

**Manchester City Council  
Report for Information**

**Report to:** Health Scrutiny Committee - 5 December 2017

**Subject:** Equipment and Adaptations Service

**Report of:** The Executive Strategic Commissioning and Director of  
Adult Social Services

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**Summary**

This report is intended to inform members of the Health Scrutiny Committee on the progress and development of the equipment and adaptations services and in particular the progress of the new delivery model for adaptations in properties across Manchester City.

**Recommendations**

To note progress with the Equipment and Adaptations Service.

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**Wards Affected:** All

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## **1.0 Introduction**

- 1.1 The report is intended to give members of the Health Scrutiny Committee an oversight of the progress and development of the equipment and adaptations services and the progress of implementing the new delivery model for adaptations. It includes an overview of how we are collaborating with other providers and the work which is underway to increase the service offer for the provision of major adaptations and equipment, to more people.

## **2.0 Background**

Manchester's Service for Independent Living (MSIL) is a city wide service, based at the community equipment store in Ancoats. It provides a co-ordinated, comprehensive and streamlined service to disabled and older people to maximise independence, choice, safety and quality of life. The service has a number of key functions all of which are intended to support people to remain independent in their own homes for as long as they are able and where appropriate they work with partners to help them to move to a new home which better meets their needs. The service offer includes complex assessments for the provision of equipment and major adaptations, they also carry out assessments for priority for rehousing to an adapted or adaptable property, mobility assessments for Blue Badges, and the provision of equipment, minors and major adaptations.

The service is a key function in offering a preventative service, by offering equipment at the early stage of people needing support. This early intervention it aims to reduce reliance on care services, reduce and slow down admissions to nursing and residential accommodation and reduce falls requiring hospital admissions.

The customer base covers both children and adults from birth through to death.

Referrals are made via the Contact Centre or from the Primary Assessment Team (PAT) following a low level assessment. MSIL also accept referrals from Children's Services, Manchester Learning Disability teams and the Mental Health Trust for people who have not had an initial PAT assessment and from some of the Registered Providers in relation to assessments for Decent Homes works.

Referrals from the Clinical Commissioning Groups (CCGs) for Community Equipment are received directly onto the on-line ordering system (ELMS). When ordering, referrers are able to select a delivery date and determine the priority of their order. Complex NHS referrals are sent via the Community Equipment Store's sponsored NHS e-mail account. Approximately 70% of all referrals received for Community Equipment are made by staff within community health teams.

The service is made up of 4 distinct areas (complex assessment including the mobility assessments for Blue Badges, minor adaptations, major adaptations,

community equipment) and there are currently 51 FTE staff within the service (not including Business Support). This includes managers, occupational therapists, unqualified assessment staff, technical officers, mechanical and electrical surveyors, joiners and electricians.

#### MSIL Performance April 2017~October 2017

Assessment – carried out 2140 assessments of which 494 were for Moving and Handling

Equipment delivery – 15,702 items of equipment delivered, with 99.3% delivered within 7 days

Standard Minor Adaptations – 2230 minor adaptations installed, with an average delivery time of 3 days. (e.g. grab rails, additional stair handrails)

Non standard minors – 200 installed. Average delivery time 200 days (for non-manufactured items). The current target is 20 working days from receipt of the order. (e.g. fabricated steel handrails, half-steps, fold-down shower seats).

There were major issues with the original contractor and the team is working hard to resolve some of the snagging concerns and queries. As a result a new contractor has been secured and they have hit the ground running. We are achieving the target of 20 working days in the majority of cases and there have been much better results in terms of quality after inspections by MSIL Technical Officers.

#### Major adaptations - MSIL

##### Works ordered April – October 2017

Owner Occupiers – 432 – avg days from referral date to approval date 147.7 days

Private Tenants – 19 - avg days from referral date to approval date 245.2 days

Registered providers (electrical adapts only) – 62 - avg days from referral date to approval date 146.8 days

Northwards/PFI (electrical adapts only) – 30 - avg days from referral date to approval date 122.4 days

##### Works completed April – October 2017

Owner Occupiers – 323 – avg days from referral date to completion date 196.3 days

Private Tenants – 15 - avg days from referral date to completion date 230.8 days

Registered providers (electrical adapts only) – 75 avg days from referral date to completion date 303.1 days

Northwards/PFI (electrical adapts only) - 35 avg days from referral date to completion date 285.0 days

Examples of major adaptations - level access shower, ramp, wetroom, stairlift, bedroom/bathroom extension.

## Finance

The current revenue budget is £1,475,963 and this includes staffing, all running costs, equipment, minor adaptation and lift servicing/maintenance for owner-occupiers/private rented tenants.

The Disabled Facilities Grant (DFG) which funds major adaptations for tenants of registered providers, owner-occupiers and tenants of private landlords was increased by 80% in 2016~17 and by a further 20% for 2017~18 and is currently set at £6.336m. The DFG is a component of the Better Care Pooled Fund for 2017/18 and supports delivery of the Manchester Locality Plan under the transformational programme Housing and Assistive Living Technology.

The Council abolished means testing for social rented tenants in Nov 2016, as the contributions were insignificant, (less that the cost of administration). This meant that grant approvals were slightly quicker for Registered Provider tenants, than private owners. In July 2017 the Council abolished means testing for all applicants, across tenure, apart from where the assistance was in the form of a major extension, typically over £15k. This now helps with consistency across assessment, approval and delivery of works should be consistent across both owner occupied and socially rented homes.

### **3.0 Adaptations Service**

- 3.1 This includes the provision of minor adaptations (works costing £1k or less) and major adaptations which are funded in the main via a Disabled Facilities Grant (with the exception of MCC retained stock, Northwards ALMO, PFI's which are funded through the Housing Revenue Account)
- 3.2 The transformation programme involved a review of how adaptations were being delivered and in the context of the integration of health and social care services, the decision was taken that Registered Providers (RPs) and Northwards Housing Trust/PFIs would deliver and fund minor adaptations (works costing up to £1,000) to their own properties.

It was further agreed that they could also deliver their own major adaptations across all Registered Provider/Northwards/MCC retained properties. This decision was based on the understanding that Registered Providers/Northwards could deliver the works more cost effectively and quicker than the current arrangements through MSIL. The Registered Providers agreed to fund 40% of the cost of adaptations.

The new delivery model became operational from April 2016 and Registered Provider/Northwards/MCC Retained Stock (PFI's etc) began to deliver their own adaptations with the exception of electrical major adaptations such as stairlifts, through floor lifts and track hoists which continue to be delivered by MSIL. An additional benefit of this arrangement has been to double the capacity of contractors to carry out work.

MCC and our partner Registered Providers are signed up to a service level agreement which prescribes the performance measures and outcomes required and includes a new uniform customer satisfaction survey. Performance for delivery of major adaptations April 2017 – October 2018 is detailed in appendix 3.

This year 183 social housing adaptations, worth £1.2m have been delivered. For the majority of non-complex jobs, the waiting times have reduced to less than 3 months, with one urgent ramp being installed within a week. There are some ongoing challenges that we are managing including ongoing monitoring of the quality of major adaptations installed across a broader range of providers and are monitoring the length of time some cases are taking to come back to panel with completed feasibility studies that inform the panel decision. Due to increasing market pressures some Registered Providers initially found it difficult to recruit the technical specialists required to design and cost adaptations. The lead providers, (RPs), have worked hard to develop relationships with other social housing providers in order to gain consent to carry out works to their stock. This is progressing well although work is ongoing and there are a small number where additional efforts to engage were required. Ongoing discussions are taking place with a small number of Registered Providers who have indicated that they have insufficient funds to contribute towards the works.

The DFG allocation may now be used for other capital expenditure, in addition to the mandatory grants, as prescribed in the Housing Grants, Construction & Regeneration Act 1996. It may be used for any capital spend that enables vulnerable individuals to remain safe and healthy in their own home, as long as it is a formal council policy, and included within MCC's Regulatory Reform Order policy (RRO).

To make the most of this opportunity, a package of recommendations were presented to the Executive, on 26 July 2017 (see Appendix 1). These included:

- i. Publicising the service
- ii. Abolishing means testing for lower value grants
- iii. Increasing the upper grant threshold from £30k, to £50k
- iv. Increasing technical fee income by 2%
- v. Adapting homelessness provision
- vi. Widening scope of work to address housing related health issues, (such as emergency heating)
- vii. Housing Advice for Older People, (funded by the Registered Provider's contributions)

Following approval by the Executive, the RRO policy, (known as MCC's Home Improvement Assistance Policy), was formally updated and published to incorporate the wider use of DFG. The new policy, (10<sup>th</sup> Edition), was formally adopted by MCC on 18 September 2017 (see appendix 2).

A publicity campaign is being developed to target health professionals, Third Sector and elderly owner-occupiers etc to ensure we reach all tenures/citizens and maximise the use of the increased DFG allocation.

- 3.3 MSIL continue to provide a full installation service on behalf of owner occupiers and private landlords. The assessment process for minor and major adaptations is undertaken by MCC/MSIL, Trusted Assessors in the Primary Assessment Team, Community Assessment Support Service and colleagues in Health such as hospital discharge teams. Due to the move of two Senior Assessment Officers to the Adapted Homes Team there are now 6 Senior Assessment Officers (qualified occupational therapists) within MSIL who are undertaking both the triaging of Blue Badge applications not meeting the automatic criteria and the mobility assessments in a clinic setting. We are currently considering the options to increase capacity to meet the demand of undertaking complex assessments for major adaptations and the volume of cases requiring an assessment by a qualified assessor which is increasing.
- 3.4 One tendering exercise to re-procure the framework contract to provide the service and maintenance of domestic lifting equipment was undertaken this year with an award for 2 years five months with the option to extend for 2 years - TC892 Framework for the Service and Repair of Domestic Lifting Equipment (value approx £100,275 per annum)

#### **4.0 Equipment Service**

- 4.1 Approximately 70% of all orders placed with the Community Equipment Store are placed by NHS staff. During Q2, 2017-18, 6,160 items were delivered, of which:
- 4.4% were to prevent an admission
  - 9.2% were to support a hospital discharge

On average the NHS contribute approximately 45% of the overall budget.

Equipment is provided to all tenures free of charge where there is an assessed need.

Servicing of equipment - MSIL now deliver the regular servicing of equipment which includes profiling beds, high seat/raiser chairs, bath hoists and other items of electrical equipment as this was not historically done. There are using current resources within MSIL as far as possible and contracting out areas that cannot be covered in-house. This is to be funded from the existing equipment budget.

It has recently been agreed and also published in the RRO that DFG funding will be used to pay for non stock equipment costing in excess of £100.

A recent successful bid for money from the GM Transformation Fund has also been confirmed, resulting in an additional £150k this year and £467k next year for the purchase of equipment.

## **5 The Housing Options for Older People and The Adapted Homes Team**

- 5.1 The Manchester HOOP (Housing Options for Older People) service was created to provide better quality housing options advice and information to older people. Through work with the Housing for an Age Friendly Manchester Board and the then Manchester Move (now Housing Access) Board, funding was secured via the Housing Revenue Account and the North Manchester Clinical Commissioning Group to appoint a Housing and Care Options Advisor working in north Manchester from April 2015. The service has been funded by the North Manchester CCG since April 2016, with funding now secured until March 2019. The Advisor is employed by Northwards Housing and based with the Manchester Move team (through which Northwards provides “back-office” and other related services on behalf of the Manchester Move partnership). The aim of the service is wherever possible to work with people to plan ahead, as opposed to waiting until they are faced with a crisis which means that they are no longer able to occupy their home. The service follows Our Manchester principles in adopting a strengths-based approach in working with people to identify solutions which help them maintain and wherever possible enhance their independence as they get older.
- 5.2 Over the 2 year period 507 people received housing options advice and 161 people moved into a home that better meets their health and care needs so they can continue to age well and live independently (whilst in some cases freeing up a larger home for a family who need it). Many people now have less need to use health and care services as they feel more confident in their home environment and less isolated in a home that was not meeting their needs in later life. The service has worked with people aged from 50 – 95 and has taken referrals from a wide range of health and social care professionals. Service users and professionals have valued having a service that can provide the missing link – good quality and practical housing advice alongside looking at care needs and signposting to other services such as financial advice where necessary. The service has recently expanded to cover central and south Manchester, with 2 additional Advisors employed by MossCare (now MSV) Housing and Southway Housing Trust. These posts are funded via the contributions from housing providers.
- 5.3 Evaluation of the first 2 years shows savings to health and social care services estimated to be in the region of £1.7m for a £80k investment. This equates to a saving of £21 for every £1 invested. Savings arise for instance as a result of fewer residential care placements and older people not having to have adaptations to their homes as a result of being unsuitably housed.
- 5.4 In April 2017, the rehousing function within the former MSIL service was transferred to Manchester Move within Northwards, and 3 staff members including 2 FTE Senior Assessment Officer posts were TUPE'd across to create The Adapted Homes Team (AHT) which sits within the Manchester Move service. This enhances the offer to residents and the service is provided on the basis of a service level agreement between Northwards and the Council has helped create a more integrated service delivering properly joined-up solutions for people whose current home has become unsuitable for

their needs. Adapted Homes team staff work with citizens and partners, to carry out proactive matching of people with an assessed need for adaptations with suitable homes as these become available. The service is relatively new, and will be the subject of a detailed evaluation report to the MSIL Board in due course. In the meantime, the team are delivering positive outcomes in terms of appropriate housing solutions for citizens and making the best use of housing stock. However it is recognised that it can be very challenging for individuals and their families to consider a move from their home and colleagues do work hard to ensure these matters are dealt with as sensitively as possible.

- 5.5 Colleagues now have access to the most recent information via MiCare (Adults Social Care recording system) which has been vital in supporting the reduction of duplicated and unnecessary visits and ensuring all are fully aware as case notes recorded. From 1 June 2017 to date over 60 properties have been let to applicants who needed all the adaptations, with only a few of these needing top up adaptations. AHT have reduced the number of parlour type properties being let to wheelchair users due to the extensive external works almost always needed. These are being let for general needs unless confirmation that adaptations can be completed internally. The number of stairs lift being removed from adapted properties have reduced as AHT will carry out risk assessments and make recommendations from the shortlist as to the suitability of the lift. It is estimated that from 1 June 2017 to date almost £200,000 has been saved as a result of appropriate moves to adapted homes and the reduction in top up adaptations required. This includes two 2 successful discharges from Residential Care and facilitating early hospital discharge into fully adapted properties.

## **6. Summary**

There has been significant change over the last 2 years to improve the service to residents and progress has been made. However it is recognised there is more to do and further challenges to address. We will continue to build on the progress to date, continue to develop stronger links between citizens; communities; health and housing partners and across the wider stakeholder community to ensure there is a consistency of service in terms of quality; responsiveness and value for money.



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**Manchester City Council  
Report for Resolution**

**Report to:** Executive – 26 July 2017

**Subject:** Disabled Facilities Grant

**Report of:** Strategic Director (Development)  
Strategic Director (Commissioning)

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### **Summary**

The Disabled Facilities Grant for disabled adaptations has increased from £2.8m in 2015/16 to £6.3m in 2017/18 and will be paid by the Department of Health to the Council as part of the Better Care Fund. This report provides an outline of proposals to utilise the increased funding with the aim of ensuring that vulnerable individuals can remain safe and healthy in their own home and seeks approval to delegate implementation arrangements and update of policy.

### **Recommendations**

The Executive is recommended to:

1. Approve the proposals to increase accessibility to Disabled Facilities Grant to enable more people to be supported in their own home, including:
  - The abolition of the means test as set out in section 4
  - Review of the upper grant limit to £50,000 as set out in section 5
  - An increase in the technical fee by 2% to 10% to fund additional technical capacity to facilitate delivery as set out in section 6
  - A revision of the Regulatory Reform Order Policy to enable funding of additional related works or access to complimentary funding through the RRO as set out in section 7
  - Registered Providers permitted to retain a proportion of their contribution towards to the cost of major adaptation work to assist people to move home as set out in section 8
  - Expansion of the Housing and Care and Independent Living advice service as set out in section 9
  - Adapting accommodation to support disabled homeless individuals as set out in section 10
2. Delegate final approval to the Director of Housing and Residential Growth, Deputy City Treasurer and Executive Director for Strategic Commissioning in consultation with the Executive Member for Homelessness, Refugees and Asylum Seekers.

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**Wards Affected**

All

<b>Manchester Strategy outcomes</b>	<b>Summary of the contribution to the strategy</b>
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Vulnerable and disabled residents who are assisted to live in housing that is in good repair and appropriate for their needs, will be more able to thrive and live independently.
A highly skilled city: world class and home grown talent sustaining the city's economic success	Residents living in adequate housing that is in good repair and appropriate for their needs are more able to enjoy improved health. They are also more likely to be able to access employment and have opportunities to develop new skills, interests and talents.
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	Vulnerable and disabled residents who are assisted to live independently in their homes will have an opportunity to remain in and contribute to their local community. They will also have an increased potential to become economically active and to make a positive contribution to the City's growth and success.
A liveable and low carbon city: a destination of choice to live, visit, work	Housing that is kept in good repair and kept up to modern standards in terms of decency and thermal efficiency will improve the quality and choice of housing in the City and contribute to creating neighbourhoods of choice where people want to live, bring up their children and work.
A connected city: world class infrastructure and connectivity to drive growth	Residents who have improved health and greater opportunities to become economically active will be more likely to support the regional economy and drive growth.

**Full details are in the body of the report, along with any implications for**

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

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#### **Financial Consequences – Revenue**

Revenue implications are minor and will be managed within Better Care Fund and/or Housing Revenue Account resources.

#### **Financial Consequences – Capital**

The majority of financial implications are capital and will be contained within the revised Disabled Facilities Grant allocation, approvals for which are already in place.

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

9<sup>th</sup> Edition of the Manchester Home Improvement and Relocation Assistance Policy 2017.

Executive 28<sup>th</sup> June, Capital Programme – Proposed Increases, recommendation 1d

## **1.0 Introduction**

- 1.1 The purpose of this report is to increase the take up of the Disabled Facilities Grant allocation and to offer complementary assistance to help vulnerable individuals to remain safe and healthy in their homes.

## **2.0 Background**

- 2.1 In 2014, in response to growing backlogs of people awaiting adaptations and a shortfall in capital funding, the Director of Housing was tasked with reviewing the delivery of DFG. The review encompassed the whole system and resulted in a number of fundamental changes; re-specification of the eligible works; re-procurement of a new DFG contract framework; Delivery of DFG works by social landlords to their own stock; and a voluntary contribution by registered housing providers of 40% of the cost of the adaptation to their stock. This enabled backlogs to be tackled and demand for DFGs to be managed within an enhanced capital budget.
- 2.2 In February 2016 the Department of Health wrote to all Local Authority Directors of Adult Social Services, to announce Specific Capital Grant allocations for 2016/17.
- 2.3 The letter stated that Manchester's allocation of DFG was to increase from £2.9m to £5.7m and stated that the DFG payment would be included within the Better Care Fund as an un-ring-fenced capital grant. The letter also referred to the discontinuation of the Social Care Capital Grant. This funding is now included within the DFG allocation, to support people to remain independent in their own homes – reducing or delaying the need for care and support, and improving the quality of life of residents.
- 2.4 In April 2016 the Council received the formal allocation of DFG letter, from the Director of Housing Standards at the Department of Communities and Local Government. The letter made reference to the discontinuation of the Social Care Capital Grant and that some areas may agree to invest some the DFG into broader strategic capital projects. Although the use of DFG for wider capital projects must be considered as part of housing authorities continuation to meet their statutory duty.
- 2.5 The funding allocation for 2017/2018 has increased by a further £0.591m, from £5.7m in 16/17 to £6.3m in 17/18. This was shown as a budget increase in the Capital Programme – Proposed Increase Report to the 28<sup>th</sup> June Executive meeting.
- 2.6 In addition, even though the 2016/2017 expenditure on adaptations has increased by £1.1m, compared to the previous year, there was still an under-spend of £1.2m DFG, from the 2016/17 allocation. This has currently been forecast to be spent in 2018/19, however, ideally it needs to be delivered in 2017/18. This, together with contributions from the Registered Providers, would give a target spend for 2017/18 of circa £8m.

- 2.7 The measures outlined in paragraph 2.1 have clearly suppressed demand for adaptations. However the proportion of older people and families requiring adaptations to their properties is steadily increasing, hence the Government's increased budget allocation. In addition, due to age and medical advances, many of our adaptation requests are now far more complex. We are also seeing a reduction in care home and nursing home provision with a move to rehouse people in their own homes. Many of these cases require adaptation. Continuing pressure on hospital beds is also adding to pressure.
- 2.8 This hugely challenging position is only deliverable on the basis of a more proactive approach to traditional disabled adaptation interventions; along with a more flexible approach to the use of the capital grant, made permissible by the merging of Social Care and Disabled Facilities Capital Grants. This report sets out a number of proposals to ensure the best use of the Government resource to support disabled individuals to live independently in their own homes.
- 2.9 Some of the proposals would require changes to the Council's Regulatory Reform Order Policy. The report recommends final approval to be delegated to the Director of Housing and Residential Growth, Deputy City Treasurer and Strategic Director for Adult Social Care in consultation with the Executive Member for Homelessness, Refugees and Asylum Seekers.
- 3. Increased take up of disabled adaptations by publicising the service**
- 3.1 In order to facilitate a more proactive and preventative approach, one of the simplest ways of increasing the take up of the Disabled Facilities Grant allocation is by publicising the service. During shortage of resource we have not promoted the service at all. The intention is to produce publicity material, in the form of leaflets and flyers, to be distributed to GP surgeries and other health and social care support services. The benefit of this approach is to encourage individuals to access the service before their need becomes acute or critical, thereby impacting on other health and social care resources. The cost of this will need to be met by Better Care Fund or Housing Revenue Account resources.
- 4. Review the existing means test for smaller value major adaptations**
- 4.1 The contribution determined from a means test is what the government states that the citizen is able to raise in a loan from a commercial high street bank. This can cause problems as the majority of grant applications are done for elderly people who are not eligible for that type of financial assistance.
- 4.2 A large contribution does not automatically always mean that the citizen is "well off". It is just the comparison of the amount of money they have coming in compared with the amount of money the government states that a person (or family) in their circumstances can live on. This is loosely based on the housing benefit means test which were last updated in 2008.

- 4.3 No consideration is made in the means test for outgoings which means that people with large mortgages or high private rents can be hugely affected by the means test.
- 4.4 The means test for working age citizens is very tight and can mean very large contributions without being able to raise the loans as usually one person will be working in the family unit.
- 4.5 Early (or earlier) intervention can prevent citizens from requiring the input of carers by between 5 and 10 years.
- 4.6 Due to the changes in how benefits and pensions are paid over the last few years it can be very difficult for people to provide proof of their incomes as they can be paid into a number of accounts. This can all go to delaying their grant application and in 97% of cases there are no contributions anyway.
- 4.7 Disabled Facilities Grants are being paid as part of the Better Care Fund which is administered by the NHS. All services through the NHS are free of charge at the point of entry – abolishing this means test for certain categories will go towards making this more equal.
- 4.8 Removal of the means test will speed up the Disabled Facilities Grant application which will greatly assist with early intervention to prevent admission to hospital and/or residential care and also facilitate earlier discharge from hospital.

## **5. Review the upper limit for grants**

- 5.1 The existing upper limit for major disabled adaptations is £30,000. This has not increased since the grant was included in Housing Grants, Construction and Regeneration Act 1996. Since then there has been an increase in the complexity of needs for disabled applicants, particularly for children and war veterans, which are accommodated by property extensions. In addition, there have been significant building cost increases over the last 20 years, which are not supported by the grant threshold. It is proposed to increase the upper limit to £50,000.

## **6. Recruitment of additional technical support**

- 6.1 A key component of the delivery of disabled adaptations is the support offered to the Occupational Therapy assessors by building technical officers. The technical officers will interpret the OT's assessment of need and will carry out a feasibility study to determine whether the proposed adaptation can be accommodated within the client's home. The technical design of the adaptation can sometimes be quite complex and requires specialist knowledge. Additional technical expertise within the service will ensure that adaptations are delivered quickly and appropriately, and will reduce a current bottleneck in this area. An increase of 2% to technical fees could provide additional technical expertise to facilitate delivery of 3-4 ftes.

## **7. Extend access to home improvement assistance**

- 7.1 Historically, disabled facilities grants have only addressed direct needs of residents in terms of their disability. The relaxation of the capital grant now means that additional works can also be funded, by DFG, to address health and safety, or disrepair issues within the property. The policy will be amended to enable owner occupiers who are eligible for DFG to access to the current portfolio of grant and loan products, within the Manchester Home Improvement and Relocation Assistance Policy, (RRO). This could ensure that support can be offered beyond the traditional adaptation. Works could include essential re-wiring, where old and unsafe; heating, to replace defective or non-existent systems; and other defects, such as dry rot infestation. The benefit of this holistic approach would reduce dependency by ensuring that individuals can live comfortably and safely within their own homes.

## **8. Additional financial support to assist households to relocate to more suitable accommodation to support their care needs.**

- 8.1 Lack of financial support poses a significant obstacle to vulnerable individuals moving to a home that better suits their needs. It is proposed that Registered Providers are allowed to retain a proportion of their contribution towards to the cost of major adaptation work, as a fund to assist people to move home, such as packing and removal costs. This would be managed by the Housing for Older People team in accordance with an agreed policy framework. The overall administration and level of funding that can be applied to be finalised by Director of Housing and Residential Growth, Deputy City Treasurer and Strategic Director for Adult Social Care in consultation with the Executive Member for Homelessness, Refugees and Asylum Seekers.

## **9. Housing support for Older People**

- 9.1 Northwards Housing have piloted a Housing Options for Older People (HOOP) service part funded by the North Manchester CCG. It is proposed to expand this service across the whole city, to support both social rented tenants and privately owned occupants. The HOOP workers roles are to work closely with health and social care professionals who have clients aged over 50 and with a housing need. The aim is to find the best solution to their housing need and aspiration by enabling the individual to make informed choices based on options in the local area that meet their needs. This may include moving to somewhere more suitable or staying put in their current home, often with support and adaptations.
- 9.2 This would bring extra capacity to health and social care professionals who have the single point of contact of a housing advisor who will bring expertise in their knowledge of housing options (across tenure) in the local area.
- 9.3 The advisors would work with older people who are looking to plan for the future to ensure that they can access information about what housing options may be available to them in years to come. This would help people make an informed housing decision before a point of health and social care crisis.

Ideally we would seek funding from CCG's and a bid was made through the transformation fund. However there are many competing demands and an alternative means of funding the posts has been developed.

- 9.4 A funding proposal is in development whereby Registered Providers (RP) use part of their agreed voluntary 40% contribution towards the cost of major adaptations. As the 40% contribution is derived from RP revenue income, there is no reason why a proportion of this could not be used to fund the posts with the shortfall in capital being made up from the increased DFG budget. The agreement to fund the posts could be included in a revised Service Level Agreement.

## **10. Adapting Homelessness Accommodation to support disabled homeless individuals**

- 10.1 An increasing number of individuals, who present as homeless, have significant disability. This is primarily as a consequence of prolonged alcohol and drug misuse. The manifestation of which is severe mobility issues, sometimes associated with single or double amputees. Whether DFG funding can be used to adapt homelessness accommodation owned by MCC is to be confirmed, however there is scope for privately owned properties to be assessed and appropriate adaptations delivered.

## **11. Contributing to the Manchester Strategy**

### **(a) A thriving and sustainable city**

- 11.1 Vulnerable and disabled residents who are assisted to live in housing that is in good repair and appropriate for their needs, will be more able to thrive and live independently.

### **(b) A highly skilled city**

- 11.2 Residents living in adequate housing that is in good repair and appropriate for their needs are more able to enjoy improved health. They are also more likely to be able to access employment and have opportunities to develop new skills, interests and talents.

### **(c) A progressive and equitable city**

- 11.3 Vulnerable and disabled residents who are assisted to live independently in their homes will have an opportunity to remain in and contribute to their local community. They will also have an increased potential to become economically active and to make a positive contribution to the City's growth and success.

### **(d) A liveable and low carbon city**

- 11.4 Housing that is kept in good repair and kept up to modern standards in terms of decency and thermal efficiency will improve the quality and choice of



housing in the City and contribute to creating neighbourhoods of choice where people want to live, bring up their children and work.

**(e) A connected city**

- 11.5 Residents who have improved health and greater opportunities to become economically active will be more likely to support the regional economy and drive growth.

**12. Key Policies and Considerations**

**(a) Equal Opportunities**

- 12.1 Previous reports regarding amendments to the Policy have outlined the implications for Equal Opportunities that arise generally from the Manchester Home Improvement and Relocation Assistance Policy. With respect to Home Improvement Assistance and Relocation Assistance, there are no new implications for Equal Opportunities arising directly from this report. The previous inclusion of Disabled Facilities Grants within the Policy enables the Council to develop innovative solutions to assist disabled residents and their families to overcome barriers to independent living.

**(b) Risk Management**

- 12.2 The Manchester Home Improvement and Relocation Assistance Policy needs to be continually monitored and reviewed to try and ensure that its provisions meet the needs and aspirations of its intended recipients. However, it is made clear within the Policy that the amount of assistance available is dictated by financial resources. Officers operating the Policy regularly review their capital allocations, to ensure that the assistance given is within agreed budgets.

**(c) Legal Considerations**

- 12.3 Article 3 of the Regulatory Reform (Housing assistance) (England and Wales) Order 2002 gives a local housing authority power to provide financial assistance for the purpose of improving living conditions in their area. Such assistance may not be given unless the local housing authority has adopted a policy for the provision of such assistance and they have given the public notice of such adoption. The said Policy was adopted by the City Council on 19<sup>th</sup> February 2003, came into force on 18<sup>th</sup> July 2003 and has been subject to eight revisions.
- 12.4 The legislative provisions governing disabled facilities grants (DFGs) are contained in the Housing Grants, Construction and Regeneration Act 1996 (as amended) (HGCRA 1996).

**Approval to amend the 9th Edition of the Manchester Home Improvement and Relocation Assistance Policy 2016 by the Director of Housing and Residential Growth and the Executive member for Housing.**

1. This report seeks approval to make amendments to the 9th Edition of the Manchester Home Improvement and Relocation Assistance Policy 2016 and to approve the publication of the 10<sup>th</sup> Edition of the Policy. The proposed amendments are highlighted in the attached draft 10<sup>th</sup> Edition of the Policy.

The amendments are presented within this report as two separate categories, with each having separate authority to approve:

**1.1. Amendments to Adaptation Assistance and Home Improvement Assistance, approved by the Executive on 26<sup>th</sup> July 2017**

**1.2. Other minor amendments to the Policy.**

**2. Amendments to Adaptation Assistance and Home Improvement Assistance**

2.1. On 26th July 2017, Executive approved a number of recommendations relating to Disabled Facilities Grant (DFG) funding. The proposals aim to increase accessibility to DFG funding, in order to enable more vulnerable people to be supported in their home.

2.2. The following recommendations were approved by Executive:

- Removal of the DFG means test for lower value adaptations.
- Increase in the upper limit for major Disabled Adaptation Grants from 30,000 to £50,000
- Extension of the criteria for Home Improvement Assistance, to enable the funding of additional related works or access to complimentary funding.
- Expansion of the Housing and Care and Independent Living advice service.
- Adaptation of Homelessness accommodation to support disable individuals.

2.3. The recommendations approved by Executive require amendments to two forms of Assistance within the current Policy:

- **Adaptation Assistance** - The recommendations have been introduced into the 10<sup>th</sup> Edition of the Policy as 'Discretionary Assistance'. The purpose of Discretionary Assistance is set out on paragraphs 9.4 to 9.9. The criteria for Discretionary Assistance are detailed in Appendix 8, paragraph 7 .

- **Home Improvement Assistance** - The amendments to Home Improvement Assistance are detailed in the proposed 10<sup>th</sup> Edition of the Policy at Appendix 1, paragraphs 2.3 and 2.7. These amendments will support the objectives and delivery of Discretionary Adaptation Assistance.

2.4 This report recommends that the Director of Housing and Residential Growth, in consultation with the Executive Member for Housing, approve the above amendments to the Policy.

### 3. **Minor amendments to the Policy**

3.1. On 19<sup>th</sup> October 2016 Executive approved the current 9<sup>th</sup> Edition of the Policy and delegated authority to make any future minor changes to the Policy to the Director of Housing in consultation with the Executive Member for Housing.

3.2. This report recommends that the Director of Housing and Residential Growth, in consultation with the Executive Member for Housing, use their delegated authority to approve the following minor changes:

#### **3.2.1. Paragraph 9.7 (Introduction) of the current Policy**

It is recommended that the following text is deleted from the 10<sup>th</sup> Edition of the Policy:

“The Council will utilise DFG funding to meet the cost of disabled aspects in the development of new build Disabled Person Units (DPU). DFG funding will also be utilised to reconfigure existing properties to meet the requirements of applicants with an assessed need for multiple major adaptations, subject to available resources.”

#### **3.2.2. Home Improvement Assistance (Appendix 1) paragraph 7.3.4**

It is recommended that the following text is deleted from the 10<sup>th</sup> Edition of the Policy :

“Means tested contributions will be calculated in accordance with the Statutory Test of Resources under the Regulations made under Section 30 of the Housing Grants, Construction, and Regeneration Act 1996 and the Housing Renewal Grant Regulations 1996 - SI 2890 (as amended) save that where specific personal circumstances are not taken into account by those Regulations and cause hardship as a result, the Council will assess what loan could reasonably be supported in the light of those personal circumstances.”

This report recommends deletion of the above wording because the Statutory Test of Resources is no longer appropriate for assessment of applications for Home Repairs Assistance Grants. The household income thresholds within the Statutory Test have not been updated by Central Government since 2009 and the Test does not take account of more recent Financial Conduct Authority restrictions governing the award of loans. Current applications for Assistance are assessed according to benefit status/low income, taking account of household income and outgoings and evidence of financial hardship.

**3.2.3. Energy Efficiency Assistance (Appendix 2) paragraph 4.3**

In order to clarify the availability of assistance, the following text has been inserted:

“The level of assistance will be subject to available budgets and determined by the financial status, age and individual circumstances of the assisted persons.”

**3.2.4. Relocation Assistance- Appendix 7, Paragraph 6**

“The loan amount shall be calculated in accordance with Option A, where the applicant has chosen to purchase a suitable equivalent new build or replacement property within a specific Designated Relocation Area. A Designated Relocation Area is either a) an area decided by the Executive at the time of authorising the making of the relevant compulsory purchase order, or b) any area designated by **the Director of Housing in consultation with the Chief Executive and Executive Member for Neighbourhood Services**, at any other time. Option B will apply where an applicant has decided to relocate outside of the Designated Relocation Area to any area of the city, where an equivalent property can be afforded”

It is proposed that the wording in bold be amended to: “**Director of Housing and Residential Growth in consultation with the Executive member for housing**”

**3.2.5. Capitalisation of minor aids, in excess of £1,000. Appendix 8, paragraph 7.4**

Financial regulations permit the capitalisation of equipment and aids in

excess of £1,000. These are currently funded from Children & Families revenue. It is proposed that this included in the Policy, so that expenditure can be funded from DFG. This is referred to in appendix 8, paragraph 7.4 of the amended Policy.

**3.2.6.** Amend all references to the 'Director of Housing' to 'The Director of Housing and Residential Growth'

#### 4. **Recommendations**

It is recommended that the Director of Housing and Residential Growth in consultation with the Executive Member for Housing exercise their delegated authority to agree to the above amendments.

#### 5. **Signatures**

Having considered the proposed amendments, I do/do not agree the recommendation.

Signed:

**Director of Housing and Residential Growth**

Dated:

Having considered the proposed amendments, I do/do not agree the recommendation.

Signed:

**Executive Member for Housing**

Dated:

DFG	MSIL O/O	MSIL RP elec	S'Way	One Mcr	WCH	Total
1. Budget	3482	1160	773	773	773	6961
2. Spend to Date	1423	206	151	215	353	2348
3. Committed spend	1196	96	391	400	308	2,391
4. AoN not committed	1002	88	179	408	219	1,896
5. Forecast	3406	777	721	1,023	880	6,807

Comments:

10th Edition Published 18th September 2017

£'000's

Budget 6,961 DFG & contributions

O/O 3,481 50% of residual budget

RP 3,481 50% of residual budget

RP elec 1,160 3rd of budget for M&E works, delivered by MSIL

RP 773 Individual budget for each lead provider

SAP Coding:

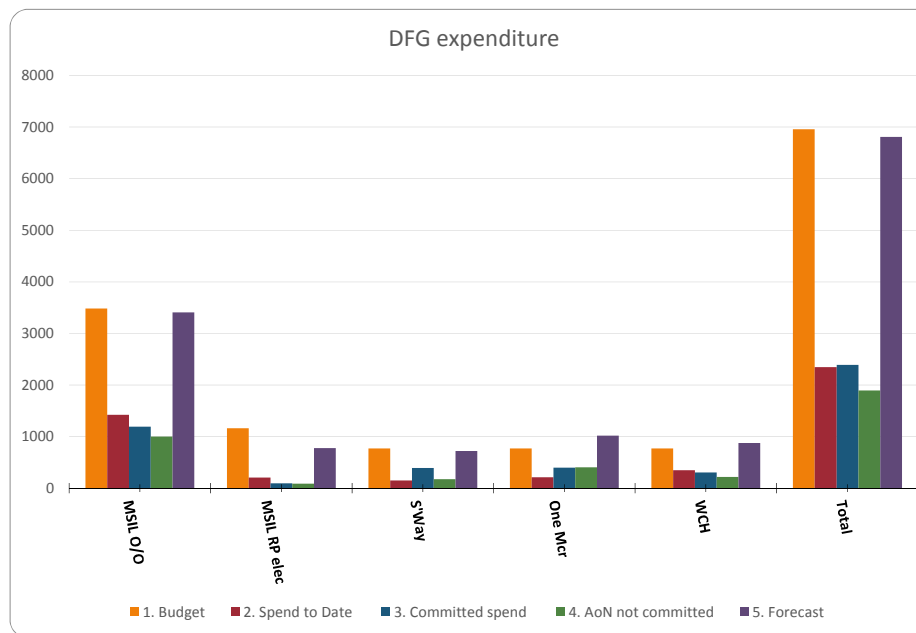
MSIL O/O C/2404/0001/01

MSIL RP Elec C/2404/0001/02

One Mcr C/2404/0001/03

Southway C/2404/0001/04

WCH C/2404/0001/05



HRA	MSIL M&E	Northwards	Total
1. Budget	300	700	1000
2. Spend to Date	94	-121	-27
3. Committed spend	87	251	338
4. AoN not committed	17	86	103
5. Forecast	182	750	932

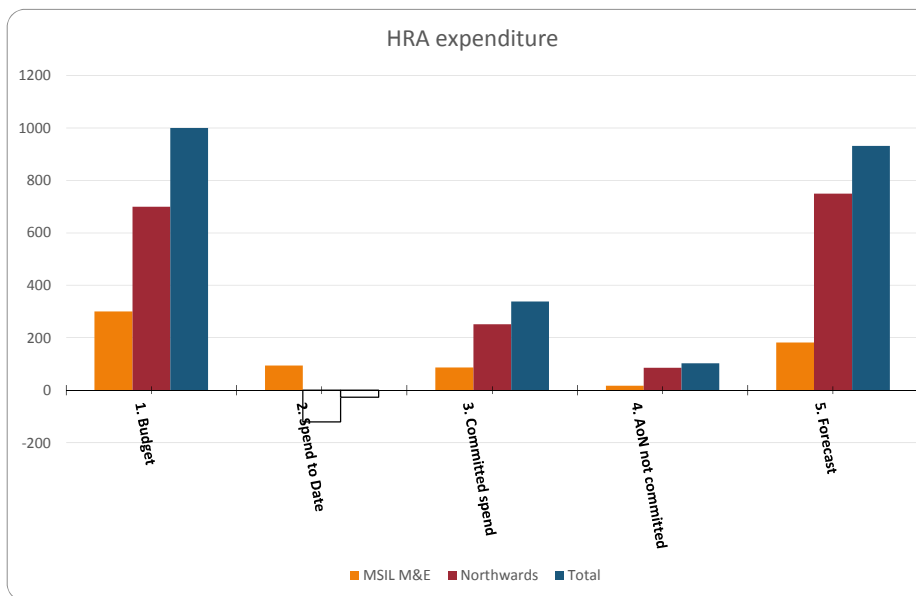
Comments:

As above, but information needed from NWH for AoN received but not yet ordered, if needed?

SAP Coding:

MSIL Electrical C/2502/0006/01 & 02

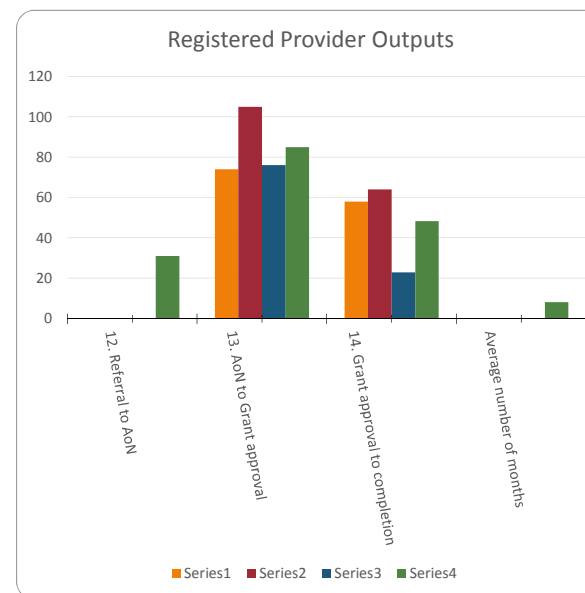
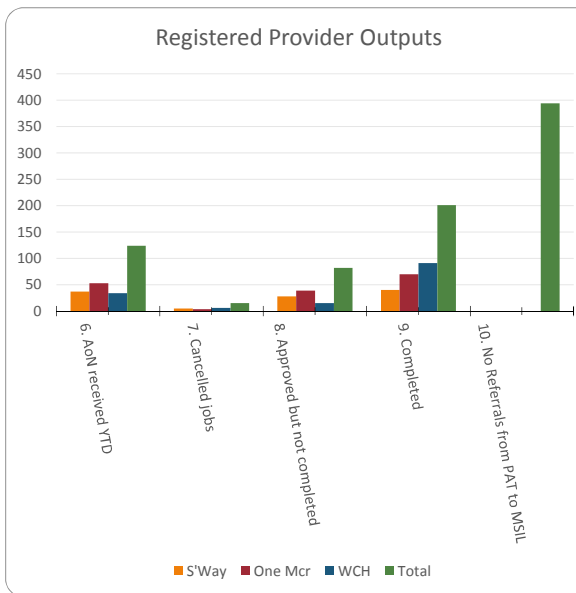
NWH C/2516/1400/02



Number of jobs	S'Way	One Mcr	WCH	Total
6. AoN received YTD	37	53	34	124
7. Cancelled jobs	5	4	6	15
8. Approved but not completed	28	39	15	82
9. Completed	40	70	91	201
10. No Referrals from PAT to MSIL				394

Average working days	S'Way	One Mcr	WCH	Average
11. Enquiry to PAT to referral				0
12. Referral to AoN				31
13. AoN to Grant approval	74	105	76	85
14. Grant approval to completion	58	64	23	48
Average number of months				8.22

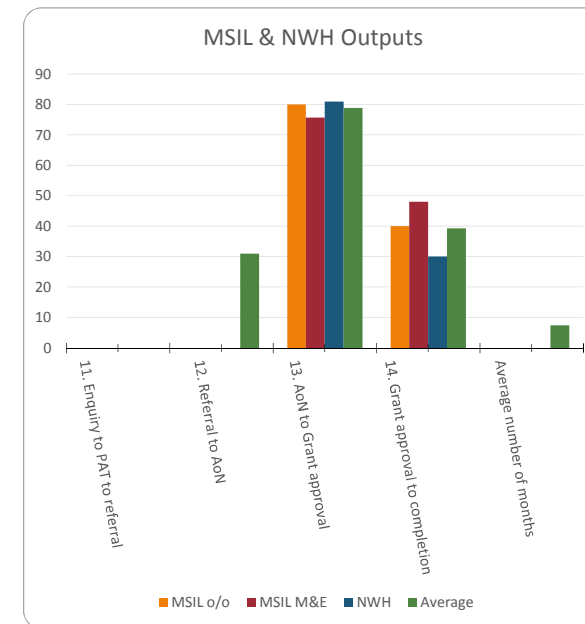
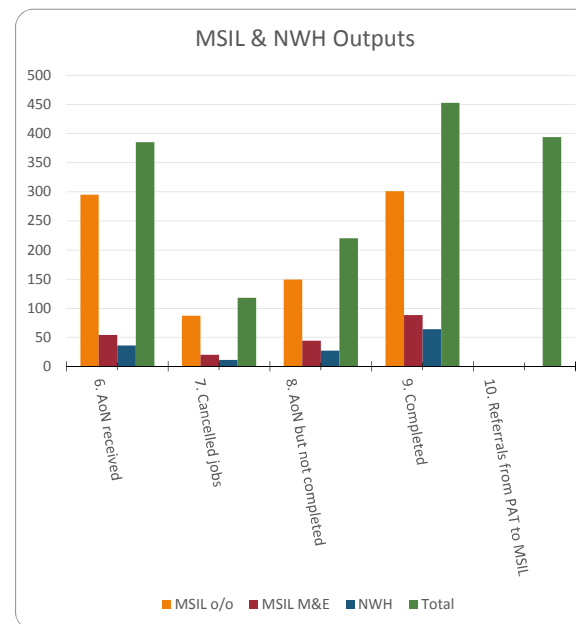
Referrals from PAT to MSIL      Number of referrals YTD  
 Enquiry to PAT to referral      Average days from initial enquiry to referral  
 Referral to AoN                      Av working days from referral to AoN  
 AoN to Grant approval              Av working days from AoN to Grant  
 Grant approval to completion      Av working days from Grant to Completion



Number of jobs	MSIL o/o	MSIL	NWH	Total
6. AoN received	295	54	36	385
7. Cancelled jobs	87	20	11	118
8. AoN but not completed	149	44	27	220
9. Completed	301	88	64	453
10. Referrals from PAT to MSIL				394

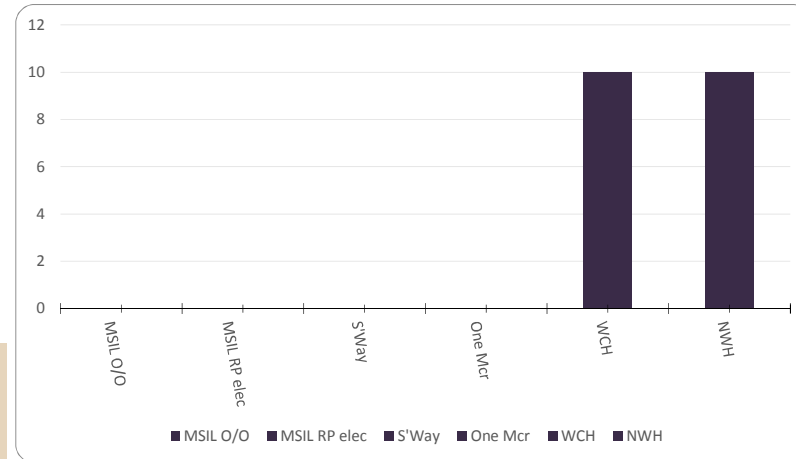
Average working days	MSIL o/o	MSIL	NWH	Average
11. Enquiry to PAT to referral				0
12. Referral to AoN				31
13. AoN to Grant approval	80	76	81	79
14. Grant approval to completion	40	48	30	39
Average number of months				7.46

Referrals from PAT to MSIL      Number of referrals YTD  
 Enquiry to PAT to referral      Average days from initial enquiry to referral  
 Referral to AoN                      Av working days from referral to AoN  
 AoN to Works Ordered              Av working days from AoN to WO  
 Works Ordered to completion      Av working days from WO to Completion



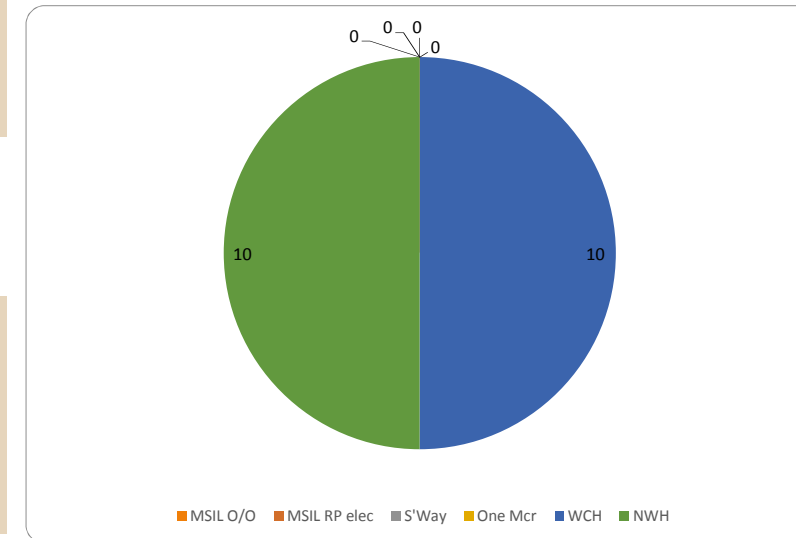
Satisfaction Level 1 to 10	MSIL O/O	MSIL RP elec	S'Way	One Mcr	WCH	NWH
Assessment by MCC staff					10	10
Time taken by MCC to assess requirements					10	10
Time between assessment and work starting					10	10
Satisfaction with work					10	10
Satisfaction with staff who carried out work					10	10
Satisfaction with service by Lead Provider					10	10
Personal needs listened to and respected					10	10
Works completed on time					10	10
Satisfied with information given					10	10
Overall satisfaction with completed works					10	10
Average Satisfaction Level	0	0	0	0	10	10

Comments **Note that these figures are for demonstration only; THEY ARE NOT REAL**  
Level of satisfaction immediately following the completion of works.  
Dashboard based on NWH survey form, to be adopted by all RPs.  
Q - can MSIL provide this data for O/O and RP electrical works?



Post Satisfaction Level 1 to 10	MSIL O/O	MSIL RP elec	S'Way	One Mcr	WCH	NWH
Quality of instruction provided for equipment			0		10	10
Are needs met by the adaptation?			0		10	10
Average Post Job Satisfaction Level	0	0	0	0	10	10

Comments **Note that these figures are for demonstration only; NOT REAL**  
Level of satisfaction roughly six months after completion of works.



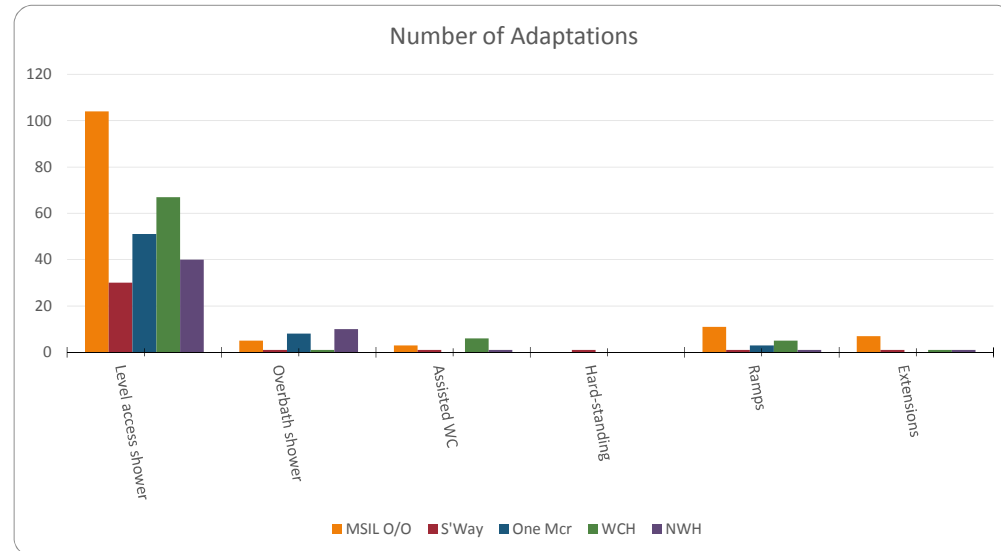
Has the adaptation helped?	MSIL O/O	MSIL RP elec	S'Way	One Mcr	WCH	NWH
To reduce the risk of falls?						
To improve your quality of life?						
To reduce the amount of help needed?						
To give you peace of mind?						
To make you feel safer?						

Comments



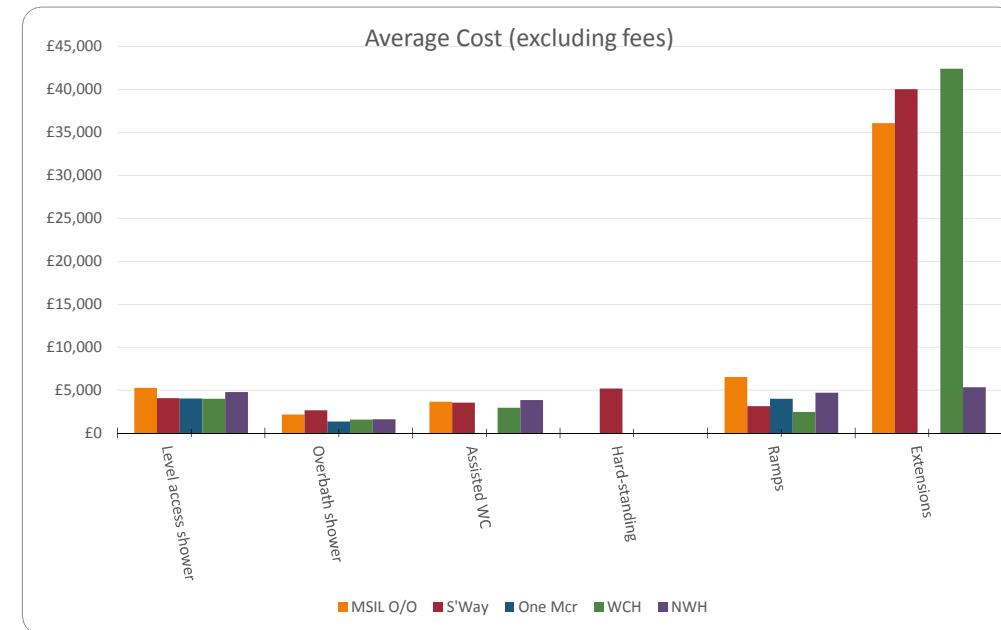
Adaptation Category - Number	MSIL O/O	S'Way	One Mcr	WCH	NWH
Level access shower	104	30	51	67	40
Overbath shower	5	1	8	1	10
Assisted WC	3	1		6	1
Hard-standing	0	1		0	0
Ramps	11	1	3	5	1
Extensions	7	1		1	1

Comments:



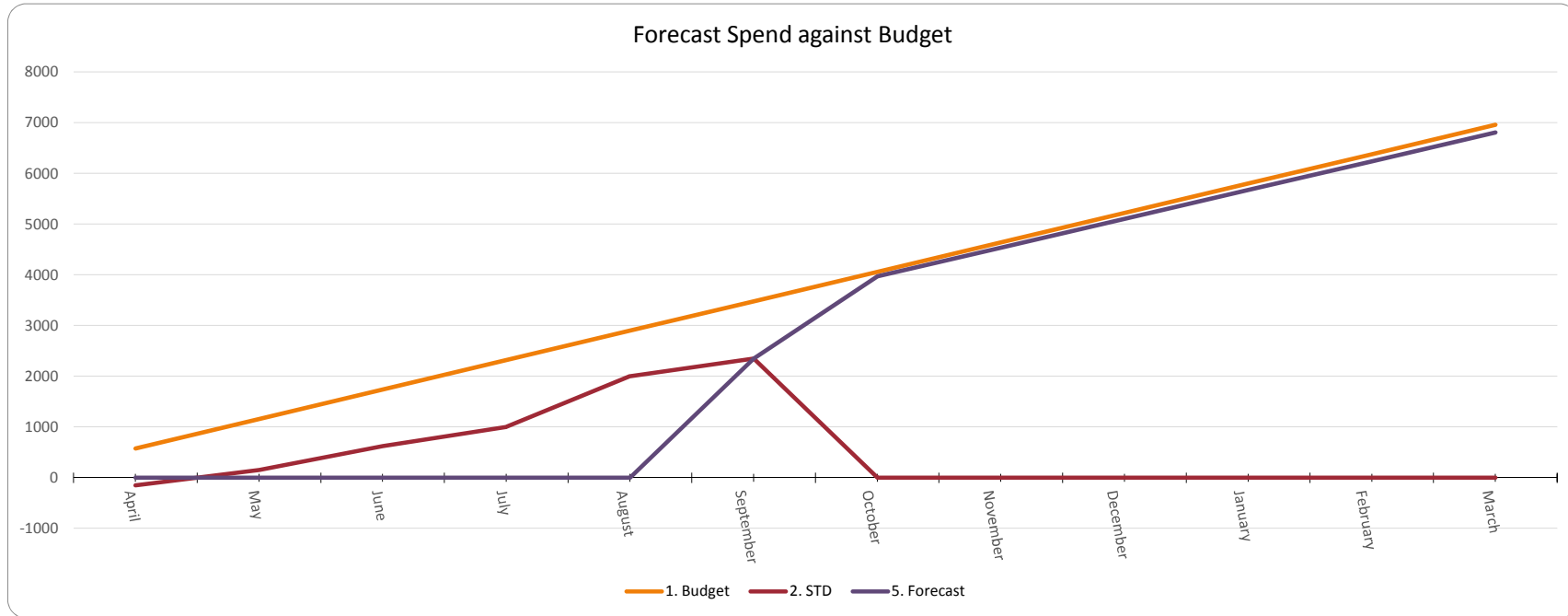
Adaptation Category - Average Cost	MSIL O/O	S'Way	One Mcr	WCH	NWH
Level access shower	£5,262	£4,043	£4,002	£3,967	£4,784
Overbath shower	£2,138	£2,630	£1,326	£1,557	£1,587
Assisted WC	£3,659	£3,549		£2,949	£3,845
Hard-standing		£5,182			
Ramps	£6,528	£3,142	£4,001	£2,445	£4,702
Extensions	£36,084	£40,064		£42,453	<b>£5,328</b>

Comments:



<b>MSIL MAJOR ADAPTATION WORKS ORDERED APRIL – OCTOBER 2017</b>						
<b>WARD</b>	<b>OO</b>	<b>PT</b>	<b>RSLs</b>	<b>Northwards</b>	<b>RSL</b>	<b>Northwards (Electrical</b>
Ancoats & Clayton	19	2	7	3	2	2
Ardwick	5	0	2	0	1	5
Baguley	12	0	16	0	2	0
Bradford	7	1	7	0	5	1
Brooklands	3	0	13	0	1	0
Burnage	18	0	12	0	6	0
Charlestown	25	0	0	13	0	7
Cheetham	24	0	3	8	0	1
Chorlton	9	0	2	0	1	0
Chorlton Park	6	1	14	0	2	0
City Centre	1	0	2	0	0	0
Crumpsall	7	3	1	1	0	0
Didsbury East	18	0	2	0	0	0
Didsbury West	3	1	9	0	0	0
Fallowfield	10	2	6	0	4	0
Gorton North	18	0	6	0	8	0
Gorton South	21	5	7	0	2	0
Harpurhey	11	1	2	15	0	6
Higher Blackley	11	0	3	14	0	5
Hulme	5	0	16	0	1	0
Levenshulme	14	1	3	0	0	0
Longsight	18	0	5	0	2	0
Miles Platting & Newton Heath	17	0	0	13	0	3
Moss Side	9	0	12	0	4	0
Moston	35	1	0	9	0	0
Northenden	21	1	13	0	2	0
Old Moat	10	0	17	0	4	0
Rusholme	13	0	10	0	4	0
Sharston	9	0	10	0	7	0
Whalley Range	18	0	4	0	1	0
Withington	14	0	6	0	0	0
Woodhouse Park	21	1	26	0	3	0
<b>TOTAL</b>	<b>432</b>	<b>20</b>	<b>236</b>	<b>76</b>	<b>62</b>	<b>30</b>

	April	May	June	July	August	September	October	November	December	January	February	March
<b>1. Budget</b>	580	1160	1740	2320	2900	3480	4060	4640	5220	5800	6380	6960
<b>2. STD</b>	-151	156	627	1000	2000	2348						
<b>5. Forecast</b>						2348	3970.75	4538	5105.25	5672.5	6239.75	6,807



### **Case study 1**

Mrs G is a 77 years old lady who has been living in residential care following a fall resulting in a fractured hip. Prior to this she lived in a maisonette with her husband and was independently mobile. It was identified that she could not return to her current address as it could not be adapted to meet her long term needs. She requires assistance with moving but is having physio input to improve strength and functional ability.

Adapted Homes team were contacted by the social worker involved with the couple who was asking for assistance with rehousing as Mrs G wanted to go home as she felt she did not require such support as provided in the residential setting. The social worker was not sure this was a feasible option and was planning long term funding for residential care. The OT from Adapted Homes team gathered relevant information and sought to source an appropriate property which might mean that Mrs G could return to living independently.

2 weeks after initial contact a 2 bed bungalow was identified and a joint visit to the property was arranged with Mr and Mrs G and their daughter who brought mum from the care home. The property was identified as being suitable, with no top up adaptations needed.

Discharge from residential care followed – this had been costing £590 per week. Bed and shower chair were ordered directly by Adapted Homes OT, meaning no delays in provision and a quick move facilitated.

### **Case study 2**

Mr A lives with his wife and 4 children in a ground floor flat, which is not adapted and is significantly over-crowded. Mr A is an above knee amputee and full-time wheelchair user. It was identified that a property with a stair-lift or ground floor facilities would be appropriate following initial OT assessment. The OT started looking for a suitable property and identified a 3 bed property which was adapted with a ramp, level access shower and a stair lift of a suitable design. The OT visited in the first instance to take measurements, check the age of the adaptations and confirm that they were likely to be suitable for Mr A. Following this a second visit to the property was arranged but with Mr A in attendance.

OT completed risk assessment of Mr A using the stair-lift safely and independently, established that no top up adaptations were required and the family moved into the house shortly after.

The required adaptations would have cost in the region of £11,000 if we had had to put them into a non-adapted property.