relevant works,
 - (e) assistance in completing forms,
 - (f) advice on financing the costs of the relevant works which are not met by grant;
 - (g) applications for building regulations approval (including application fee and preparation of related documents),

- (h)applications for planning permission (including application fee and preparation of related documents),
 - (i)applications for listed building consent (including application fee and preparation of related documents),
 - (j)applications for conservation area consent (including application fee and preparation of related documents),
 - (k)obtaining of estimates,
 - (l)advice on contracts,
 - (m)consideration of tenders,
 - (n)supervision of the relevant works,
 - (o)disconnection and reconnection of electricity, gas, water or drainage utilities where this is necessitated by the relevant works, and
 - (p)payment of contractors.
2. In a case where the application is for disabled facilities grant, the services and charges of an occupational therapist in relation to the relevant works are also specified for those purposes.

Disabled Facilities Grant – The Package of Changes to Modernise the Programme (2008)

Relaxing the DFG ring fence

From 2008-09 the scope for use of DFG funding will be widened. Initially, the ring-fence will remain, but its scope will be widened to support any local authority expenditure incurred under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO). This will enable authorities to use specific DFG funding for wider purposes, which may be more appropriate for individuals than current DFG arrangements allow.

Creating greater flexibility will allow the DFG to be used for associated purposes, such as moving home, where this is a more appropriate solution, or funding could be pooled to purchase portable extensions which are suitable for re-use, through improved procurement models.

The relaxation of the restrictive ring-fence on the funding will help improve delivery and reduce the bureaucracy involved in the DFG application process helping to speed up the process. This change will enable local authorities to develop a simplified system which could deliver small-scale adaptations more quickly, for example by offering a service which rapidly deals with inaccessible housing, or the need for quick discharge of people from hospital.

In recognition of the crossover of services and of the contribution the DFG makes to social care and health areas, the relaxation of the ring-fence will also enable DFG funding to be pooled with other larger funding sources, such as social care, telecare, and community equipment.



Appendix 8

High Level Project Implementation Plan for Transforming Adaptations Services in Southampton

Project: Southampton Adaptations Services				A	B	
Area of Work	Task	Start Date	Finish Date	Interim Change Manager	Responsible officer	Specialist resource required
Establish project infrastructure	Agree Project Group membership, terms of reference, project methodology, Project Sponsor/lead responsibility, Change Manager recruitment, task group membership, define vision	Jan 2021	Feb 2021	TOR/ Governance Comms Strategy, Vision Facilitation		Senior level/Cabinet sign-off
	First Draft Project Initiation Document/Risk Register	Jan 2021	Jan 2021	PID/Risk Register	Mitigating risk - management	
	Project Group meetings	Jan 2021	Oct 2021	Facilitation	Notes and actions	
Service Design	Agree scope of services (to include retained stock) Needs Analysis – demographics; strategic priorities; user, stakeholder and local requirements Impact of project Template of HIA services	Feb 2021		Needs Analysis, Strategic priorities, Equality Impact Assessment	Historic Service levels.	
	Determine service volumes			Activity Level analysis	Activity Level analysis	
	Determine service objectives and outcomes, service description, access arrangements, eligible service users			Outcome workshop? What are we seeking to achieve? What is in and what is out? Coordinate and facilitate workshop Process Analysis	Draw up Objectives, Outcomes & Eligibility Determine necessary process maps	
	Monitoring requirements and reporting and review arrangements			Scope different MIS systems	Determine reporting options	
	Service Specification			March 2021	Specification	Specification
Financial arrangements	Identify partners, funding and model of service to estimate potential service budget	Jan 2021			Service and Funding Audit	
	Seek additional funding			Scoping	Scoping	
				Feb 2021	Financial Model	Financial Model
	Decide Fee structure and estimate income					
	Secure agreement of all funding partners	Feb 2021		brokerage		
	Put in place memorandum of understanding or partnership agreement to underpin funding Formalise project sponsor/lead commissioner role		March 2019	Heads of Terms	Version Control liaise with Legal and stakeholders	Legal
	Devise contingency plans	Feb 2021	March 2021	Contingencies		

HR Issues	Identify Staff subject to proposed restructure or combination of services (PS and JD)	April 2021			Identify Staff, T&Cs and financial implications	HR
	Ensure affected staff have been informed/consulted	April 2021				
	Ensure contract task group receive necessary pay-scale and T&C information to include in the Budget	Feb 2021		Liaise with HR and Finance		Finance
	Identify T&C implications of proposed restructure		May 2021			HR
	Finalise Staff structure		May 21	Staff Structure		
Reporting arrangements	To City Council Cabinet, JCG, Directors and other Partnership Boards and/other joint strategic commissioning bodies	Feb 2021	July 2021	Template reports	Coordination of reporting and governance	Directors and Members
Prepare Implementation	Agree implementation timetable	June 2021	Sept 2021	Time-table		
	<ul style="list-style-type: none"> • Agree new Customer Pathways • New working protocols & practices • Training requirements • Monitoring & reporting requirements • Recruit new staff • Equipment and accommodation • ITC • Comms Strategy 			Facilitate T&F groups to ensure oversight	Detailed work	<ul style="list-style-type: none"> • Training providers • HR • IT support • Comms
	Construct task and finish groups			Project Group		Service managers
	Prepare and agree Task and Finish group KPIs and Quality Standards			Implementation report	T&F Reports	Directors
Implement Service	Transitional tasks; new service access arrangements; publicity, training					
	Commencement of new service		Oct 2021			



Appendix 9

Project Risk Matrix

Likelihood	A				
	B				
	C			2,3	
	D				
	E		1		
	F				
		IV	III	II	I
		Impact			

Risk Number	Current Risk Score	Target Risk Score	Description
[no.]	[matrix position]	[improved position]	[short name]
1	EII	EIII	Inadequate resource to support project management
2	CII	EIII	Lack of Vision
3	CII	EIV	Leadership Failures

RN	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical success factors	Review frequency	Escalation to Board & Date	Sign Off & Date
1	EII		Inadequate resource to support project management	<ul style="list-style-type: none"> Lead Commissioner to monitor project milestones and resources Contingency Funding for additional project resource Capitalise DFG underspend 	JS	<ul style="list-style-type: none"> Clear project plan linked to available resources. Additional DFG Topslice 	2	1	
2	CII		Imperfect understanding of the opportunity. Lack of Vision What are we seeking to achieve?	<ul style="list-style-type: none"> Scope vision in Commissioning Strategy Get agreement and sign -up in Steering Group Consult on Vision in Workshop Communicate Vision to all stakeholders 	Interim Change Manager	<ul style="list-style-type: none"> Clear definition of vision Buy-in Part of bigger day Agreed messages 	1	1	
3	CII		Leadership Failure	<ul style="list-style-type: none"> Robust Governance structures Clear lines of responsibility Robust accountability 	JS, Interim Manager	<ul style="list-style-type: none"> Identify Project Owner/Champion Robust Project monitoring & Reporting 	1	1	

Likelihood	A		5	6	
	B				
	C				
	D				
	E				
	F				
		IV	III	II	I
		Impact			

Risk Number	Current Risk Score	Target Risk Score	Description
[no.]	[matrix position]	[improved position]	[short name]
4	DII	DIII	Partnership Failures
5	AIII	AIII	Slippage and Time constraints
6	All	DII	Resistance to Change

RN	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical success factors	Review frequency	Escalation to Board & Date	Sign Off & Date
4	DII		Partnership Failures	<ul style="list-style-type: none"> • Early Commitment by all stakeholder • Regular opportunity to affirm agreements. • Clear description of Needs, requirements and services • Leadership • Fair Risk sharing 	Interim Manager and Stakeholder group	<ul style="list-style-type: none"> • Shared Vision • Funding Commitments services across partnership • Precision in identifying needs 			
5	AIII		Slippage and Time Constraints	<ul style="list-style-type: none"> • Agree Scope & Budget • Project Planning • Agree Project Tolerances • Communicate intentions to stakeholders 	Interim Manager and Stakeholder group	<ul style="list-style-type: none"> • Early Agreement • Consult wider interests on project ambitions • Sequencing of reporting and decisions 			
6	All		Resistance to Change	<ul style="list-style-type: none"> • Soft & Early Inclusion & consultation • Collaborative service design processes • Capacity matching • Contingency planning 	Interim Manager Service managers	<ul style="list-style-type: none"> • Trust between Directors and staff • Early agreement on transformation pathway 			

Likelihood	A				
	B		7		
	C			8	
	D				
	E				
	F				
		IV	III	II	I
		Impact			

Risk Number	Current Risk Score	Target Risk Score	Description
[no.]	[matrix position]	[improved position]	[short name]
7	BIII		Disruption to services
8	CII	DII	Risks to Staff

R N	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical success factors	Review frequency	Escalation to Board & Date	Sign Off & Date
7	BIII		Disruption of Services	<ul style="list-style-type: none"> • Clear specification of service standards & outcomes • Clear performance management requirements in specification and delivery • Transition planning 	Stakeholder Group Interim Manager T&F Groups Staff	<ul style="list-style-type: none"> • Collaboration • Trust 			
8	CII		Risks to Staff	<ul style="list-style-type: none"> • Comms Strategy & Consultation • Mapping restructure implications • Role changes in Financial Model • Staff Event 	Interim Manager Service managers	<ul style="list-style-type: none"> • Clear Comms on Vision and objectives • HR support • Support from Unions 			
9						•			

RN	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical success factors	Review frequency	Escalation to Board & Date	Sign Off & Date
10				•		•			
11				•		•			



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