

Date 3rd December 2002

Scrutiny Report to the City Council

EQUIPMENT AND ADAPTATIONS

Further copies of this report can be obtained from:

Dawn Richards

Scrutiny Support Officer

Tel No: 0121 303 1732

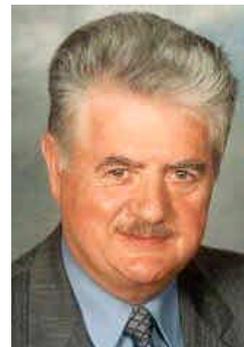
Email address: dawn.richards@birmingham.gov.uk

Contents

		Page
1.	Preface	3
2.	Executive Summary	4
3.	Introduction	5
4.	Terms of Reference	5
5.	Method of Investigation	6
6.	Findings	6
	6.1 The Service	6
	6.2 Demand for the Service	7
	6.3 Resourcing the Service - People	10
	6.4 Resourcing the Service - Finance	11
	6.5 Previous Reviews and Service Improvements	17
	6.6 The Wider Agenda - joining things up	18
7.	Recommendations	21

1 PREFACE

By Councillor Hugh McCallion
Chair of the Health and Social Services
Overview and Scrutiny Committee



Services that enable people to remain living independently or join the community from institutional care provide real quality of life. Equipment and adaptation services are a vital component of a family of services that span the range from health care through social care, support and adaptations. No one component of that family can provide for the holistic needs of individuals.

The Government's vision for the N.H.S. and Social Services is of a service offering prompt, convenient and high quality services, with people exercising greater choice. We believe this is right and allied with the strands of Modernising Government

- that public services are responsive to the needs of citizens, not the convenience of service providers.
- policy making is joined up and strategic
- public services are efficient and of a high quality

represent the way we think services should be configured and delivered. We also think it is about more than just the N.H.S. and Social Services.

Our services are not as good as they ought to be. There are lengthy delays in the assessment and provision of equipment and adaptation services. We are unable to meet demand. The backlog for the Adaptations Service continues to grow, although progress is being made on the backlog of people waiting for assessment. Service users now have to wait two years from asking for and receiving services. The Integrated Community Equipment Services are underfunded. There are some tough decisions for the Council to take about resourcing these services. However, we think that money is not the only issue. We need to develop options and alternatives that offer choice rather than imposing a single solution.

We hope that implementation of the recommendations following our review can take us some way to improving services for vulnerable and needy people.

On behalf of the Health and Social Services Overview & Scrutiny Committee, I offer our thanks to those who made valuable contributions. In particular to former Councillor Paul Pyke (who chaired the Review), Steve Clayton and Eileen Symonds (who helped us with research material and provided support to the Review Group), Bernie Redmond (Chair of the Differing Abilities Group) and Tony Ruffle (former Chief Executive of the North Birmingham P.C.G.) and last but by no means least, to Dr Alan Elkin who was able to put our findings into the wider context of health.

A handwritten signature in black ink that reads "Hugh McCallion". The signature is written in a cursive style and is positioned to the left of a vertical line.

2.0 EXECUTIVE SUMMARY

- 2.1 As part of the review we examined the demand for services, in particular for equipment, for assessment by Occupational Therapists (OTs) and for the Adaptations Service. We found the services to be demand-led rather than being based on a robust analysis of need. This leads to a situation where the Council is on its back foot. We feel that demand-led service provision has a number of inherent weaknesses and whilst resources to deal with need may not be wholly available, then at least prioritisation can be an informed process. We noted that measurement of service delay was identified in the form of individual sequential delays. We think that monitoring should be on whole service delivery times. We were also concerned about the availability of management information and think that it is necessary to establish IT systems that can report a broad range of information and be shared between agencies.
- 2.2 We thought the commissioning model for Supporting People was a valuable one, with joint commissioning between Health, Social Services, Housing and the Probation Service. The imminent service review for support services for older people provides an opportunity to carry out that review in the broader context of the needs of that group. The opportunity also exists in 2003/04 to determine the role of Home Improvement Agencies, of which there are two in the City. Elsewhere in the country they provide a valued service, often part-funded by Health, to assist vulnerable, elderly and disabled people.
- 2.3 In reviewing the resourcing of the services we identified a 40% shortfall against establishment of Occupational Therapists. Some OTs are being integrated into the health and Social Care Teams and into the new Children with Disabilities Service. This should produce a more integrated service. We, however, thought that there was the need to review OT work in Health and Social Services in order to provide improved pathways of care. A rationalised management regime should also be sought. The review received evidence of significant improvements in the management of the scarce OT resource in the Social Services team.

The Integrated Community Equipment Services are underfunded against current demands and heavily so in respect of the Government's challenging targets for the service.

There is a 16-month wait for the Adaptations Service to start dealing with assessed cases flowing from OTs. There is currently a backlog of 1,300 people waiting for services. This service is underfunded. However, we recognise that higher level funding in the long term is probably not sustainable. The key here we think is to integrate this service into the wider health and social care operation and to develop options and alternatives that offer real choice to clients and reduce dependence on grant aid. The current service is a single product. We have made recommendations about how to deal with costs above £25,000 and a gradation of personal contribution based on the costs of the work and whether the person is receiving benefits.

It is important to recognise that the Adaptation Service is not the only housing input in assisting a wide range of client groups. We mention

specifically the allocations process for Council housing and the development of the Disabled Persons Housing Register

- 2.4 It was plain from our review that a joining together of a family of services, not just Social Services and Health, was necessary to deal with the holistic needs of individuals. Our recommendations look to strengthen the terms of reference of the Strategic Board for Older People to reflect this breadth and to ensure that Housing and other agencies were represented on the P.C.T./Social Services Working Groups to ensure integration.

Whilst the evidence we received made it plain that there were excellent and creative links between the OT service and the Adaptations Service, we think it is now time to bring together OT services, the Integrated Community Equipment Services and the Adaptations Team under single management.

3.0 INTRODUCTION

- 3.1 The driver for this review was the ongoing concern amongst Members about the delivery of services for people with disabilities, in particular backlogs in both assessment and the Adaptations programme. The review also was to establish the extent to which the District Audit, Best Value Review and the subsequent Management Review had impacted on the services.
- 3.2 As the review progressed we became increasingly concerned to ensure a joining-up of the services for particular needs groups and for the resourcing of this service.
- 3.3 The review was carried out by a sub-group of the Healthy Caring and Inclusive City Overview & Scrutiny Committee. This was:

Councillor Paul Pyke (Chair)
Councillor Hugh McCallion
Councillor Roy Benjamin
Councillor Margaret Scrimshaw

Subsequently at the turn of the Municipal Year, the Vice Chair of the Health & Social Services Overview & Scrutiny Committee - Councillor Catharine Grundy - has progressed the report.

4.0 TERMS OF REFERENCE

- 4.1 The parameters of this review were to:
- Examine the continued difficulty in bringing timely, appropriate adaptations for people that promote independence.
 - Examine the robustness of Best Value and internal Management Review Action Plans in dealing with issues of lengthy assessment and poor outcomes.
 - Recommend changes and key actions to policy and practice

- Recommend appropriate timescales for these changes and actions.

5.0 METHOD OF INVESTIGATION

5.1 Evidence for the review was gathered in the following ways:

- briefing sessions
- analysis of service processes relating to assessment and the provision of services
- data analysis
- Comparison of practice with other Local Authorities

5.2 We also considered the contents of a wide range of current documentation, including:

“They Deserve Better”

(the report of the Independent Commission of Enquiry into Social Care for Older People in Birmingham)

The N.H.S. Priorities and Planning Framework 2003 – 06

The National Service Framework for Older People

The Emerging Framework for Care Trusts

Best Value in Housing Care and Support: Guidance and Good Practice

The Guide to Integrating Community Equipment Services

The Regulatory Reform Order

(relating to grant aid for people with disabilities)

6.0 FINDINGS

6.1 The Service

6.1.1 The service which is the subject of this review could be defined within the context of three pieces of legislation that impose duties on the Council to help people with disabilities:

The Chronically Sick and Disabled persons Act 1970

The Housing Grants, Construction and Regeneration Act 1996 (as amended)

The Community Care Act

Alternatively it could be defined by the components of that service as currently configured - assessment, advice, provision of equipment, adaptations of people's homes, how responsibilities for these services divide between Council Departments and how they link together in practice.

6.1.2 As the review progressed, however, we increasingly came to the conclusion that whilst these approaches were valid and the component parts of the service needed to be analysed for their strengths and weaknesses, there were two critical issues:

- The need for the services to be considered in the context of a broader framework of services and how to integrate those services in the interests of clients.
- The resourcing of the service, both money and people.

6.1.3 Our findings below follow this evolution of thinking, examining our existing service and then moving on to consider it as part of a wider service. Our recommendations reflect this.

6.2 Demand for the Service

6.2.1 The demand for a service is a useful measure in that it allows measurement of supply against that demand, the identification of trends and service planning necessary to respond to those. Demand, however, can be both stimulated or depressed. It represents those who are aware of the service and who choose to access it. In our view, the primary measure is need.

6.2.2 The issue of need is considered further, but returning to demand.

In respect firstly of **equipment**, this is primarily provided through three routes:

- The Joint Equipment Stores managed by the shared service agency hosted in the East Birmingham Primary Care Trust
- Sensory equipment provided by voluntary organisations through service level agreements
- The specialist equipment budget managed by Social Services

The first of these provides frequently requested stock items following an assessment of need by Occupational Therapists in both the Council and the N.H.S., district nurses and home carers. The specialist equipment includes door entry systems, hoists for home care, lift maintenance, equipment for children and community equipment such as special shower chairs. The Acute Trusts also have independent budgets for specialist equipment.

6.2.3 There are services that are ancillary to or enhance the provision of equipment:

- The Birmingham Centre for independent Living (BCIL) provides advice and a demonstration centre for equipment.
- Technical Assistants employed by the Council OT Service with a workshop at the BCIL carry out minor adaptations across all housing tenures. These include grab rails and raising chairs and beds. This service is particularly important in facilitating hospital discharge.

6.2.4 The numbers of those people receiving community equipment over the last two years with a projection for the current year are:

2000/2001	7,047
2001/2002	7,414
2002/2003	7,700

The funding difficulties of last year had resulted in a waiting list for equipment, as had certain budgetary management processes.

6.2.5 So far as those waiting an **assessment of needs** by the Occupational Therapy staff within Social Services, there is a backlog of 1,200 cases (as at October 2002). Service users are waiting up to eight months for an assessment.

6.2.6 The referrals from the OT Service to the **Adaptations Service** have risen substantially from historic levels over the last two years:

1997/1998	2,021
1998/1999	1,381
1999/2000	1,340
2000/2001	3,176
2001/2002	3,422

This is perceived to be as a result of increasing demand for the service and more efficient working practices. There is now within the Adaptation Service a backlog of 1,300 cases (as at October 2002). Holding service delivery within budget means that incoming cases from assessment are held for 16 months before work is started on processing adaptation work. This assumes no increase in referral.

Some cases are not subject to these delays:

- Priority cases as determined by the OT Service are dealt with immediately. These include hospital discharge cases, work to assist the terminally ill and where caring arrangements are failing.

Similarly, smaller adaptations - ramps, handrails, showers over baths, for example - are also dealt with immediately. Some 60% of referrals cost less than £2,000, account for 20% of the available budget and are dealt with in this way.

6.2.7 This picture of waiting lists for the provision of service - very substantial for adaptations - is not in itself the whole picture. Viewed from the perspective of the user rather than from a service provider's point of view,

the important issue is the cumulative time taken from first contact to service provision. For major adaptations, for example, adding the whole service delays amounts to two years before the case becomes 'live', with potentially another year before works are complete. Such major delays are distressing and debilitating to client and carer alike.

- 6.2.8 Existing monitoring arrangements need to be modified to reflect whole service provision and be regularly reported to the executive on that basis as well as the progress on the component parts of the service. There are only two National Best Value Performance Indicators - that relating to the timescale of the provision of equipment and that for older adults (65 and over) who are helped to live at home - for this service. It is our view that there is a need to establish a range of local performance indicators beyond that contained in the Action Plan following the Social Services management Review and that these be reported on at least a quarterly basis.
- 6.2.9 The issue of need as compared with demand has been mentioned above. We are clearly in difficulty in dealing with demand. The outputs necessary to deal with need will clearly be more acute.
- 6.2.10 The existing data systems do not currently report on the different client groups who are currently being assisted through the service. Such reporting will be vital if we are to compare the service we are delivering against needs-based assessment for client groups. We have been assured that the CareFirst System will deliver this information. This and a range of other management information is needed to monitor service provision effectively. There needs to be consideration of the extent to which freestanding data management systems in different organisational units are appropriate. We recommend that data systems are developed that report a range of management information and allow for the corporate sharing of that information
- 6.2.11 Demand-led service provision has a number of inherent weaknesses:
- Changing circumstances can overwhelm a service designed to deliver at the capacity of projected demand.
 - Without an understanding of the kind and extent of needs, service planning, provision and prioritisation is uninformed and may be misdirected.
 - Without a full (and corporate) understanding of whole service needs, individual organisations may duplicate services being provided by others.

We are not suggesting that a needs-based approach is straightforward and without difficulty. We are aware of the difficulty of measuring need and the failure, for example, of conventional housing needs surveys. We are aware also that defining need may be in an environment where the resources to meet that need are restricted.

However, on balance we believe a needs-based service will be a more effective one.

- 6.2.12 The developing Supporting People (S.P.) programme has some useful parallels, as well as being directly linked to the service under review. This will bring together in one place funding for housing support costs previously administered by a range of organisations. Having mapped supply and put in place arrangements to fund that, the process then will be to map needs and undertake scheme reviews. The intention being to project current and future needs, to commission new services as appropriate and rationalise existing services against needs.
- 6.2.13 As with the Adaptations Service, the largest service user group for Supporting People are elderly people. As a result of that, the review of service provision for this group will take a high priority. As indicated above, these services will be contributors to the service under review. There is logic, therefore, in linking the S.P. review to the wider health, social care, equipment and adaptations agenda for elderly people.
- 6.2.14 The opportunity also exists in the S.P. review to consider the role of Home Improvement Agencies in contributing to the wider agenda. These agencies, part-funded by Government together with Local Authorities and other bodies and charities, seek to provide support and adaptations for vulnerable, disabled and elderly clients. In some local authority areas (e.g. Bristol) they are substantially funded by the N.H.S. and provide services such as 'Home from Hospital'. The Department of Health announced on 18th October that it was making available £9.5 million over the next three years for investment in Home Improvement Agencies.

There are two such agencies in Birmingham. Their Government funding is guaranteed through S.P. for 2003/04, but after that they will need to win contract funding through S.P. or funding from other agencies.

Further discussion on the integration of service provision is contained in later findings.

6.3 Resourcing the Service - People

- 6.3.1 As we have identified, one of the significant delays in people accessing service is the wait for assessment of their needs for equipment and adaptations. The role is undertaken by OTs employed by Social Services. There is a shortage of qualified OTs nationally and this is reflected in Birmingham. There is a shortfall in the Social Services OT Team of 40%. Necessarily this impacts in a major way on the service provided. Nationally more are being trained, but this will take time to feed through. In-service training to convert OT Assistants into professionally qualified staff is available and the Department has used this route. External agencies and locum staff are used in an attempt to deal with backlogs, but this is costly. For locum staff, for example, costs are 70% more than for directly-employed staff.
- 6.3.2 Occupational Therapists are also employed by the N.H.S., both in the Acute Trusts and in intermediate care. In the Acute Trusts they provide specialist rehabilitation in hospital and provide equipment for discharge. In the Community Trusts they work in a person's home, receiving referrals from

G.Ps. and other agencies. They can provide equipment for discharge and undertake rehabilitation. N.H.S. salaries and conditions of service are different from those of the Council.

- 6.3.3 As part of the reconfiguration of Social Services, some OTs will be integrated into the Health and Social Care Teams. Working with social workers and other agencies, they will provide advice, assessment and rehabilitation to clients with complex needs.

Those Social Services OTs undertaking paediatric work are to be integrated with the new Children with Disability Service. This is designed to produce a service more integrated with other agencies.

- 6.3.4 We found the deployment and roles of Occupational Therapists as between the Council and the N.H.S. complex, confusing and, on the face of it, apparently with overlapping responsibilities. We heard that there are discussions on the potential for integrating Social Services OTs with those of the Community Health Service currently hosted by the North Birmingham P.C.T., and we welcome that.

- 6.3.5 It seems likely that difficulties around recruitment and retention of professional OT staff will continue in the medium term - exacerbated for the Council by higher pay levels in the N.H.S.. It seems to us, therefore, that in order to reduce the waiting time for assessment, there are a limited number of options:

- Service improvements already in hand (see later).
- Continue to employ locum staff and agencies, with significant financial penalties. (This will only maintain the current situation.)
- Use non-professional or partially-trained staff in carrying out assessment.
- Make more effective use of the skilled staff available across both the health and social care sectors

- 6.3.6 In our view, the last of these holds the most promise. We do not have before us the needs analysis and the detailed information of the roles of variously deployed OTs to make anything but broad recommendations in respect of this issue. We recommend the review of the operation of Occupational Therapists within the N.H.S. and social care to provide improved pathways of care and seek to rationalise management.

6.4 Resourcing the Service - Finance

Equipment - The Joint Equipment Stores

- 6.4.1 The budget for the Joint Equipment Stores in 2001/02 for stock items was £1.02 million, jointly funded by the N.H.S. and Social Services. On the basis of the information we have received, the budget was consumed by January 2002 and after that a waiting list was operated, apart from items to

facilitate hospital discharge. The budget for 2002/03 is enhanced only by a provision for inflation.

- 6.4.2 This financial provision contrasts with the Government's intention, reflected in the N.H.S. plan targets and reiterated in a circular about Community Equipment Services, to increase the number of people benefiting from Community Equipment Services by 50% from March 2004.
- 6.4.3 The Government has stated that this expansion is to be funded from sums made available to the N.H.S. and to Council via the personal Social Services settlements for 2001/02 and 2002/03. A review reported to the Social Services and health Advisory Team in June 2001 concluded, however "... no such additional resources are identifiable and indeed, Social Services Standard Spending Assessment has been reduced for 2002/02". However, in that context we note from "They Deserve Better" that spending above SSA is not uncommon.
- 6.4.4 We have noted earlier the Best Value Performance Indicator for the percentage of equipment provided within three weeks. The achievement for 2002/02 was 89% and for 2002/03 at the time of our evidence was 93%. However, the N.H.S. priorities and planning framework 2003-05 has a target that, following assessment and community equipment for older people (aids and minor adaptations) will be provided by Social Services within seven working days. This is within the context of the Government's Integrating Community Equipment agenda, which also has requirements for pooled budgets, a single operational manager and an advisory board.
- 6.4.5 On the basis of the evidence we have received there are difficulties around the purchasing arrangements for the Joint Stores that lead to backlogs and of the capacity of the manufacturers to supply against demand. However, given the backlogging occurring from January 2002 and the challenging targets set by Government for Community Equipment Services, the primary issue is that this service is substantially underfunded. We note the concerns about the level of the Standard Spending Assessment, but conclude that this is a separate and different issue.

We comment elsewhere on the issue of people acquiring service, including equipment, at their own expense

Equipment - Social Services Specialist Equipment

- 6.4.6 The budget for 2001/02 was £1.1 million. This was overspent by £377,000. The two principal headings in the original budget were Specialist Equipment (£487,000) and lift maintenance (£541,000). The major overspend was in the second of these (£226,000).

There are undoubtedly some difficulties in managing this budget, since community health OTs and physiotherapists can call on the budget to fund specialist equipment for children - for which there is no separate funding.

- 6.4.7 The expenditure (and historical overexpenditure) on lift maintenance is very substantial. Expenditure is projected for the current financial year at £687,000. This issue has been addressed in that provision now includes a

five-year maintenance agreement. However, there is a fundamental issue as to whether lifts, installed across all tenures, should continue to be the responsibility of Social Services. We understand the arguments as to ensuring the continued operation of such critical equipment. We think, however, this issue should certainly be raised with social housing providers. We also think there should be a risk assessment of lift installation - that is to say what is the average period of use by clients and the risk of malfunction in that period.

- 6.4.8 We have mentioned before that Acute Trusts also purchase specialist equipment from independent budgets. Given the Government's agenda for Joint Equipment Stores, with pooled funding and unified management, we recommend that these services become part of the Integrated Community Equipment Service.

Resourcing the Service - Finance

The Adaptations Service

- 6.4.9 The table below indicates the Social Services and Housing budgets for adaptations over the last five years.

Financial Year	S. S. £ m	Housing £ m	Total £ m
98/99	4.26	3.35	7.61
99/00	4.26	2.48	6.74
00/01	4.27	4.00	8.27
01/02	4.76	3.30	8.06
02/03	1.00	9.10	10.01

Despite the substantial budgetary increase since 1999/2000, the finance available is not sufficient to deal with the workload. For the current financial year it is anticipated that £10.5 million of new cases will enter the system against an available budget on £10.1 million. In addition, cases carrying forward from the previous year are estimated to be £13 million.

- 6.4.10 As mentioned before, the current situation is a backlog of 1,300 cases, currently being held for 16 months before work is started to progress to adaptations. This situation is getting worse as further progress is made with the backlog awaiting assessment.
- 6.4.11 The principal route through which adaptations are progressed is through a Disabled Facilities Grant. All owner-occupiers, tenants and licensees who are able to satisfy certain legal requirements are entitled as of right to a grant (a mandatory grants). In general terms the grant is for works to remove or help overcome any obstacles which prevent the disabled person moving freely into and around the dwelling and enjoying the use of the dwelling and the facilities or amenities in it.

For limited works (less than £5,000) a less bureaucratic grant (Minor Works Assistance) is used, but still to deliver the appropriate works. The Council

receives an identifiable Specific Capital Grant from Government as subsidy for Disabled Facilities Grants.

Council tenants and Housing Association tenants are able to apply for mandatory grant aid and are assessed on the same basis as private owners and tenants.

- 6.4.12 It is generally the case that very high levels of user satisfaction are generated by the service, which operates a full 'agency' arrangement that relieves clients of the responsibilities of scheduling, commissioning and supervising major building works. However, user satisfaction must be balanced against the high level of dissatisfaction, distress and poor quality of life both for users and carers in the wait for service, which is increasing.
- 6.4.13 On the face of it there is a strong case to identify substantial underfunding of the service and to call for that to be remedied. For the medium term that is our position. This, however, is not all that needs to happen (see 6.4.23).
- 6.4.14 Organisationally, we are clear that there is an effective real partnership between the Social Services OT Team and the Adaptation Team in housing which continues to deliver innovation, efficiency improvements and a valued service. The DOH and the ODPM are this year to issue guidance on adaptations (as a consultative document). This is not yet issued, but one of the authors has identified the core message to be close and real involvement as between N.H.S./S.S./Housing/Users.
- 6.4.15 Do we have that? Whilst the Adaptations Service is efficient and accepting the rights of individuals to mandatory grant, the Adaptations Service is just that: it is not part of a broader service that promotes independence. Government's position and critical commentary point to a unification agenda in order to deliver against need. The operation of grant aid alone appears to fail that test, appearing to be a single tool for ease of administration. It also leads to a culture of grant dependency, not just within user groups but acceptance of a single approach by a range of advising agencies and individuals.
- 6.4.16 There is also the issue of the substantial financial cost of the service. Whilst Ministers were keen to defend the mandatory Disabled Facilities Grant at the point where mandatory Housing Renovation Grants were abandoned, there is no guarantee that this situation will persist. There are indications that the issue will be considered further in the next year, along with the potential to transfer the grant regime to the DOH.

The funding of the physical adaptations programme is from Social Services (£1 million), directly from the Council's Single Capital Pot (£3 million) and the Private Sector Housing Intervention Budget (£6.1 million). This last expenditure is in competition with programmes to assist poor people in unfit housing.

- 6.4.17 As we have identified above, the Adaptations Service is delivered across tenures and is available to tenants of both Council housing and Housing Associations. It is not the case, however, that all councils fund this work from their specific adaptations budget. The Housing Corporation (the funding and regulatory body for Housing Associations) has indicated that

Associations should have sufficient funding to carry out the work themselves. Practice across the country varies from funding through shared funding to using grant aid only where there is a risk of severe delays to a client. In view of the severe budget pressures we think there should be a dialogue with social housing providers as to whether they should fund adaptations to their properties. We are mindful, however, of the Government's target for these landlords to achieve the 'delivery' standard for their housing in ten years - a testing objective, with major funding implications.

6.4.18 The Disabled Facilities Grant is subject to a test of resources (a means test) that is prescribed by Government. There is also a maximum grant level of £25,000. We have heard that in practice, to minimise bureaucracy, for works less than £5,000 a different kind of grant is used (Minor Works Assistance), which has different rules about means testing. We also understand that for works above £25,000 the additional costs are met either through a contribution from Social Services or by the approval of a discretionary Disabled Facilities Grant/

6.4.19 We have considered the issue of means testing and charging and recommend the following:

- Small adaptation schemes (for grab rails, half-steps, door widening, etc.) that have an average cost of ca £250 should be processed on the basis of no contribution.
- Schemes up to £5,000, but excluding the first category, where the client is in receipt of means tested benefit should proceed on the basis of no contribution.
- For schemes up to £5,000 and where the client is not in receipt of means tested benefit, then the prescribed means test should be carried out.
- Where adaptation costs exceed £25,000, the presumption is that clients meet additional costs themselves. Where this is not achievable, a discretionary Disabled Facilities Grant to be paid.

On this last point we were assured of an informed judgement on whether an individual could afford to pay, based on an assessment by the Aston Reinvestment Trust - a not-for-profit organisation, sponsored by the Council and dealing with ethical loan finance.

6.4.20 We would wish to reiterate the points made earlier about need in this context. The service provided is a reactive one that responds to demand rather than assessing need and planning a response to that. There is an urgent requirement to assess need across the family of services necessary to respond to clients and jointly to deliver that.

6.4.21 We have heard about the need to keep people informed during the protracted period that some wait for service and we agree with that, but think there is a wider issue about communication and empowerment. We think that at the point of assessment, people and their relatives should be

given comprehensive information about how they could move forward themselves, perhaps with the support of relatives, rather than waiting in a queue. There is some parallel work in helping elderly people bring about home improvements, which has had rewarding outcomes. This is not to deny people their statutory rights, but to improve their quality of life by their own actions if they so choose.

- 6.4.22 We remain concerned about the backlog, both in size and duration. We have heard how the Occupational Therapy service prioritises some cases and how small schemes are handled quickly, but a substantial rump of cases receive no service for (currently) 16 months after assessment. We think this is unacceptable. However, any further prioritisation within the waiting list will mean further delays for some. We are mindful, for example, that whilst only 5% of the people assisted are children, those schemes consume 15% of the budget. The Audit report (see later) 1998/99 found that the most expensive 14% of cases accounted for half the budget. We have already commented on the budgetary provision and the need for further resources.
- 6.4.23 Whilst in the vast majority of cases it is appropriate to carry out adaptations to people's existing homes - this is likely to be the most cost effective solution and will satisfy the wider needs of the individuals - this is not the only solution. We have heard of the development of ideas for rehousing as a policy alternative to adaptations. This is proposed where the existing home is not suitable for adaptation, where adaptation is not reasonable and practical, or where the applicant wishes to move closer to support mechanisms. Under new legislation it would now be possible to support financially such a move. We think there is considerable merit in such a proposal and would wish the officers to work up a detailed policy for consideration. This should be part of a broader review of options and alternatives that deliver choice. The work at 6.4.21 is part of that. We have called for additional funding in the short and medium term. This is justifiable if we can prevent backlogs occurring in the future. We need "intelligent" reviews of how to proceed following assessment.
- 6.4.24 We have also heard about the proposals to develop further the Disabled Persons Housing Register, so as to facilitate the effective use in the future of property that has already been adapted and to roll out the scheme to Housing Associations. We support this.
- 6.4.25 We understand that the Housing Department is in the process of reviewing its allocations policy and would want any service improvement plan to reflect the needs of people with disabilities and ensure that previous investment in adaptations is not wasted.
- 6.4.26 We are aware of the links that have been formed between Health, Social Services and Housing around the Supporting People programme and the support needs of a wide range of people. We strongly welcome this approach with services being funded and developed on the basis of needs. We want to see wider housing issues, e.g. wheelchair accommodation, being planned within such a corporate framework.

We comment later on the relationship between housing and housing services and the health and social care agenda.

information, give advice, arrange simple provision and signpost people to other services. This should speed access to service: historically three months was allowed for the return of the self-referral form. The service is supported by new IT provision and meets the agendas for single assessment and Integrated Community Equipment. It is co-located with the Adaptation Service Clearing House.

6.5.5 Outreach and the Centre for Independent Living

The Outreach Team will include the community support workers, Occupational Therapists, technical staff and housing officers able to advise and access funding for heating, safety and home improvements. The Centre for Independent Living will be the centre of this new service, although other community settings are being sought. The initial focus of the Team is on people from minority communities, although an extension to other groups is envisaged. The focus of the Team will be to give on the spot advice about simple solutions, deal with equipment requests, requests for simple adaptations and signpost to other services.

6.5.6 Housing OT

An Occupational Therapist has been seconded to work alongside officers in the adaptation programmes. As well as assisting the officers through the process, it has allowed cases to be closed for the assessing OT at the point of referral whilst responding to the needs of the client via the seconded officer.

Significantly the management review concluded amongst other things "There is an argument for including that part of the housing Department dealing with the disability services within the joint management arrangements". No firm recommendation was made, in part because of the active consideration of stock transfer at that time.

The 'joint management arrangements' referred to relates to a recommendation to move to a jointly managed service encompassing the Joint Equipment Store, BCIL (including the Technical Assistant service) and the OT Direct service. The report concluded that even if the operational management of the Housing Department staff were to remain separate, there were gains to be had by the Council and the N.H.S. appointing a joint manager to oversee day to day operational control and future development of the group of services, including those provided by Housing.

6.5.7 Whilst we can see the logic to this argument, it addresses only one part of a complex question. How to relate the housing service in the round to the health and social care agenda?

6.6 The Wider Agenda - joining things up

6.6.1 Whilst the services we have been reviewing are not solely concerned with older people, they do represent the single largest user group and we believe that parallel processes will be required for other groups as for older people.

We quote from "They deserve better":

“There needs to be a radical reorganisation of health and social care services for older people in Birmingham going beyond the current recommendations of the Joint Working Group. For this reason the membership of the Joint Working Group should be revised to include all partners required to plan and deliver quality services for older people. Representatives of Housing, Leisure, the voluntary and the private sector as well as users and carers need to be drawn into the planning process as a matter of urgency.”

- 6.6.2 We were pleased to note the establishment of the Strategic Board for Older People in Birmingham following the recommendations of the Independent Commission of Inquiry into Social Care for Older People in Birmingham and of the change agent team. We welcome the broad remit represented by the Terms of Reference, although we recommend that this be expanded to include a broader spectrum than solely ‘care’ in its promotion of development role. In particular we think that it should encompass the services to which this report relates and specifically housing related inputs such as housing related support and adaptations. It would be unfortunate if the developing joint working between the N.H.S. and Social Services were not to integrate fully with other services to user groups.
- 6.6.3 We understand the Housing Department’s Strategy function is represented on the Strategic Board, but there is a need also that the building blocks for achieving progress that is to say that four P.C.T./Social Services quadrants linking with the Acute Trusts should in their working groups (for example, the Quadrant partnership Groups for Older People) have wider representation to ensure a holistic approach.
- 6.6.4 We understand that this may pose difficulties for, for example, the Housing Department in servicing a wide range of working groups, but this is a critical phase in establishing new ways of working - an investment in the quality of future services.
- 6.6.5 The integrated working demonstrated in the service improvements we have reviewed, and the way in which these have actively advanced the service without major further costs has impressed us. We subscribe to the vision of a service offering prompt, convenient high quality services with people exercising greater choice. The Government’s modernising and integrating agenda will provide additional opportunities to enhance services. We are concerned to ensure that the services we have reviewed should be fully integrated into an effective family of services. We have felt that some of the services we have looked at may be being viewed as ‘second division’, taking second place to dominant issues such as hospital release. We hope that we are wrong in this. Routine and low level services are important aspects of a holistic approach.
- 6.6.6 The deployment of OTs within the Health and Social Care teams and integration with new Children with Disability Service is designed to produce a greater integration with complementary services and a wider range of agencies. Clearly some issues remain to be resolved here but our particular concern is with the Equipment Stores and the adaptation process.
- 6.6.7 Both of these services appear to be underfunded and progress with their integration is less than we would have wanted. Whilst the Government has

laid down a clear timetable for the integration of community equipment, however, the issue of adaptations appears to be semidetached from the broader integrating process now under way. The District Audit review and the Social Services Management Review both touched on the opportunity to unify the Adaptations Service within a broader service area. We are clear from the review that the Occupational Therapy Service and the Adaptations Service have been creative in seeking solutions to problems and improving services. It is our recommendation that the Adaptations Service should become part of a service group that includes the Occupational Therapy Service and Integrated Community Equipment Service.

Fair Access To Care

- 6.6.8 Members should be aware that from 1st April 2003 the Council must implement Government guidance on Fair Access To Care Services. This guidance will require the Social Services Department to assess everybody needing help. The assessment must classify the person's needs, in terms of risk to independence, as critical, substantial, moderate or low.
- 6.6.9 In terms of resource allocation the Department will be required to allocate the budget on a cascading level. Critical needs must be funded first, then substantial and so forth. Users waiting for equipment and adaptations services are likely to have predominantly critical or substantial needs and will therefore be a priority for service provision.
- 6.6.10 An initial evaluation of existing users indicates that the Department will have sufficient funds to provide services to all critical and substantial cases and to some/most moderate cases. This would suggest that many of the people currently waiting for aids and adaptations will be provided with a service after April 2003.
- 6.6.11 It is understood that these new arrangements will constitute a redistribution of existing resources and therefore people with low needs currently receiving a service may have that service withdrawn. This process needs to be managed carefully and safely.

MOTION

That the Executive be requested to:

- (a) Ensure that monitoring arrangements in future reflect whole service provision.
- (b) Ensure that data systems are developed that report a range of management information and allow for the corporate sharing of that information.
- (c) Determine a range of local performance indicators beyond those in the Social Services Management Review Action Plan to report on these services. The report to be published on at least a quarterly basis.
- (d) Move to a needs-based definition of service for planning services in a corporate context.
- (c) Link the Supporting People review for older people to the health, social care, equipment and adaptation agenda through working with the Primary Care Trusts.
- (f) Determine the role of Home Improvement Agencies in contributing to the wider health and social care agenda through the Supporting People review for older people.
- (g) Review the operation of Occupational Therapists within the N.H.S. and social care to provide improved pathways of care and work to rationalise management.
- (h) Adequately fund the Integrated Community Equipment Services to deliver current demand and the Government's targets for the future.
- (i) Explore with social housing providers the funding of lift maintenance.
- (j) Seek to ensure that specialist equipment provision for the Acute Trusts be part of the Integrated Community Equipment Services.
- (k) In the short and medium term, increase funding for Disabled Facilities and associated grants.
- (l) Accept the proposals (6.4.19) for a gradation of personal contribution to works based on the cost of the work and whether the person is receiving benefits and how to deal with grant costs above £25,000.
- (m) Develop alternative options and detailed policies that offer choice rather than moving to adaptation in every case.
- (n) Enter into a dialogue with social housing providers on who funds adaptations to their properties.

- (o) Expand the remit of the Strategic Board for Older People to include a broader spectrum than “care”, in particular housing-related support, adaptations and broader housing provision.
- (p) Ensure Housing representation on the Quadrant Partnership Groups for Older People and other client groups/
- (q) Move towards management of the Adaptations Service within the health/social care agenda.
- (r) Produce a costed action plan within a period of three months from this meeting.
- (s) Review progress on the implementation of the recommendations and report on that in six months time.
- (t) Adopt a target of under two years for the implementation of these recommendations and report back thereon.