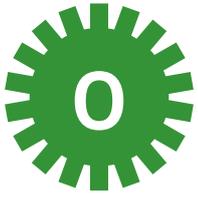


The collaborative home improvement agency

A guide for providers on how services that keep people warm, safe and secure in their own home will be commissioned and delivered in the future



Contents



P3 Overview



P5 Introduction



P8 The collaborative home improvement agency



P11 Customers exercising their power to buy



P16 Understanding and influencing commissioners



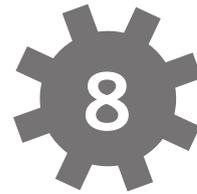
P21 Partnerships with other service providers



P24 Shaping the market – the supply of equipment and home modifications



P27 Ready to collaborate?



P28 Conclusions and recommendations

Overview

The collaborative home improvement agency gives an updated vision for the sector, and is aimed primarily at providers, but will also inform commissioners and policy makers in local government, health and wellbeing boards, health trusts and clinical commissioning groups.

Home improvement agencies (HIAs) operate in 80% of local authorities within England. Last year they dealt with over a quarter of a million customer enquiries and carried out small handyman jobs, project-managed larger repairs and adaptations, as well as providing housing information and advice, for thousands of older and disabled customers. One main source of grant funding for the sector's activities, the Disabled Facilities Grant (DFG), is now part of the Better Care Fund (BCF), and the HIA sector has a central role in the government's ambition for an integrated health and care system which promotes wellbeing at home and can provide a preventative response to reduce, delay or remove the need for costly institutional alternatives.

The next decade will see dramatic growth in the number of older people seeking help to remain at home as long as possible, while local authorities conversely face continuing pressure to reduce costs and seek efficiencies. Every local HIA needs to become an integrated piece of a much larger jigsaw of resources, products and services which can be deployed to keep a person living healthily at home. HIAs cannot remain separate and should instead actively seek out partner agencies and services which can open up new markets without demanding dramatic change to their main activities, areas of expertise or staff competencies.

Collaboration will help the sector to keep doing what it already does well. Its core strengths remain the holistic casework-based assessment of people's housing needs and aspirations, as well as the expertise in making changes to the physical fabric of the home. Beyond that, everything else might change – organisational structure, client mix, funding sources, and type of services offered. To be successful, the collaborative HIA must revisit all its key business relationships - with customers, commissioners, other providers and equipment suppliers.

The customer base for HIAs will broaden out, partly as a result of changing demographics, partly due to commissioning priorities. Services will increasingly be focussed in two areas – highly targeted services to high need individuals, and low level preventative services to a larger population of grant-eligible and self-funded individuals. With new obligations placed on local authorities under the Care Act to prevent or delay the need for care, and to provide information and advice, HIAs have a golden opportunity to become provider of choice to engage in a meaningful discussion with 'younger' old people about their long-term housing choices. Collaboration also means that HIAs can innovate with others to develop non-traditional services for new customer groups which are a high priority for local health and wellbeing boards. Why shouldn't HIAs play a part in tackling mental health, loneliness, social exclusion, obesity and diabetes, chaotic lifestyles, drug abuse, and the needs of troubled families?

There is scope for the HIA sector to become more customer-focussed and for its customers to play a larger role in the shaping and delivery of services, including volunteering opportunities; thus the sector can play a role in keeping the ageing population active, engaged and in building resilience.



A collaborative home improvement agency can respond to the varied agendas of different groups of commissioners. With local authorities receiving uplifts in DFG funding but otherwise facing funding reductions, HIAs may be called on to augment DFG delivery, even if previously not involved, as well as delivering on the new Care Act duties of ensuring wellbeing, giving care-related advice and information, and prevention. Local health and wellbeing boards will assume the role of commissioning DFG services and must be actively engaged with and made fully aware of what HIAs can contribute to public health improvement.

For health trusts and clinical commissioning groups, HIAs already provide 'home-readying' services to ease hospital discharges, prevent re-admission, and provide the means to better self-manage health conditions. The collaborative home improvement agency has examples which show that HIAs can play a much more comprehensive role in achieving successful and sustainable transitions between acute care settings and the home.

Stronger partnerships with other service providers are not only possible but necessary to ensure that proper outcomes are being achieved for individual customers, and the report provides examples of inter-agency cooperation working across a range of models.

The collaborative home improvement agency argues for a scaling up of HIA activity to address the increase in numbers of older people, including self-funders, who need assistance. In doing so, HIAs can help local authorities to shape and improve the market of products and services aimed at maintaining independence in the home. HIAs can also become more authoritative and persuasive partners to equipment manufacturers and suppliers, helping them to get the right products at the right price to market.

Our report shows that many HIAs are already collaborating successfully, and encourages HIA service providers to examine what they do well but could do better in partnership, with whom they can collaborate successfully, how they can learn from examples provided, and successfully position themselves as the 'go-to' services for healthy ageing in place.

1. Introduction

Purpose

This guidance is aimed at providers of home improvement agencies and related services, and updates our previous sector vision, Future HIA, published in 2008. It is also relevant to local authority housing adaptations teams, policy makers, and commissioners of home improvement services in local government, clinical commissioning groups and hospital trusts.

The collaborative home improvement agency examines what is changing within and beyond the current home improvement agency sector and considers the kind of independent living services which older and disabled people will increasingly need and aspire to. It provides examples of innovative practice, suggested actions, and links to other resources to help navigate the path ahead.

Foundations has been contracted by the Department of Communities and Local Government for the last fifteen years to oversee the national network of nearly 200 home improvement agencies and handyperson providers across England.

Snapshot of the home improvement agency sector in England

A national resource for older and disabled people

- Services available in **80%** of local authority areas
- Responded to over **290,000** enquiries last year
- Completed **160,000** handyperson jobs
- Project managed half of all Disabled Facilities Grant-funded home adaptations
- Providers are mix of local authority (in house) services, housing associations, charitable trusts, industrial and provident societies, and PLCs
- Different HIA services can be provided by several agencies in one location

Typical range of services offered

- Holistic, caseworker-led support
- Expertise in making changes to the physical fabric of the home
- Handyperson services
- Hospital discharge - rapid response adaptations
- Home safety and security audits
- Falls prevention
- Minor and major adaptations
- Repairs and improvements
- Information and advice
- Housing options

1. Introduction

Home improvement agencies' role delivering Better Care

In recent years health and social care have become dominant funders of the HIA sector. This trend has been further underlined by the moving of Disabled Facilities Grant into the Department of Health's Better Care Fund, the primary mechanism to drive forward transformation and integration of health and social care. Adaptations to the home funded by the DFG are considered so essential to the success of Better Care that over the term of this Parliament, the total allocation awarded to local authorities will be more than doubled¹.

Budget pressures within local government have had an impact on HIA services. A small number of HIA services have been lost altogether, while most of the sector is more firmly clustered around the delivery of DFG-funded adaptations. With much to be achieved from the increased spending on DFG, HIAs now find themselves as key players in delivering the government's Better Care ambitions.

Other opportunities beckon with the implementation of the Care Act 2014. HIAs can help local authorities to meet new statutory obligations created by the Act, such as the duties of preventing or delaying the need for care, and the provision of information and advice about care and related services. HIAs can point to their strong track record of working with clients to halt a decline towards dependency, then into crisis - predictable yet preventable outcomes when a workable home environment and the ability to maintain it are lacking.

The changes and challenges ahead

From 2014 to 2025 the number of people in the UK over 60 will increase by 25% from 14.9 to 18.5 million². With completions of new-build homes purpose-built for older people unable to match the scale of this demographic change, more than 90%³ of older people will continue to live in general housing which may not be specially designed or adapted to meet their changing requirements, and may therefore need the kind of services provided by home improvement agencies to help them maintain their independence.

Although vitally important, the DFG benefits relatively few households and a large number of older and disabled people may either not need this type of service, or be ineligible for statutory assistance due to income or savings levels. Most providers say that they provide a similar service to so-called self-funders, but current numbers suggest they are still a small minority of the people who currently receive help. A change in scale within HIA activity particularly with regard to self-funders is required to meet the Care Act's clear mandate for early preventative action delivered at home to delay or prevent the need for care.

The wider commissioning agenda is set to change fundamentally with the integration of health and care systems across England. Inevitably, more joint commissioning and broader models of targeted provision will evolve. The HIA sector needs to consider its place within a wider pool of local providers in order to remain relevant and positively contribute to the changing needs of commissioners and customers.

¹ The Autumn Spending Review 2015 confirmed that spending on Disabled Facilities Grants within the Better Care Fund would increase from £220m in 2014/15 to £500m by 2019/20

² Mid-2014 and mid-2012 population estimates, mid-2012 population projections, ONS 2013

³ Figures from the Elderly Accommodation Counsel (February 2012) indicate that 93% of older person households live in general housing and 7% live in specialist housing.

1. Introduction

Other challenges for HIAs remain due to continuing reductions in local government services, and as they move away from housing-specific funding sources, HIAs must also work harder to become recognised and valued players in a larger, more vocal, better evidenced field of health and care services. The urgency of developing a compelling business case and a robust evidence base for HIA services has intensified. The contrast in cultures between housing and health can be daunting – HIAs seek to offer a preventative alternative to an orthodoxy of spending on clinical interventions and drugs treatments which have usually been validated by extensive research. We continue to see examples of the health sector taking ‘a leap of faith’ when funding individual HIAs, and we must remain realistic about the resources which HIA services can employ in developing an evidence base. Nevertheless, HIAs will be expected to evaluate impact and measure quality of outcomes as a matter of course if they are to compete in this new world. They should also be able to account for the social value of their services within the local community.

The greatest impetus for redefining the vision for the sector comes from the dual challenge of demographic change and public services funding. Contrasting the predicted downward trends in local authority budgets with the rapidly growing numbers of older and very old people in need of help, it is clear we must move away from the inevitability of a high cost, high dependence older age to a more sustainable, preventative model of healthy ageing in place⁴. Home improvement agencies, along with much of health and care provision, need to transform yet again in order to meet this challenge.

⁴ Defined by the Centre for Disease Control as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level."



2. The collaborative home improvement agency

Our vision of the collaborative home improvement agency⁵ recognises that HIAs no longer work as isolated services but now sit squarely within the larger health and care economy, which in turn is acutely focussed on finding ways to work better together. Adapting to this new reality should not require dramatic change in terms of what HIAs 'do well' – the core strengths of the sector remain its expertise in making changes to the physical fabric of the home, and its holistic casework-based assessment of people's housing needs and aspirations. However it does mean that nearly everything else – organisational structure, customer base, funding sources, service offer - might change. Many in the sector are already collaborating effectively, as examples in this report demonstrate, but the next few years will demand changes for all agencies in the nature of their relationships with customers, commissioners, other providers and professionals, and suppliers.

A collaborative home improvement agency works actively with customers, partner organisations and other professionals to achieve shared goals and outcomes which go beyond its own service capabilities.

The collaborative home improvement agency:

- is value-driven, person-centred, customer-focused and committed to wellbeing
- works with others to prevent or delay care needs from escalating to crisis point
- works with others to target services towards high-need individuals and provides open-access low level support, information and advice
- works with others to offer high quality services to all customers, including those who are able to pay
- works with others to build and maintain a relationship of trust with customers to support them with housing choices over the long term
- recognises that it cannot provide a response to all needs and demands, and actively cooperates with a local network of services dedicated to maintaining independence, health and wellbeing in the home
- makes strategic and operational alliances with commissioners, suppliers, and providers of other services

Customers of the collaborative home improvement agency:

- are supported to make informed choices about their current home and future living arrangements
- decide their own preferred outcomes, while the agency is committed to finding the right solution to achieve them
- are likely to need repeated help as health, care and housing support needs change over time
- are supported to become more resilient and learn how to manage their home environment better
- have a crucial role in developing and improving agency services

⁵ In many localities more than one organisation provides elements of home improvement agency services, and as such are already (hopefully) adopting a collaborative approach. For such cases the terms 'agency' and 'service' are interchangeable within this document.

2. The collaborative home improvement agency

Warrington Healthy Homes Project – an example of collaborative services

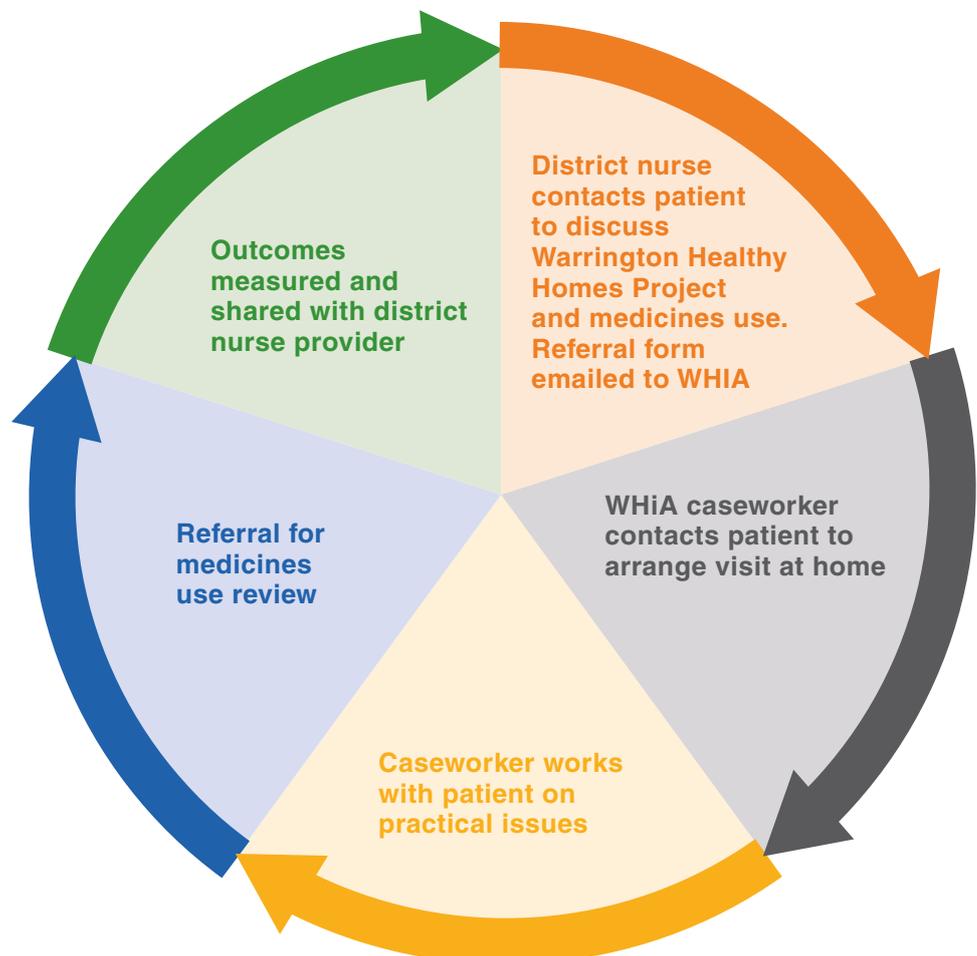
The Warrington Healthy Homes Project joins up community district nursing teams with an HIA which in turn joins it to the network of community pharmacies. A district nurse suggests a referral to the local HIA, thereby getting round the patient confidentiality issue. The HIA visits and works with patients on a range of practical issues including income maximisation, home security, adaptations and repairs, funding, and planning for the future.

The HIA then hands over to a local pharmacist who arranges a home visit with the patient to review medicines. The aim of the review is to:

- make sure the patient is clear why and how they should take the medicines, and the pharmacist will help the patient by putting simple steps in place to manage the medicines safely and make sure there are no side effects from the drugs being taken,

- assess if there are any drugs which are no longer needed or are stock piling in the home and can be discarded safely by the pharmacist, and
- check asthma patients are using their inhaler safely. During the test phase of the project, 55% of people referred were dealing with two or more long-term health conditions. Patient and HIA caseworker jointly assessed priorities for work, and the most common areas of concern were: falls, gas safety and heating, and bathing, with 46% of people identifying two or more of these. 37% of people helped by the project were aged 80 and over.

The project has recently introduced 'Frailty Checks' as part of the Healthy Homes package. This is a clinically validated self-assessment measure which covers physical health, social and emotional, and daily living. This aims to improve awareness and understanding, and detect areas of concern. If identified early enough, steps can be taken to reduce the impact of frailty and support the individual and their family.



2. The collaborative home improvement agency

Checklist - why collaborate?

- ✓ **Better outcomes** - Customers accessing collaborative HIA services alongside health and care services will experience improved quality of life and greater independence because all the services work well together and no-one “falls between the gaps”.
- ✓ **Reduced costs to commissioners** - Collaboration will reduce duplication of provision as commissioners and providers decide who is best placed to deliver. Collaboration will also generate savings, as larger contracts across a range of services can be managed by fewer commissioners.
- ✓ **Greater opportunities** - For instance, health commissioners must make year-on-year financial savings, and are looking to reduce the use of services in high cost (clinical) settings. This will create new opportunities for a collaborative HIA, particularly those with a track record of working with health services.
- ✓ **Improved services** - Providers who collaborate can get a clearer picture of how their services fit within a range of assistance provided by multiple agencies, which means that they can be better tailored to the needs of their customers.
- ✓ **Easier to stick to what you are good at** - HIAs as property experts can look to partner with other providers, for instance licensed and regulated healthcare providers, which can broaden the market for HIA services without increasing the regulatory burden on a small organisation.
- ✓ **Customers can help your business** - A collaborative approach involving customers more meaningfully will improve your service offer.
- ✓ **Survival** - If HIAs don't collaborate, other joined up providers will ultimately take their place.



3. Customers exercising their power to buy

How is the HIA customer base changing?

As our population ages, and health and social care priorities change, HIA customers will increasingly fall into two distinct categories:

Mainstream of 'young' older and disabled people

- Includes self funders/able to pay market
- Preventative focus of Care Act
- Considering their own future needs
- May be helping to support their own parents in frail old age

High-need, vulnerable people

- Targeted referrals from care and health services
- Can no longer put off decision about how to remain safe and independent at home
- At risk of hospital admission or awaiting discharge

Collaborative HIA services need a balancing act to target high-need, high-use individuals while at the same time maintaining capacity to deliver low level advice and information and sell broadly preventative services to the mainstream of older and disabled people.

With this first group of young older and disabled people, the Care Act implementation requires local authorities to provide advice and information and address unmet need in all their residents. As people get older, more in-depth conversations are needed so they are in a position to make informed choices about housing options that contribute to healthy ageing. HIAs are well placed to develop a relationship of trust with people, perhaps by offering practical assistance or general advice in the first instance, yet remaining in contact and helping people in a big conversation about their future housing requirements in due course.

A much larger cross-section of different income groups will have to balance the challenges of chronic ill health with the desire for a reasonable quality of life and it is important for HIAs to increase their service offer and their reach into the market of self-funders. However, in order for greater collaboration with wealthier citizens to thrive, older and disabled people will expect to be able to exercise much greater control and choice than was previously possible.

With the second group of high-need targeted referrals, demand will be concentrated amongst much older people having to cope with more than one long term and/or short term health condition, and dementia will be a particular focus of attention. The Alzheimer's Society has estimated that the total number of people with dementia in the UK will increase to over 1 million by 2025 and over 2 million by 2051⁶. The Prime Minister's Challenge on Dementia 2020 Implementation Plan states that people with dementia "should be supported to live independently in their own homes for as long as they are comfortable and safe to do so". It includes a commitment to consider options for supporting people with dementia (such as assistive technologies) as part of a wider review of the Disabled Facilities Grant.

⁶ <https://www.alzheimers.org.uk/statistics>

3. Customers exercising their power to buy

HIA services have always addressed the unmet needs of the many who own their own home and ensured that those people can stay there for as long as they wanted. The dignity of people first diagnosed with dementia or those in the final stages of a terminal illness must serve as a catalyst for the sector.

For people diagnosed with the early stages of dementia there is often little support or care available until cognitive function has declined to the point where personal care becomes a necessity. HIA services have the technical expertise and the capacity to make dementia-friendly design changes to someone's home that can conserve cognitive functions and delay dependence on care.

For people given a terminal diagnosis, currently 84% of people over 75 die in hospital or residential care⁷, despite two thirds saying they would like to die at home surrounded by the people and things they love⁸. Local home improvement agencies can facilitate the environmental adaptations necessary to enable community-based hospice services.

In both of the above areas an opportunity lies in preventing some of the costs arising from caring for people with dementia or dying in hospital. However, the greater benefit is derived from extending choice and control at the most difficult time of life.

Self-funded solutions – future-proofing the home environment against dementia

Care & Repair Wyre and Fylde are working with a self-funding customer who has begun an extensive programme of home modifications to enable him to live with the support of family, make use of smart home technology and hopefully slow the progression of early onset Alzheimer's disease.

The customer's home is being divided and extended to provide an open-plan living space for him and his wife on the second floor, with separate accommodation for grown-up and extended family on much of the ground and first floors. The design of the new living space includes dementia-friendly features such as large dormer windows to maximise light, which helps to naturally regulate daily activity. A lift will be installed linking to ground floor, where a hobby room, greenhouse, and secure courtyard space will provide settings to encourage social, physical and mental activity.

There is a wide and ever growing range of emerging smart home technology being tested mainly for Dementia Friendly and Age UK users. Some examples to be installed here include cabling, door entry, central heating control systems, with capability to add passive sensors and alarms as and when required, and to allow family members to monitor and control access to the house.

The agency manager chairs the local Dementia Action Alliance Steering Group and met the customer who also attended meetings as a voluntary representative. The agency works with quite a high proportion of self-funding customers, however most contact the agency as a reactive measure – following a crisis - rather than to help plan for future needs, as in this case.

The agency has been able to help the customer consider a wider range of telecare options and will provide general advice and support as the building work continues. This project is truly a collaborative effort, and the customer is working with a number of health and technology services, offering his knowledge and experience of the process to help inform the development of dementia friendly design and prototype technologies. The local authority also stands to gain vital knowledge as they plan the development of 1,400 new homes as one of the Department of Health's Healthy New Town demonstrator sites.

⁷ National End of Life Intelligence Network: Deaths in Older Adults in England (2010)

⁸ British Social Attitudes Survey (2013) - www.dyingmatters.org/sites/default/files/BSA30_Full_Report.pdf

3. Customers exercising their power to buy

Of course not all HIA customers are older people – over a quarter of Disabled Facilities Grants are provided to people under sixty⁹ - and a demand for services will continue for disabled people of working age, for families of disabled children, many more of whom are surviving longer due to advances in medical technology and improved care, and will need practical help as they transition from the family home into independent living.

Greater collaboration may give opportunities for HIAs to work with other groups of individuals who have difficulty maintaining a safe and functioning home environment, and are targeted for help by public health and wellbeing boards, for instance:

- mental health services, where a recent call has been made for published joint prevention plans between housing, health and social care¹⁰. One example would be a decluttering service which cleared the home but also dealt with hoarding behaviour – this often starts before people reach old age, and can affect mental health, increase social isolation, poor hygiene and nutrition;
- programmes to tackle unhealthy lifestyles, poor nutrition, diabetes and obesity – an HIA might have a role in joint action by health, care and education services to change behaviour and transform the lives of families by assessing, clearing, deep cleaning and repairing kitchens to enable preparation of healthy meals.

What do home improvement agency customers want?

Any housing support solution designed to encourage older and disabled people to exercise the power to buy goods and services has to work with the reality of people's lives and the grain of their aspirations:

I want to stay in my home but worry about the bills, upkeep and ability to stay.

My home is not all about capital (choice, self-esteem, identity).

Aspirations for Later Life, DWP no. 737 (2011)

I like my neighbourhood and value the friendships and associations I have.

Older Owners, Strategic Society Centre (2015)

I want a range of options and solutions.

I want a home that is not too small, i.e. two reasonably sized bedrooms but preferably three, accessible storage space, and a reasonably sized kitchen.

I want an attractive bathroom, preferably also with bath.

I want an easy to manage economical heating system.

I want to be safe from accidents and crime in my home.

I want a pleasant outlook and green space.

I want access to my community and amenities.

Market Assessment of Housing Options for Older People, Shelter and JRF (2012)

⁹ The Disabled Facilities Grant, Before and After the Better Care Fund, Mackintosh O'Connor Associates (2016)

¹⁰ [The Five year Forward View for Mental Health, Mental Health Taskforce \(2016\)](#)

3. Customers exercising their power to buy

While there is considerable research on what people want from services in their own home, it cannot take the place of locally specific market research to identify what local people might value most from their HIA services. This work on customer insight can take many forms, from individual interviews and focus groups to outcome based assessments, service exit interviews, larger scale questionnaires and formal market research. Customer insight must naturally also take into consideration the views of those other customers, namely the professionals and authorities who commission the services.

Blaby District Council – customer insight

A customer insight project commissioned by Blaby DC as part of its transformative 'Light Bulb' project across Leicestershire found that what people want from their HIA services are solutions tailored to their aspirations, HIA staff that had skills of empathy as well as expertise, and for their needs not to be considered in isolation. Charging was not thought to be a barrier and means testing and the possible provision of minimum universal services with charges for add-ons were considered acceptable. The key concern for people was for charges to be underpinned by a simple, fair and transparent approach.

Checklist - collaborating with customers

Providers (and institutional commissioners) will only be able to deliver the best outcomes for people if they collaborate with those customers at every level.

- ✓ Collaboration starts with a better understanding of the needs and aspirations of customers – achieved through listening, customer insight exercises, surveys, and analysis of responses
- ✓ Many agencies involve customers in the planning and design of services, and this should be standard practice for the collaborative HIA
- ✓ Full co-production of services stretches beyond service planning to look at potential roles of customers and the community in service delivery, not such an unusual idea for services which are about building greater independence and resilience, where past HIA clients have graduated to become handypersons, volunteers, befrienders, and community organisers.

Talking point - the 'client' word

Does the language traditionally used to describe the agency and client relationship within the HIA sector reflect the transformation of the service user from a passive recipient into an active purchaser and shaper of services?

Could other terms better express the broader, more equal, and more market-oriented relationship which the era of Better Care promotes? We have used one alternative ('customer') in this report.

3. Customers exercising their power to buy

Collaborating with older people - the Silverlinks approach

Many HIAs offer information not only about repairs and adaptations, but also about possible alternative housing.

Whilst providing factual information is important, talking to someone who has faced a similar housing situation, e.g. whether to adapt the current home or to move and who can really empathise, can help older people make this critical decision.

Drawing on the experience and knowledge of older people is the idea behind an initiative called 'Silverlinks' which has been pioneered by a number of local HIAs in partnership with Care & Repair England. It is a Big Lottery funded programme running from 2014 to 2018.

Older people, often HIA service users themselves, volunteer to share their personal housing experience with other service users. Even if an HIA employs a specialist worker to help people to move home, Silverlinks volunteers can offer older people that extra time to really talk things through.

West of England Care & Repair (WECR) is one of the early Silverlinks pioneers. Their active group of older volunteers also do a great many local talks to groups about housing decisions in later life, providing information about general housing options and telling older people about the services that WECR offers. A short film explains more about their approach - <https://silverlinksprogramme.wordpress.com/about>

There have been many added benefits to the HIAs, including having a great group of 'critical friends' who can offer valuable feedback about HIA services and ideas for new developments. And there is no better advert for an HIA than enthusiastic service users.

There are other Silverlinks projects in Nottinghamshire, Cornwall, Wigan, Northumberland, plus starting up soon in West Cumbria and with Preston Care & Repair.

Freely downloadable information, including self-training materials, workshop and presentation materials are all available on the website. www.silverlinksprogramme.wordpress.com.

Other useful examples and resources

<http://leedsdirectory.org/>

- a 'mainstream' information and advice service – a local directory of 1700 services to enable independent living, run by Leeds Care & Repair under contract to the local authority

The Better Care Fund

– How to work together across health, care and beyond (DH)

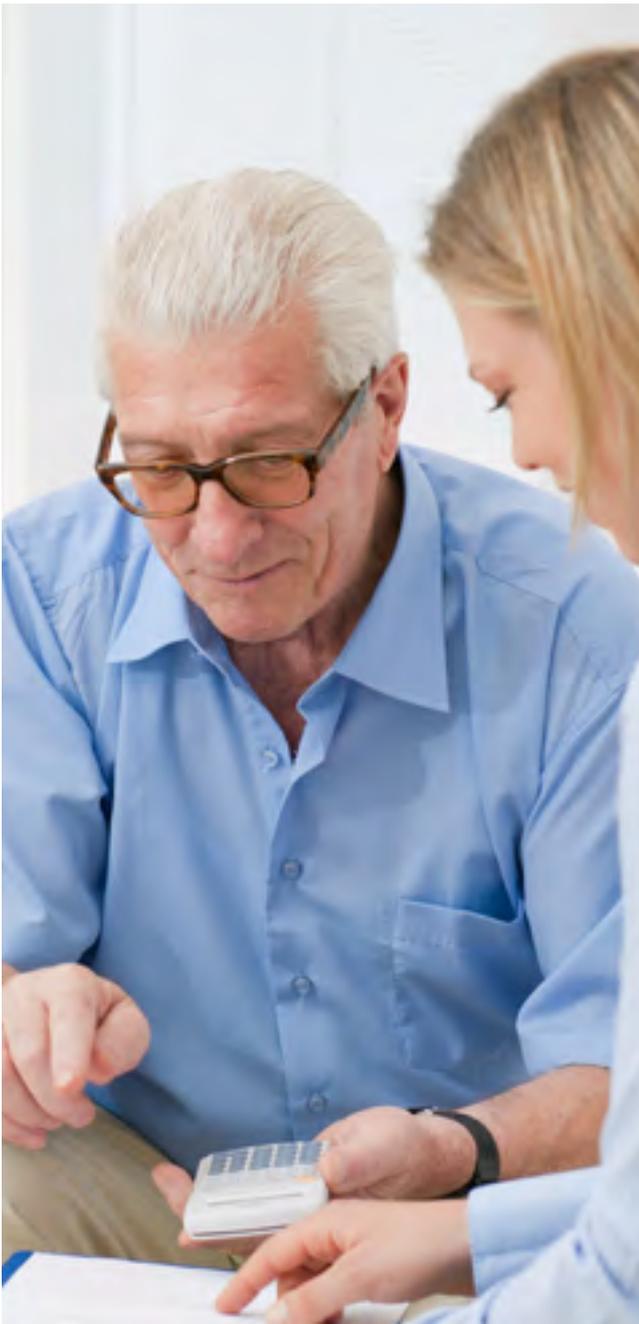
Co-production in social

care – what is it and how to do it (SCIE)

4. Understanding and influencing commissioners

The local authority

With continued savings to be made and the approaching requirement to integrate social care with health, local authority commissioners are likely to be planning a future with fewer, larger contracts and providers who can deliver across a much wider range of priorities, a process which may involve renegotiating existing contracts. The Care Act has added new statutory obligations, while the announcement of year-on-year increases in DFG allocations – starting with as much as one-and-a-half times increase for the year 2016-17 – mean that many HIAs will get a chance to work collaboratively with commissioners and play a role in shaping and delivering scaled up services.



Light Bulb Project - Leicestershire

A third of hospital admissions in those aged 75+ are avoidable – the Light Bulb Project set out to improve the way people are supported in their homes, to avoid unnecessary hospital admissions and to improve people's health and wellbeing. As part of the project, Light Bulb explored how services across Leicestershire could better join up. Light Bulb brought together services across the eight local authorities in Leicestershire in a single service with one point of contact for a wide range of housing support services.

The Light Bulb pilot commenced in July 2015, expanding into neighbouring areas towards the end of the year. The first year tested out how the service might work with the aim to expand county wide from April 2016. During the pilot, Lightbulb provided a single point of contact and assessment for:

- **assistance in adapting the home**
(this could be advice and/or finance assistance)
- **assistive technology** which helps people around the home e.g. lifeline
- **keeping people warmer** - with energy-saving advice and home improvements
- **handyperson service** – to improve safety and help avoid accidents in the home

The Light Bulb project board worked with local residents to understand their needs and build a new service that reflected these views. All eight local authorities and health and care authorities committed to deliver this new service across Leicestershire. The pilot and service redesign is co-produced with staff, service users and providers, all shaping the future service. The project secured systems transformation monies to implement Light Bulb, and the county and public health in Leicestershire, as well as district councils, are resourcing the project.

The project is committed to:

- providing a better customer experience
- making processes easier to use
- reducing duplication and confusion
- creating new opportunities for staff and providers

4. Understanding and influencing commissioners

The Health and Wellbeing Board

In charge of the Better Care Fund locally, Health and Wellbeing Boards (HWBBs) have moved into a full commissioning role in 2016/17 and have therefore become the de facto commissioners of DFG-related services. These bodies hold significant power and will be central to the work of many home improvement agencies.

A shared commitment¹¹ to ensure joint action on improving health through creating the right home environment was agreed by NHS England, the Association of Directors of Adult Social Services, Public Health England, Association of Directors of Public Health and the Department of Health. These bodies are in effect the national policy makers for the mandatory representatives of local HWBBs. There is a real opportunity for providers and stakeholders in housing to ensure the national resolve set out within the Memorandum of Understanding is reflected in similar commitments locally.

There are a number of ways of trying to influence local HWBBs. Studies have shown that housing priorities are not well represented on many HWBBs¹² and some within the HIA sector have sought to gain representation as board members. It is certainly possible for independent and some housing association-based agencies to fill the position of the voluntary sector representatives on boards. It is also possible to gain representation on other committees which influence the HWBB such as older people's partnerships.

An important route to recognition for HIA services is for agency managers to ensure that their professional network includes Health and Wellbeing Board representatives, and that these representatives have been given opportunities to find out what services an HIA can provide, as well as gain an understanding of the weaker areas or gaps in current provision. A key individual to target is the local Director of Public Health.

“

I resorted to stalking the director and bumping into her for an impromptu introduction for a meeting.

- An HIA manager confides

¹¹ [A Memorandum of Understanding \(MOU\) to support joint action on improving health through the home](#)

¹² Health and Housing: From consensus to practice, MPH Health (2014), Health and Wellbeing Boards: One Year On King's Fund (2013)

4. Understanding and influencing commissioners

Hospital trusts and Clinical Commissioning Groups (CCGs)

Increasingly HIAs are working directly with health commissioners to innovate new types of services which address health priorities. The 'traditional' hospital discharge service has been the jumping-off point for a range of experimental services which move HIAs into a much more significant role within a number of healthcare pathways.

Health commissioners will increasingly look for community based support services which enable better self-management of long term conditions in an ageing population, and will see the HIA take a role within a wider integrated service which includes home care providers, and clinical health teams.

In the year to September 2014, the project phoned some 13,150 patients being discharged from the three acute hospitals in Manchester. Of these, 60% (8000) were successfully contacted and assessed. Of those, over 20% accepted some sort of service aimed at building resilience in the days after discharge. A service providing small repairs and adaptations in the form of a handy person service helped two thirds of Home from Hospital service users to make the necessary changes to their home environment, and half of all service users benefited from the additional advice and information provided by a generic caseworker. They were enabled to maximise income, increase confidence in dealing with long-term conditions, and access additional community services.

The CCG noted a significant reduction in the number of people aged over 60 in north and central Manchester being re-admitted to hospital within 30 days. By providing interventions to make their home safer, warm and habitable, the service has helped people to feel supported and to cope in their homes, with less risk of deteriorating their emotional and psychological health and reduced risk to their physical health.

At the North Manchester General Hospital, an additional, assisted discharge service provides transport and practical help to patients to warm the home, make necessary adjustments such as repairs and adaptations, prepare beds and a simple meal, shop for immediate essentials, and re-connect with services, relatives or friends – in short, 'that little bit of extra support' that a close relative or friend would provide to someone in recuperation. This is then followed up by staff and volunteers with regular telephone and direct contact as necessary for a period of up to six weeks.

4. Understanding and influencing commissioners

Manchester Care and Repair's Home from Hospital Service

Commissioned by Pennine Acute Hospitals NHS Trust, in partnership with Manchester City Council and North, Central and South Manchester Clinical Commissioning Groups:

- provides a citywide, 'Home from Hospital' (HfH) discharge support service, working alongside the new integrated hospital teams in each of the three Manchester hospitals
- focuses on early intervention by supporting customers with moderate needs who sit outside the criteria for statutory support services
- contacts all older people over 60 who have been discharged from accident and emergency, the medical emergencies ward and other wards, and are not receiving re-ablement or social care support
- liaises with the integrated discharge teams to ensure it is aware of any adults with low level support needs
- works with community rehabilitation services, primarily re-ablement and intermediate care
- maintains a relevant knowledge bank of informal resources within the community, that may support improved health, self-management of medical conditions, lifestyle change, and social integration
- provides information, advice, and signposting to wider services including those that can assist with benefits
- works closely with key partner agencies, including the handyperson service and HIA

INSIGHT - Discharge to Assess

Hospitals are experiencing unprecedented pressure on acute beds. However, inadequately planned discharges from hospital only increase the likelihood of re-admission as people fail to cope at home or in the community. People are also more likely to agree to a move to residential care whilst still in hospital. Many CCGs are therefore testing so-called 'Discharge to Assess' projects. The aim of these projects is to move care and therapy closer to home and reduce prolonged acute hospital stays, and to ensure that patients do not have decisions made about their long term care needs whilst in hospital.

Discharge to assess projects have patients' home as the default setting for patients unless that is considered unsafe or unsuitable. These projects are initiated to address the problem of patients waiting for protracted periods of time in acute beds for social care, rehab and other assessments to be conducted, and then for onward care arrangements to be put into place. The assessments are conducted by a suitable person when someone has been moved back into the community. People may move into intermediate care, reablement services or their own home to create the space for the relevant assessments.

As the integral provider of housing support and assessments, there is clearly a place for HIAs, registered providers and housing authorities to create these places of recovery whether they be purpose built accommodation with care and support or people's own home with additional and possibly temporary modifications and packages of care and assessments. Furthermore there is an additional opportunity to contribute to the assessment of someone's future needs in their own home and the provision of options to meet those needs.

4. Understanding and influencing commissioners

Swan Housing Association Homecare and Support service

Swan Housing Association has designed a gateway service which integrates Falls Prevention, Home from Hospital and Rapid Response services. Swan Care & Repair, in partnership with a care provider, Vivo Support, and North Essex Clinical Commissioning Group have designed the service to cut hospital admissions and bed blocking. When a doctor, nurse, social worker or emergency department calls the service about a patient, they are visited at home by a care worker and handyperson within four hours. A short-term care package is co-produced, which includes a home safety check plus adaptations and personal care for up to six days.

The Swan Homecare and Support service brings together three preventative services through one central gateway. It also allows patients to move seamlessly between the different elements of the service, depending on their individual needs at the time, and offer a bespoke, flexible and personalised service to each service user. It aims to intervene in order to build personal resilience for people on the cusp of a crisis - either because their risk of falling is increasing, or there is a rise in presentations at primary and emergency medical services, or due to a deterioration in their personal confidence in sustaining independence.

The aims of the service are:

- To enable people to remain living and receiving care in their own homes
- To avoid the need for more intensive interventions and to promote self-care as well as prevention
- To ensure that unnecessary hospital and residential care admissions are avoided
- To maintain and help the person regain maximum independence
- To support carers when a crisis can threaten the stability of care and support arrangements.

Swan's Homecare and Support provides a rapid and timely integrated housing and care service, which includes personal and social care services as well as housing related services in the form of Handyperson services and Home Improvement Agency casework. It delivers to re-ablement principles, for vulnerable adults during an exacerbation of their condition, or when experiencing either a sudden or unexpected deterioration in their ability to live independently.

The scheme is able to see 87% of people referred to it within four hours and 96% of people referred elect to use it rather than be hospitalised. Between October 2014 and March 2015, the scheme has dealt with over 500 referrals in North East Essex.

The scheme also allows the service users to recover in their own home rather than in a hospital environment - research has proven that patient recovery is quicker in the home to that of a hospital environment. A social return on investment analysis demonstrates that for every £1 spent on the scheme so far, £8 was saved in additional hospital bed spaces and wider community budgets.

Useful resources

[Foundations' Housing, Health and Care Integration Toolkit](#)

5. Partnerships with other service providers

The collaborative home improvement agency understands the unique challenges of healthy ageing in place, that there will be many needs and aspirations of customers which other service providers are better at responding to, but simply making referrals and letting go is not enough. Providers must work more closely together so that outcomes articulated by older and disabled people themselves are met – an outcome cannot be recorded as a referral made to another service, instead providers need to ensure that a real positive outcome has been achieved for their customers, particularly when their service forms part of a larger package of care and support being delivered by several agencies. A small isolated local HIA service, expert at helping one part of the local authority to deliver on a particular statutory duty, will increasingly need to collaborate as its activities will be judged on the contribution it can make to the better working of the whole health and care system.

The collaborative home improvement agency will have functioning and effective joint working protocols with:

- care providers
- providers of retirement and specialist housing
- assistive technology and equipment providers
- hospice at home providers
- dementia services
- public and private providers of health and wellbeing services from GPs to community pharmacies
- hair-dressers and podiatrists.

In addition, HIAs should expect to develop much more flexible pathways between their own remit and temporary accommodation-based or hospital-based services.

In practice, collaboration may take many forms ranging from informal partnerships, contracting, and consortium bids to full scale mergers and acquisitions. It enables providers to make a bigger and broader service offer. It provides commissioners with an opportunity to lower the cost of commissioning, procurement, and contract management as fewer people are needed to manage the commissioning cycle of fewer but larger sets of activities and services

Revival Home Improvement Agency in Stoke

The agency worked with a customer where there were multiple issues to be addressed to ensure that she could remain independent in the home. The customer had become unfit for work following an accident some years ago and continued to suffer poor health. The loss of income caused debts, and health problems impacted on her mental health which led to alcohol abuse. The customer's home had no decent heating and even the hot water supply in the kitchen was affected by a faulty tap.

The customer had suffered a fall and was hospitalised, then shortly afterwards suffered a cardiac arrest and was readmitted. Her home was in poor condition, cold and damp and unsafe. The agency carried out all the practical tasks to make the home more safe and accessible, like fit a grab rails, secure curtain rails, replace light fittings and repair the hot water tap. They also managed to find funding to pay for new storage heaters.

In this case collaborative working involved not just referring the customer to services which could offer help with the other problems beyond the scope of the agency's own services, but remaining in active contact to ensure positive outcomes were achieved. For instance, referrals were made to Warm Zone who helped with a claim for Personal Independence Payment; to Step Change who were able to advise the customer about her debts and seek repayment agreements with her creditors; and to the GP, who referred the customer for a lifeline alarm through the local Falls Project and arranged for the patient transport service to assist with ongoing hospital appointments.

5. Partnerships with other service providers

Consortium delivery – Lincolnshire

Lincs Independent Living Partnership (LILP) is a consortium of six organisations integrating 16 generic service areas across health, care and housing to develop services tailored to market needs. LILP's ethos is "Stronger Together". In Lincolnshire providers were increasingly convinced that if they were to influence the expanding scope of commissioning ambitions and reduced resources, they would need to work together.

6 organisations: 2 registered housing providers, 1 Age UK, 1 hospice care provider, 1 care provider and 1 HIA formed LILP. The service offer includes:

- trusted assessment
- disabled adaptations & home improvements
- handy person
- telecare
- supported housing with care
- community services and support
- respite support
- domiciliary care
- simple aids for daily living
- information, advice, guidance & advocacy
- housing options advice
- franchised retail products & services
- domestic support
- lifestyle & hospital discharge services
- palliative & end of life care

LILP has worked together to help join up local commissioning and in turn create a cost-effective delivery partnership. It is able to offer local inclusive service solutions and can demonstrate greater impact on strategic health outcomes.

The consortium is underpinned by a joint venture agreement that enables it to fairly share risks and liabilities in any one contract. It offers advantages such as a one-stop-shop approach, shared delivery, cross marketing, and cross referrals.

There are very clear benefits to a range of stakeholders:

- Commissioners are able to purchase services from a clearly branded, resource efficient, locally managed and locally rooted provider capable of developing both the local market and supply chain.
- Customers enjoy informed access to the local provision of care and support, better focussed interventions, greater confidence, and a broader, more diversified provision.
- Providers gain access to a wider set of larger contract opportunities, learn from one another, and are able to develop better practice within the consortium.

5. Partnerships with other service providers

FirstStop Advice national service working with local partner Care & Repair Worcestershire

Care & Repair's Housing & Care Options caseworker had visited Mrs B, an owner occupier who lived in Redditch and was looking to downsize from her 4 bed detached property. Mrs B was interested in moving to a retirement village, and the caseworker had established that she would be in a position to purchase immediately, before selling her current home.

Mrs B wanted details of villages within around 20km, as well other general information about retirement villages, including reminders/checklists of questions to ask and points to remember when visiting these places. She would also welcome information about services that could help her move, and also advice on managing her money after she had moved.

The caseworker emailed a referral to the national FirstStop Advice, where an EAC Advisor generated a personal Housing Options Report for Mrs B containing:

- general information about the various forms of specialist housing for older people;
- detailed profiles of six retirement villages;
- details of three local Independent Financial Advisers;
- information about two moving home services that specialise in working for older people, and another company that provides a comprehensive moving package including all aspects of buying and selling as well as the move itself;
- information about FirstStop Legal Services, provided by FirstStop partner QualitySolicitors Truemans and offering discounted fees for conveyancing.

EAC's Advisor posted the Options Report, along with FirstStop Factsheet 17 ('Buying a retirement property'), the same day to Mrs B, copying in the Care & Repair Worcestershire caseworker electronically.

Further useful examples

[Wigan Borough Home Adaptations Service](#)

<http://seniormove.shambleton.org.uk/>

6. Shaping the market – the supply of equipment and home modifications

The Care Act gives commissioners a responsibility to 'shape the market', to ensure that the self-funded market for services such as home adaptations provides high quality products and is good value for money. This is another area where collaborative HIA providers can have significant impact and help to achieve commissioners' objectives.

Greater collaboration may also be welcomed by a private market where, for example, manufacturers of adapted bathing equipment are confronted by buyers who view their products not as a positive choice to improve later life, but rather a stigma and a blight on their home. Manufacturers in this market spend a large proportion of unit costs on marketing the 'adapted living' lifestyle, which can only be detrimental to the quality and range of equipment available. HIAs can play a part in bringing many more older and disabled people to this marketplace, and in response, manufacturers face the challenge of designing and supplying products that people truly aspire to have in their home.

One successful market shaping model is the independent living service. Commissioners in [Knowsley](#) and [West of England](#) have commissioned such centres aimed at both self- and grant-funded markets which effectively provide a showroom for a range of products, services and equipment all designed to reduce or delay demand for more complex and expensive care packages.

We have already noted another market-shaping trend whereby commissioners will seek to achieve efficiencies by delivering more services through fewer contracts. 'Next door neighbour' services to HIAs such as community equipment and assistive technology have already been placed alongside HIAs in combined service specifications. Whether through the commissioning process or through provider-led initiatives, there are opportunities for providers of HIA services, community equipment, and assistive technology to learn from each other, collaborate and make joined up service offers that are attractive to commissioners, and improve the experience of customers of those services.



6. Shaping the market – the supply of equipment and home modifications

Factfile - Community Equipment Services (CES) and HIAs

These two sectors have markedly different operational set-ups but share very similar goals in terms of promoting independent living in the home, and the commissioning of services has recently become more aligned:

- In 2011 Wiltshire Council commissioned the first integrated community equipment and home improvement agency contract
- In 2013 Warwickshire and Buckinghamshire both commissioned a community equipment service with the options of integrating home improvement services
- In 2015 Somerset Council commissioned community equipment and home improvement agencies under one contract
- In 2014-15 Millbrook Healthcare, one of the UK's largest CES providers, was contracted to provide the Dorset Accessible Homes Service which combines HIA, equipment and telecare services.

Lee Davies, Director of Millbrook Healthcare's Community Equipment Services operations, was interviewed as part of this report and felt it was important to acknowledge the synergies between HIA services and those supplied by community equipment services. The core principals and outcomes, which both services seek to achieve, overlap both in operational terms and strategic content: "accessible homes for independent living".

Lee added that greater collaboration of these services could bring about whole system benefits for commissioners, service users and organically allow both sectors to achieve greater forms of innovation. He pointed to specific benefits from a collaborative approach:

1

Single point of contact- one telephone number, a one stop contact point;

3

Enhancing the capability to achieve a single best customer record across health and social care;

5

Co-ordination of work – One footfall across the door. Multiple service delivery coordinated at the same time;

7

Multiple service delivers achieved through one customer visit.

2

Interoperability of systems – a single customer record, visibility of all forms of contact and service provision;

4

Assessments – customers are able to tell their story once and have greater ability to co-create support plans, without bumping into divisions of service delivery.

6

Financial saving – Reduce duplication and cost through centralised processing teams;

Another useful example

Sunderland – integration of HIA with telecare and community equipment services, provided by an independent trading arm.

6. Shaping the market – the supply of equipment and home modifications

Peterborough Care and Repair and Alcove

The Care and Repair team in Peterborough Borough Council are working with assistive technology partners Alcove on a pilot over the next 18 months to investigate how to bring together existing and new technologies in people's homes. The pilot scheme costs are being met by the Council as part of its Digital Strategy which is evaluating new technology options.

The agency is installing a system with door sensors (front, back, fridges, medicine cabinets) and sensors for other rooms which detect motion, temperature or light. Some pilot users may also get a watch which can be used to make an emergency call and receive notifications (for example a reminder to take medication) and some a fixed tablet with video and phone call functionality, which can be used to provide social and communication opportunities, do visual checks, as well as for reminders.

Twenty installations have been made at extra care settings and a further 80 users are being identified in the owner occupied and private rented sector. Care and Repair's data sets have been used in the identification of the potential users, and its staff will be contacting potential users to discuss the benefits of the system, visiting to demonstrate it as well as carrying out the installation at their property.

Assistive technology is evolving a more sophisticated range of tools which can be used to help maintain independence, manage downturns in a long term conditions, and rebuild resilience following a stay in hospital. For instance the Alcove systems are able to pick up on behavioural indicators of change – e.g. night-time waking linked to increased anxiety, increased bathroom usage linked to urinary tract infections. They can enhance safeguarding by detecting if a resident has fallen in the bathroom and is unable to call for help, but also alert monitoring staff and family if a carer fails to attend. The system can send text prompts to take medication and observe compliance with alerts raised if medication is not taken as expected.

Somerset Aster Living Handihelp

Somerset Handihelp is an effective service working on all three levels of prevention.

Tertiary prevention

The Somerset Handyperson service helps undertake minor works needed to facilitate discharge such as installing grab rails, key safes, telecare services, moving beds and other furniture, assembling flat-pack furniture, repairing trip hazards, minor home improvements, and small adaptations. It supported over 340 discharges last year. It is part of an integrated approach to commissioning including Clinical Commissioning Group, districts and adult social care. It also works in partnership with the community equipment provider in Wiltshire and Somerset.

Secondary prevention

Provision of telecare services through the handyperson service is aimed at supporting independence and reducing acute draw on services. This is part of the free offer of assistive technology to encourage take-up of equipment after the initial six-week trial period ends.

Primary prevention

Handyperson technicians are trained in how to convey information and advice to customers, and local 'patch' system supports promotional work by using a local "friendly face" rather than blanket leaflet drops.

The service has also worked with health and district council colleagues on a new website called Somerset Choices. This is a new central point of access to information, advice, and services brought in to support the aims of the Better Care Fund.

The website promotes groups from the private, public, community, and voluntary sectors within Somerset. The local authority was keen to ensure that this included as many large and smaller providers across the spectrum of provision, recognising that [Somerset Choices](#) will only be successful if providers helped them populate it. Aster Living Somerset was chosen to be one of the early adopters of the scheme, to showcase the website and explain to providers how to upload their services/products offered.

7. Ready to collaborate?

The examples provided in this report provide some ideas about how collaboration can work for providers of HIA and related services. The sector already operates in very different ways across a range of organisational settings, partnerships, and structures. For many people involved in delivering HIA type services, the traditional notion of the home improvement agency as one separate, specialist organisation has already disappeared. The Care Act re-emphasises the fact that one size will not fit all. Whether these housing with care services are delivered by local authorities, private companies, registered housing providers or local charities, commissioned services will need to be balanced by mainstream, attractive services able to draw in people for whom the state is the support of last resort.

Providers should be really clear not just about how much their services cost but in which way these address local priorities. They need to think about how their service fits into the local market – to some extent this will answer the next important question on how much public subsidy is required. Our experience of working with HIA commissioners and providers over fifteen years has been that no matter how much privately funded work is undertaken, some form of public subsidy will always be required in order to offer adequate levels of support and advice – in effect, the role of the caseworker – rather than simply provide a private ‘design and build’ home adaptations service.

Transformation and scaling up HIA services will require innovation. It is the service providers who will have to invent the solutions to address the priorities identified by health, care and housing commissioners because they really are the experts in their field. Innovation and the willingness to take risks and accommodate failure are predicated on a strong partnership between providers and commissioners.

Ten traits of successful HIAs

For the last decade and a half, Foundations has been working with the entire range of providers from independent ‘sole traders’ to managing agents, local authorities, and public limited companies. Much has changed in that time, yet the HIA sector has not just survived but thrived and diversified. Here are some of the characteristics that facilitate the success of some of the leading providers.



1

Inspired leadership

The best leaders are able to define and inhabit the organisational culture. They are able to inspire others to positions and acts of leadership even where no formal responsibility to lead exists and they have the resilience to make the most out of crises.



2

Clear vision, mission and objectives

Great leadership requires a clear focus. There is a striking similarity between leading HIA providers, whether within a local authority, managing agent or as an independent operator, in the clarity of the purpose of the organisation. <http://foundations.uk.com/media/4427/business-toolkit.pdf>



3

A great team

Just as leadership is a common factor, so is the value of a great team. Effective HIAs are staffed by people who share a vision and organisational objectives. Great teams are able to improve customers' experience of services by working to individual strengths and getting the mix between technical and personal support just right.

4

Effective networks

HIAs do not operate in a vacuum. Policy, procurement and spending decisions are rarely the sole preserve of the HIA even where it operates within a local authority. There has always been a correlation between effective local HIA provision and the existence of a local 'champion'. However, as the pace of change driven by the demographics and funding constraints quickens, successful HIAs are those which are able to utilise a range of connections within local political and commissioning structures.

5

A track record of performance, delivery, and results, including healthy balance sheet

As success increasingly relies on evidencing what works, leading HIAs are able to point to a record of successful delivery. As commissioners demand more mainstream services, successful HIAs are helping older and disabled people in large numbers and are able to flex service responses to target those most in need, without disappointing the legitimate expectations of 'the many', or those of funders and commissioners.

6

The capacity to adapt

The pace of change also demands HIA organisations which are light on their feet. It is no accident that independent providers have proved extraordinarily resilient in the face of the challenges provided by austerity, public sector transformation, and changing supply and demand.

7

Clear about the risks, opportunities, and strategic direction of travel locally and nationally

As the rising demands of an ageing society and falling public resource put pressure on policy makers, commissioners and providers alike, successful HIAs are finding ways to target their activities to match local priorities and meet the needs of their local communities. <http://foundations.uk.com/media/4427/business-toolkit.pdf>

8

Having the means to invest 'change capital' to support errors, risk-taking and temporary shortcomings in order to pursue a desired change

Successful innovation comes at a cost. Experimentation, investments in commercial offerings, and testing new services take a toll in time and resources. Successful HIAs have boards, managing bodies and commissioners who must be prepared to share risk. This enables them to look beyond the statutory minimum, short term profits and contract compliance to design new services and products in response to unmet need and diverse demands.

9

Open to feedback

Although the sector and many local authorities have maintained that the person exploring their needs is at the centre of their concerns, for many HIA and DFG customers the business of getting a service all too often proves to be budget- or process-led rather than needs-led. Avoid feedback and complaints processes which are bureaucratic and rule-bound. The best HIAs can find ways of fitting themselves round their customers, and when they get it wrong...

10

Confront poor performance and institute early corrective action to address it.

8. Conclusions and recommendations

Home improvement agencies started as housing-specific services, but now encompass wider support elements and are pivotal to general health and wellbeing - so many other things are possible if a person's home works well for them. Too often the home can become the enemy if it does not offer sufficient comfort, convenience and security. HIAs are now effectively funded as a 'health related service' and should behave accordingly – they cannot operate in isolation providing a one-off 'bricks and mortar only' solution which fails to join up effectively with other complementary services. The future for HIAs is one of greater collaboration and integration with related services, all concerned with promoting health, wellbeing and independence in the home.

Over the next few years home improvement agencies will be fundamental to the success of the Care Act by giving practical and preventative housing support to the rising numbers of older and disabled people. All HIA providers must take account of the impact of demographic changes on the kind of services needed in their local areas of operation. A dialogue with customers and potential customers will best achieve this and now is a good time to re-energise the relationship with HIA customers and give them a more active role in the shaping and delivery of services.

Public health priorities at a local level will also dictate much in terms of future commissioning of HIA services. HIA managers must engage with local health and wellbeing boards so that they understand these priorities as well as to sell back the positive benefits of HIAs to board members.

The basic requirements for healthy ageing in place will guide the hands of many health and care commissioners – there is an emphasis on better self-management of ongoing health conditions by people living at home, which includes understanding the links between poor housing and health, but also the effects of diet and lifestyle, community engagement, financial, emotional and psychological wellbeing. There is also an emphasis on ensuring wellbeing for 'the many' and better targeted interventions for 'the few', and HIAs will have to find ways to respond to the needs and aspirations of both groups of customers, and provide a means for health and care policy makers to construct a transition from crisis management to prevention using HIA service offers.

In order to safeguard health and wellbeing, it should become standard practice to re-contact and review progress with customers at future intervals, which builds a relationship of trust, provides a resource to customers to help build their resilience, also makes longer term service evaluation and customer insight possible, and crucially may help the agency to identify and divert future crises. One challenge arising from the Care Act is for all HIAs to engage their commissioners in a dialogue about the need for a big conversation with customers about their future housing needs, and to play in the HIA as the organisation best suited to carry out this task.

HIAs can also work more collaboratively with commissioners and suppliers to improve the local market in home improvement services. HIAs represent a vital link in the supply chain for suppliers and can use their position to influence many aspects of the market, including product range, quality and pricing, marketing and aftercare. HIAs will considerably strengthen their hand if they can demonstrate good penetration of services within both self-funded and grant-assisted markets. As this type of market-influencing is now a requirement on local authorities, HIA commissioners will also take much greater notice of this area of HIA activity, and of successful market 'interventions' in the future. Industry, in the form of the manufacturers of assistive technology and adapted living equipment, is a ready collaborator to service providers who are able to encourage better informed uptake of appropriate modifications.

There are continuing threats to the sector to be overcome. The flipside of bidding for larger contracts and combining services with other providers to grow market share is that other providers will also show more interest in the HIA delivery space. This provides all the more reason to take time now to think about what it is the agency does really well as a business and seek to do more of that. Finding partners can help HIAs to diversify into new markets without drastically changing what it is they do well.

The HIA sector has been challenged to adapt to a rapidly changing commissioning environment, respond to the emergence of a mass market for their products and services, and refocus on clients as customers with purchasing power whether grant-assisted or self-funded: people who have housing aspirations, not just needs. Innovative HIAs are increasingly collaborating with their customers, other providers, suppliers and commissioners to push the traditional HIA model into a new domain.

The collaborative home improvement agency has a bright future ahead: to become a fully integrated service provider with a core purpose of improving customer health and wellbeing, preventing and delaying care and health needs, still reliant on the traditional strengths in housing expertise and its unique staff competencies, but not wedded to traditional service structures, customer base, funding or delivery models.

Actions checklist

1. Design and offer scalable solutions, especially to self-funders.
2. Collaborate: consider your place within a wider pool of providers and contribute positively to evolving needs and to your own strengths. The whole is greater than the sum of its parts.
3. Develop compelling business cases.
4. Evaluate outcomes of new or changing services.
5. In place of high cost, high need crisis management, develop 'low cost, resilience-raising' models of provision which are sustainable in a pressurised public funding environment.
6. Revisit your vision, mission, and objectives.
7. Do market research: target high need, high use individuals and attract the mainstream.
8. Facilitate a big conversation about housing between commissioners and with customers. Housing options has to be part of the solution in an integrated community-based health and care system.
9. Design an HIA service offer for people diagnosed with dementia.
10. Respond to the express wish of people to die at home.
11. Involve customers in the planning and design of services, as well as their own personal housing solutions.
12. Engage with the local health and wellbeing board:
 - a. Utilise existing local networks
 - b. Design services that address its (JSNA) priorities
 - c. Provide evidence that these services work in terms of prevention (cost and human misery) and social value
13. Be clear how much your services cost, how they address local priorities, and fit into a wider market for goods and services.

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0300 124 0315

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