Home Adaptations for Disabled People

Good Practice Case Study: Knowsley
Facts about the area

**Locality:** Knowsley, North West England

**Type of authority:** Metropolitan Borough Council (KMBC)

**Population:** 146,000

**Description:** Knowsley sits between Liverpool and Manchester and consists of a number of large suburban towns and expanded villages including: Huyton, Kirkby, Prescot, Whiston and Halewood. The majority of housing dates from the 1950s and ‘60s as a result of rapid industrial development and overspill from central Liverpool. By the 1990s the population was in decline, although this has now stabilised.

**Health and Disability:** Healthy life expectancy is lower than in England as a whole and 14.2% of the population said that they felt their day-to-day activities were limited a lot by a long-term health problem or disability, higher than the North West region (10.3%) and England (8.3%).

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**Good practice illustrates:**

* Pioneer Centre for Independent Living
* Completely integrated and co-located service with pooled budgets
* Effective joint working across housing, social care and health
* Promotion of independent living solutions in visible environment
* User involvement
Two adjoining warehouse units were purchased by NHS estates at a central location in the Borough. One of these is now an equipment store and repair and recycling facility and the other a fully inclusive independent living centre on two floors containing a reception area, showroom with room settings, assessment suites, meeting rooms, and open plan office space for the combined service. The cost of this facility is less than the cost of the old equipment store.

Services operating from the Centre for Independent Living include: an in-house DFG team, Care & Repair and handyperson service, KHT adaptations team, occupational therapists, sensory services/assistive technology, a children’s health team, wheelchair services, rehabilitation, blue badge scheme, direct payments, an advocacy hub, the warehouse, repair facility and equipment recycling centre.

The funding for DFG, the ICES budget and wheelchair services are pooled, which gives greater flexibility in the use of resources. Under the Better Care Fund arrangements the DFG budget is £1.3 million in 2015/16. In addition they have used winter pressures money to fast track adaptations for people who are going in and out of hospital. In 15-16 they are topping up the DFG budget with £300,000 of health capital funding which will allow them to clear a backlog that built up when budgets were cut in previous years.
User involvement in the Centre for Independent Living (CIL) has been integral from the start. There is a user-led steering group that reports separately to the Health and Wellbeing Board from the CIL management team. We are also in the final stages of developing a range of new roles for the user-led group. The biggest throughput of people in the CIL is for blue badges or the wheelchair clinic. While people are waiting volunteers tell them about what else is available in the CIL and elsewhere in the Borough so that they leave armed with a raft of valuable contacts and information. We have also developed a retail service for small items of equipment so that people can buy what they want without having to have an assessment and the aim is for this to be run by the user-led organisation.

How we work

We work very closely with health, particularly the hospital discharge teams. To ensure these teams know exactly what services the CIL provides talks are given to make sure new staff are aware of the services provided and to bring all staff up to date. Having everything in one place makes it easier for hospital staff to know where to turn for help. This close working means CIL staff know what cases are likely to need help with discharge. If there is a need for urgent adaptation work there is the flexibility in the budget to do this from the minor works fund without a test of resources, even if it comes to £3-4,000, and there are contractors able to respond quickly.

- Anything under £1,000 is either done by Care & Repair or their minor adaptations service. Minor works spend is £165,000 per year and Care & Repair do about 5,000 small jobs a year. The Care & Repair handyperson service also has direct access to the ICES store as all staff are trained as Trusted Assessors.
- For some time CIL staff have been doing outreach work to find people who are isolated to help them become part of social groups and also to see if they need equipment or adaptations. Alongside this we have now developed a falls service in the CIL that looks at postural support, managing risks, how to get up from a fall and works with local chemists to look at medication.
- There is increasing demand for adaptations from people willing to pay for work themselves outside of the DFG and we are planning to expand this service. At present this work is done by the senior handyperson. We are hoping to expand the handyperson service to meet this increased demand as it is self-financing.
• We try to keep paperwork to a minimum and match it to the complexity and cost of the case, for example the handypersons use a one page assessment form. With DFG cases an internal audit revealed that there was no independent quality check of completed jobs. The property services officer in C&R (who has no involvement with the DFG) now assess all completed cases to ensure that contractors are meeting required standards.

• We also work closely with housing associations and have written agreements in place to ensure 50% contributions towards adaptations where a DFG is involved. Some associations prefer the CIL to organise the building work and invoice them, but others prefer to do it themselves and invoice KMBC. KHT, the LSVT and the largest housing association in the Borough, has a different arrangement. They have made provision for adapting their properties and allocate £750,000 towards this whilst the local authority contributes £250,000 from the main housing capital program with the agreement that KHT tenants will not need to apply for a DFG. KHT adaptations staff sit in the CIL so they work closely with other adaptations staff.

• All the telecare and telehealth equipment is displayed in the CIL but the call-out service is delivered by a neighbouring authority as Knowsley is too small to make a stand alone service cost effective, but it is closely linked to the CIL.

• Care & Repair offers a housing options service for those who prefer to move or whose homes are unsuitable for adaptations and who need support with the process. This works well for tenants and owners willing to move into social housing, but there is a gap in housing provision for people wanting to move within the owner occupied sector.

We received additional money to assist with hospital discharge which has paid for hospital staff and to fast-track adaptations. We are using some of that money to have a ‘step-up/step-down service’ in the extra care schemes so that people who are ready for discharge who live alone or are not quite ready to return home can have a short stay with additional support until they are able to be independent. It gives people more awareness of extra care housing if they should need it in future.

The only relevant service not located in the CIL is the central access call centre. There is simply not enough room or parking space for this team. As they have a wider role in referring people to social work and care teams, co-location is not essential, although it might be preferable.
What we’ve achieved:

The Knowsley Centre for Independent Living (CIL) is a pioneering service. It shows what can be achieved if organisations work together, pool budgets and co-locate staff. For older and disabled people in this Borough it has resulted in considerable improvements to services. All the practical help required to improve access in the home and the wider environment is now available in one place. It makes assessments easier, and there is a seamless service when it comes to provision of equipment, wheelchairs, handyperson services, minor works, adaptations and falls prevention.

Having users involved right from the start ensured that all the services were brought together in the CIL. A user-led steering group continues to see monitoring data and ensures continual service improvement.

There was originally a single manager for all the combined services but this was difficult to maintain as a result of health reforms. Although at present staff have different line management, co-location means that they all work extremely well together. The aim is now to ensure that a single manager is appointed to be in charge of all NHS, council and voluntary sector staff based in the CIL.

Knowsley is a small borough and only has one CCG which covers almost the same geographical area. In addition all the CIL services are under one commissioner. This has made it easier to set up the service than would be the case in other areas. However, it still provides a blueprint for those looking to develop truly integrated services.

The service commissioner Graham Keeling summed up the key elements of an integrated service saying that

“co-locate all the services, have one manager overseeing them all, try to have one commissioner and have a user-led presence”
Mrs J

Mrs J, an 80 year old resident who lives alone, recently had an operation following a hip fracture. We helped her have all the different service assessments she needed in one go so she could pick out the right wheelchair, get home adaptations carried out and plan the support she needed at home to help her recover. In the past she would have faced a number of assessments from different health and social care services without a co-ordinated approach. The joined-up service speeds up the process saving money and greatly improving the customer experience.
Mrs L

As a result of a brain injury Mrs L is immobile and has to use a wheelchair. She was confined to living in the only reception room in the house, having to use a commode and strip wash assisted by carers. It was having a detrimental effect on her relationship with her teenage daughter who was unable to have friends home or lead a normal life as the only downstairs family living space had become a bedsit for her mum. Moving was not an option as Mrs L’s family network, who provided a lot of support to both herself and her daughter, all lived nearby.

We all worked closely together to meet her needs. Initially they made sure all her manual handling needs were addressed. The OT and surveyor then worked together to look at adaptation options. A vertical lift and a level access shower were not possible due the construction of the property. In the end the only solution was to build an extension incorporating a shower room and separate bedroom. This is now being completed enabling her to remain close to supportive family members and her daughter to remain in her current school. In the past staff located in different part of the health service and the local authority would have been involved. Now everyone is under one roof we can easily arrange joint visits, discuss the issues and come up with better solutions making it a much faster and seamless service.
For more good practice case studies and further information about home adaptations go to homeadaptationsconsortium.wordpress.com

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