

REPORT TO: HOUSING COMMITTEE - 20TH AUGUST 2012

REPORT ON: CONSULTATION ON HOUSING ADAPTATIONS: OPTIONS FOR CHANGE AND IMPROVEMENT

REPORT BY: DIRECTOR OF HOUSING & DIRECTOR OF SOCIAL WORK

REPORT NO: 280-2012

1.0 PURPOSE OF REPORT

The Report contains the Council's response to the Scottish Government's consultation on Housing Adaptations: Options for Change and Improvement.

2.0 RECOMMENDATIONS

Committee is requested to note the response to the consultation, set out at Appendix 1, which has been submitted to the Scottish Government, the closing date for the consultation being 27th July 2012.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

The Scottish Government has a longstanding policy of 'shifting the balance of care'. This means enabling disabled people and older people to live independently in their own homes, instead of in hospitals or care homes. The Reshaping Care for Older People programme was established jointly by the Scottish Government, COSLA and the NHS to engage all interests in reshaping care and support services to meet policy objectives in ways that are sustainable; support independent living; and provide choice of individuals and carers.

The Adaptations Working Group was established in early 2011. It is taking forward actions on housing adaptations included in *Age, Home and Community: A Strategy for Housing for Scotland's Older People*, published in December 2011. The Group's main remit is to consider whether fundamental change to the organisation and funding of services for adaptation of existing housing stock across all tenures is required and to make recommendations to the Scottish Government in September 2012.

4.1 Need for Change

Housing adaptations play a major role in enabling older people and disabled people to live independently in their own homes. They are also a key preventative measure in that they help to support well-being, particularly for people with long term health conditions, and reduce accidents in the home, reducing emergency hospital admissions and enabling people to return home following a stay in hospital.

Older people and disabled people live and will continue to live in existing housing, rather than new build. It is, therefore, important to make the best use of existing housing stock of all tenures and types, both mainstream and specialist, and to make adaptations where necessary. There are known to be issues about the current arrangements for delivery of adaptations, particularly for owner occupiers. This is particularly important because the majority of the population (68%) live in owner occupied housing and, for people aged 60 and over, the proportion of owner occupiers is 75%. There are also increasing concerns for private tenants, reflecting growth in the private rented sector. Issues include the waiting times to receive adaptations and the complexity and variable access which currently exist because of the different organisation and funding arrangements for the different housing tenures.

4.2 Proposals

The Adaptations Working Group sets out that the delivery of housing adaptations should be based on the needs of the individual, rather than the ownership of their home. This should ensure that adaptations are prioritised for those whose need is greatest and who would benefit most. The Group has agreed a set of principles, which it believes should underpin the delivery of adaptations, the key elements of which are:

- The **person** and their carers should be placed **at the centre** of service provision and be in control.
- Support for adaptations should have a **preventative** focus.
- Adaptations should promote **enablement**.
- Access to assessment and provision should take account of need and be **fair, consistent, reliable** and **reasonable**, with a focus on prevention, and take a holistic view of a person's life.
- Assessment and access to financial and other supports for adaptation should be **equitable, fair, anti-poverty** (based on ability to pay) and complement systems for self-directed support.
- People must be able to understand the systems and rules, which should be uncomplicated and maximise the ability of the person to make choices, and to be and remain in control of the adaptation. The person and their carers should have access to up to date, **accessible** and relevant information and advice, which takes a holistic approach.

In summary the proposals include: simplification of the current processes; improving service delivery; clarity on organisational and funding responsibilities and improving information and advice.

The Council's response to consideration of the issues and the questions within the consultation are set out in the consultation response contained in Appendix 1.

5.0 **POLICY IMPLICATIONS**

This Report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management.

There are no major issues.

6.0 **CONSULTATIONS**

The Chief Executive, Director of Corporate Services, Head of Democratic and Legal Services and all other Chief Officers have been consulted on the preparation of this report. No concerns were expressed.

7.0 **BACKGROUND PAPERS**

None.

ELAINE ZWIRLEIN, DIRECTOR OF HOUSING/
ALAN BAIRD, DIRECTOR OF SOCIAL WORK

DATE: AUGUST 2012

Appendix 1

Dundee City Council response on Housing Adaptations: Options for Change and Improvement.

Question 1

Do you agree that there are issues with the current arrangements for housing adaptations, which need to be addressed?

- **If so, has the Adaptations Working Group identified the main issues?**
- **Which issues are most important to address?**

Yes. Housing adaptations play a major role in enabling older people and disabled people to live independently in their own homes. Providing adaptations has the potential to prevent hospital admissions, allowing people to return home after being in hospital as well as reducing the length of stay in hospital. Adaptations to existing homes enable individuals to continue to function in their communities with links to existing support networks.

The existing system is complex and difficult to understand; under current arrangements it is more difficult to achieve consistency and cost effectiveness; within housing there are many different funding arrangements across rented and owner occupied sectors (with a test of resources applied to owners) and there is the added complexity of equipment and adaptations funded by health and social care and those funded by the housing sector, there are different arrangements in place across Scotland.

The assertion that local systems are under increasing pressure is borne out within Dundee with the Council spending around £750k on adaptations for council tenants, the RSLs spending over £500k and around £430k of private sector housing grant being awarded each year. There is an aging population with increasing demand for minor and major adaptations putting a strain on budgets. However providing adaptations is a cost effective way of maintaining people in their existing homes and preventing hospital admissions.

The most important issues are putting the individual at the centre of the adaptations process, making it easier for them to access delivery mechanisms and have adaptations completed. Given the scarcity in resources across landlords, local authorities and NHS budgets best value needs to be obtained by best use of scarce resources and concentrating on the best outcomes, organisational priorities should be aligned around providing the best outcomes with flexibility in budgets to achieve this.

There is also the issue of equity for individuals requiring adaptations in terms of sources of funding and test of resources.

Improved arrangements between OT's from SW Departments and NHS Trusts in agreeing at an early stage individual needs and how best to adapt properties to meet these needs with reasonable assumptions for 'future proofing' could improve the service and provide better value for money.

Systems should not solely focus on adaptations for physical disability, there are an increasing number of people with a variety of needs living in the community such as those with dementia who require adjustments which can assist them to remain in their home.

Question 2

Are there parts of the current arrangements that you think work well and should not be changed?

There is considerable experience with housing organisations of designing, implementing and delivering adaptations for older people and disabled people as well as considerable experience with social work departments. The system should concentrate on using this experience going forward.

Question 3

Which of these minor (streamlining) changes do you think would improve the current arrangements for delivery of adaptations? Why?

- **Do you think these changes would be sufficient to address the issues?**

All are likely to be beneficial. The provision of information and advice should be at the core of service provision to ensure there is equality of access. Planning ahead giving due cognisance to the nature of the disability, prognosis and likely changing needs of the individual due to their condition in the medium to longer term, design and improving procurement are particularly important aspects.

A 'one stop shop' approach for the provision of information and advice accredited with the Scottish National Standards for Information and Advice Providers would ensure high quality consistent advice provision.

Although such changes would be helpful they will not address the core issues of funding etc.

Question 4

Which of the three approaches to organisational responsibility (through local housing authority, Health and Social Care Partnerships or the individual) do you believe would provide the most effective basis for the delivery of housing adaptations and the greatest benefits to people who need adaptations? Why?

Local authorities as strategic housing authorities currently work with partners to determine priorities within the Local Housing Strategy, have the lead role for adaptations within the private sector and manage large programmes for adaptations within their own housing stock. Consolidation around the local authority would mean that the local authority as the strategic authority has overall organisational responsibility.

This would also have the potential to facilitate the a 'one stop shop' approach to delivering adaptations, providing an improved service for tenants and home owners.

Health and Social Care Partnerships could be a better link between the health and social and housing needs of individuals. There certainly needs to be better coordination between housing adaptations and hospital discharge and/or prevention of admission.

However there may be a downside in that many people require adaptations who would never need SW services and integration of Health and SC partnerships is somewhat off. Health services budgets probably benefit most from adaptations but do not contribute so this might be a way of bringing services together in a more holistic way.

Question 5

Are there issues or risks with any of the three approaches to organisational delivery that are not covered above?

If organisational responsibility were consolidated around the individual requiring the adaptation this assumes the individual is capable of navigating the process or obtaining support to do so. Many older people in need of adaptations are isolated and do not know where to go to get support or are unwilling to ask others for help. This often leads to crisis admissions to hospital.

Its not clear from the consultation what this would look like therefore more information about this approach would be beneficial.

Question 6

In the context of personalisation, what are the most important things to put in place to ensure that people who need adaptations and their carers are at the centre of the process and have choices?

Ensuring that there are accurate assessment processes which are person centred and that options are discussed with individuals from the initial specification / design process.

A person centred approach is necessary but this doesn't always mean the people who need adaptations are capable of actively engaging with the process. Considerable support would be required to manage this, and to overcome the reluctance of a number of older people in particular to share information about their financial resources.

Question 7

Which of the three approaches to funding (through local housing authority, Health and Social Care Partnerships or the individual) do you believe would provide the most effective basis for the delivery of housing adaptations and the greatest benefits to people who need adaptations? Why?

This is a crucial issue. There is increasing demand for adaptations. There are a number of funding streams which have developed over time which have no particular reason. Some minor adaptations and equipment are funded/provided by local authority social work departments and the NHS. More major/physical property adaptations in private sector are grant funded through local authorities by means of private sector housing grant with an element of test of resources. Local authorities fund adaptations for their tenants through the housing revenue account with the financial burden being met by their tenants, usually with no test of resources. RSLs receive grant funding from the Scottish Government for adaptations, again with no test of resources. Therefore the crucial funding issue is to develop a fairer, more consistent way of providing adaptations across tenures.

In order to ensure best use of budgets, outcomes and simplifying service provision, funding through local authorities along with alignment of resources would be best. A collaborative approach with health and social care should be adopted.

Question 8

Are there issues or risks with any of the three approaches to funding that are not covered above?

Changes to benefits and DLA are very likely to have an adverse impact on people's ability to contribute towards the cost of adaptations. However, council and RSL tenants are currently not making any individual contribution to these costs so owners and private sector tenants could be seen to be disadvantaged, even in having to go through the process of applying for grant etc.

Question 9

Do you think we currently have the fairest arrangements for people, who have personal resources, including both income and equity in their current home, to contribute to the cost of their own adaptations?

- **If you would like to see changes, what would these be?**

Currently most systems rely on a test of resources based on household finances including income and capital. There is likely to be difficulty in assessment of equity and the ability of individuals to utilise this as a funding resource. Given the constraints on lending and qualifying criteria and that the proposed Scottish Government National Lending Agency has not developed this could leave many individuals unable to raise finance to undertake the necessary adaptations.

There is also the anomaly between the owner occupied sector where a test of resources applies and the social rented sector.

Question 10

Do you have any comments on any other issues related to the future delivery of housing adaptations, which aren't covered above? If yes, please provide details.

Individual needs are currently assessed by professionals who often treat the person as a patient or a tenant or an owner, rather than as someone central to the process. This treatment has been supported by the divisions in funding and responsibility between health, social care and housing. It is crucial there be a partnership approach which includes the person needing adaptations, their family, carers and advocates. A more consistent approach to funding is required.

Housing for varying needs standards should be mainstreamed to new build and renovation in all tenures to reduce the need for adaptations at times of crisis. For example there is a trend for private developers to build townhouses over several floors (to minimise the footprint and maximise the number of units on a site). These become totally unsuitable even if someone has a temporary injury such as a broken leg, let alone someone with developing a permanent or progressive disability.