Home Adaptations for Disabled People

Good Practice Case Study: Ealing
Facts about the area

Locality: Ealing, West London
Type of authority: London Borough Council
Population: 342,500
Description: Ealing has one of the most diverse populations in London, with over 40% of residents from minority ethnic communities. The housing stock varies, but as most development took place in the 1930s some of that housing now needs repair.

Health and Disability: There are significant pockets of health deprivation and some communities have higher levels of disease, e.g. South Asian people are 50 per cent more likely to die prematurely from coronary heart disease. People aged 65 make up only 11% of the Borough’s total population, but they comprise nearly half (47%) of those whose activities are significantly limited by a long term illness or disability; and numbers are increasing. Provision of unpaid care is also higher in older age-groups.

Good practice illustrates:
* Lean, cost effective adaptations service
* Delivering aims of Better Care Fund and Care Act
* Effective joint working with health and social care
* Innovative use of handyperson service to help with hospital discharge and reablement
* Zero-cost model using cross-subsidy
The agency does a full range of adaptation work across all tenures, including the council’s own stock. Working across all tenures has brought a consistent standard of service delivery to everyone in the Borough.

Funding for the Disabled Facilities Grant (DFG) in 2015/16 is £2.825m: comprising £1.325m from national government, paid via the Better Care Fund, which is more than matched by the local authority which contributes £1.5m. There is also £1.1m from the Housing Revenue Account (HRA) for adaptations to the council stock. The overall budget for all tenures is therefore £3.925m. They complete about 400 jobs per year, two thirds for the private sector.

They also have £400k for the handyperson service which resulted in 2,500 cases last year. They have recently received a further £38k from the health authority for more work relating to hospital discharge and reablement.

There is a five year rolling programme for funding across the council. This means that they always know what they have to spend and customers do not suffer from the stop/start cycle of grant allocation that happens in many other authorities. They are currently planning ahead for the 2019/20 financial year.
How we work

Ealing Repairs & Adaptations service has very lean systems and no waiting list:

• Calls into the social care call centre relating to adaptations, handyperson visits, minor works and repairs are directed straight to their service. Some adaptations can bypass going onto the list of the social care OTs. They also take calls and emails direct from internal departments in the council, voluntary organisations and hospitals.

• For DFG cases a phone call by a caseworker checks if someone can be passported through the test of resources, if not they get a home visit to complete a short, four page DFG form and any documents are checked. For DFG and HRA cases the OT and surveyor visit together to make sure the assessment and specification are completed in one go. The OT confirms the work plan with the customer before it goes out to tender with their approved contractors.

• Children’s cases are mostly referred direct to the service by the NHS or education OTs. They process these quickly, but as they are more complex they may take longer to complete. They do not do discretionary top-ups if the work costs over £30k, they also avoid doing extensions to keep costs down and ensure work progresses as fast as possible. If a family is on benefits they can get an interest-free loan to pay their contribution over the DFG limit.

• A new OT is being appointed to develop a better system to help households move within the social housing stock - some families are living in very overcrowded conditions.
Handyperson service

There is no form filling - an email referral is sent straight to the Repairs and Adaptations Service by the social care call centre where it’s checked and emailed on to the contractor. The hospital can also ring direct to get help if someone needs to be discharged e.g. if there is no one to help get a bed downstairs. There are three (soon to be four) private contractors who do the handyperson jobs. They carry out the following:

Handyperson jobs

*Minor works*: include: replacing lightbulbs, providing temporary heaters, setting thermostats/timers, fitting smoke alarms, unblocking/sealing sink/basin/bath/shower trays, unblocking toilets, replacing toilet seats, sorting minor home hazards etc.

*Minor adaptations*: e.g. fitting grab rails, key safes, sensory alarms.

*Advising on*: energy efficiency and condensation/dampness.

Handyperson plus

To provide a rapid service to get someone discharged from hospital or to enable vulnerable people to live in their homes in safety and comfort.

**Hospital discharge**: get a bed downstairs, set up a downstairs room ready for return; check for hazards; check heating/insulation; determine if adaptation work or repairs required.

**Disabled equipment**: e.g. repairs to stairlift or hoist; install safety equipment e.g. alarms.

**Reablement**: new 7 day a week service to go out with reablement staff to check the need for adaptations, hazard reduction, repairs and/or damp/cold interventions.
There is a pool of 25 contractors for DFG and HRA work. They do not allow people to use their own contractors as they are better able to control the quality of work by using vetted and monitored contractors.

They ask for quotes each time (if under £15,000 three quotes, if over, four quotes). They prefer this arrangement to having a limited number of framework contractors. Builders in London are extremely busy which can sometimes hold up work, so it is better to have a larger and more flexible pool of contractors to draw on. The average cost of work is £8,287 which is considered reasonable for London where costs tend to be higher. Most building work starts within 4-6 weeks of the plans and specification being received. The handyperson service is delivered by three private contractors – they will shortly add a further contractor due to the increase in funding and caseloads as a result of the expanded ‘handyperson plus’ service. All the contractors have been approved to be on the council list. They get paid a rate of £25.00 per hour.

All contractors are scored on every job they do and anyone who does not perform is quickly weeded out.

Private work

If people are not eligible for a DFG, e.g. because they don’t meet the test of resources or the cost of work exceeds the grant, they can pay £350 for the OT and the surveyor to do an assessment, a CAD drawing and specification so that they can commission work themselves. They can also choose to use the council’s pool of contractors; and if they want a full agency service, this is available for a fee.

Fast track stairlifts

Ealing Repairs & Adaptations has developed a fast track process for stairlifts that also fits with the integration agenda. If the OT identifies a stairlift is needed, once it gets the manager’s approval, it goes straight to their approved contractor. It provides a rapid service to reduce falls for people who can no longer manage the stairs. They don’t use the DFG process, there is no means-test and there is minimal form filling to ensure the service can be very responsive.
What we’ve achieved:

Working closely with health and social care

Paul Buchanan, the service manager, is on several committees that feed into the local Health and Wellbeing Board e.g. Older Person’s Partnership Board and CCG Joint Management Team. This ensures that he knows the key people in health and social care, he has been able to explain the benefits of the adaptations and handyperson service and can react quickly to the changing requirements of service integration. The additional funding for the handyperson service for hospital discharge and reablement has come through these contacts. Paul explained “I am not a home improvement agency manager, I’m a funding manager... and I’m always looking for ways that our service can respond to integration”.

“The Regulatory Reform Order allows us to be flexible with how we use the funding. We need to deliver as quickly as possible, at the right price, and give a good customer experience”.

“Integration with health and social care is making a real difference. One of the best things that has happened is moving the DFG funding to the Better Care Fund”

Each person helped completes a survey form and of 364 returns 358 were satisfied - a 98% success rate. For DFG work the result is 100% satisfaction.

A typical response are these words from a recent customer: “I would like to say a big thank you for everything you did for my dad. He is so pleased with the work carried out. The shower room and also the steps are great. His quality of life is so much better. The builders did a fantastic job. Please can you pass on our thanks to everyone involved.”
For more good practice case studies and further information about home adaptations go to homeadaptationsconsortium.wordpress.com

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