

A New Model of Care Centred around Home Improvement Agencies

Written by David Herring, Director of HIA Consulting Ltd

I feel that I am in quite a unique position to extoll the virtues - and short-comings - of Home Improvement Agencies (HIAs), having spent time as a senior manager not only running and expanding a network of HIAs in the East of England but, in a previous life, experiencing some of the challenges of contracting to HIAs.

More recently, as a result of a personal decision to escape the "rat race", I have had the opportunity to spend some time with other operators, advising on ideas to improve services and develop new ways of working. In addition, I have got down to the "coal face" again by undertaking some freelance surveying for agencies, working directly with their often low income and vulnerable older and disabled clients to specify improvements required to their property to enable them to live independently at home.

Interestingly with David Cameron's announcement prior to the general election of extending the "right to buy" to housing association tenants, many potential clients I see exercised the right to buy on their former local authority home in the 1980s and 1990s and now find themselves living in accommodation that was never designed to adapt to their changing needs in older age. Indeed, they are now often struggling with limited financial resources to meet the cost of improvements, whether through self-funding or applying for a Disabled Facilities Grant (DFG). It will be therefore interesting if the new Conservative government pursue their pre-election promise.

A lot of the problems and challenges facing HIAs have been around for years, such as:

- a dearth of funding
- a significant excess of potential customers on account of a rapidly ageing population
- a lack of understanding in the wider society of the work HIAs do
- reductions in NHS and adult social care services with insufficient thought given to the knock on effects and, for me, and, the real concern for me,
- bureaucracy of mind-blowing proportions.

Yes, the DFG pot needs to be considerably bigger as demand for adaptations of one form or another out-strips supply by around 10:1. But how are these going to be paid for? How can we deliver a more joined up approach to better homes, better care and better lives for an increasingly ageing population?

None of this seems to have been adequately addressed as we hear cries for closer integration. Yet, HIAs are well placed to be a barometer of what's really happening on the ground. An increase in central government funding for DFGs would undoubtedly help but the £220 million set aside for local authorities for DFGs in the integrated Better Care Fund is dwarfed by the £5.3 billion allocated for health and social care service integration.

In my view, HIAs need to be better equipped to make the case for housing being recognised as an important part of the local health and social care economy. That is where my frustration with bureaucracy comes into its own as HIAs are invariably at the mercy of Local Authorities (LAs) and local NHS acute and primary care agencies to commission, administer and control what happens, often on an annual basis or as a 'pilot', without the opportunity to develop a programme of long-term interventions that deliver sustainable, healthy outcomes for those living at home.

However, while this short-termism exists real problems I have seen frequently are where there are LAs clinging on to out-dated procedures with employees resistant to change. Furthermore, their practices are not aligned with the emerging health and wellbeing agenda. The strategic thinkers therefore need to be including HIAs and older people's services at the forefront of a culture of dynamic service provisioning. All too often, I detect elements of self-preservation coming into decision making and, if we are going to get out of this cycle of mediocrity and stop behaving in a way because it's always been done like that, things need to change so we can meet the current needs and future aspirations of our ageing society.

So, in summary, I feel strongly that HIAs need to be supported and encouraged to grow. There is evidence over many years that HIAs are very adept at achieving a lot with very little support – in other words, they represent good value for money, what they need now is some freedom to act, a reduction in red tape and the decision makers to understand the key role they can play, if only they are allowed to.

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