



# From Home Adaptations to Accessible Homes: Putting people at the heart of redesigning the adaptation service in Bristol

This case study gives a comprehensive account of the service review and resultant change management applied by Bristol City Council to redesign and deliver a more focused person-centred, cost-effective and efficient adaptation and accessible housing service that enables people to access a greater choice of independent living. With a backdrop of increasing demand, it describes the changes made to the service, the benefits they have brought, the challenges of altering service provision and the lessons that can be learned by other authorities.

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## Summary

Bristol is the largest city in the South West of England with a rapidly growing population. Demand for adaptations was increasing year by year but like many authorities the City Council had an adaptation service that was split between different directorates. Occupational therapists were based in Adult Health and Social Care and Children and Young People's Services and surveyors and housing officers were in the Neighbourhoods directorate. Despite making improvements, such as fast-tracking minor jobs, developing a framework contract for building work and removing the means test for works under £5,000, the experience for customers was of a service that was disjointed and slow.

An end-to-end review aimed to increase the speed of service, improve the customer experience, increase efficiency and cost effectiveness and help more people live independently. This case study describes the changes made to the service so far, the benefits it has brought, the challenges of altering service provision across directorates and the lessons that can be learned by other authorities.

The new process has been designed to put the customer at the heart of the service. There is now one manager with an integrated team of occupational therapists, caseworkers, surveyors and technicians. At the point of first enquiry a more focussed triage system directs people down different routes. People needing straightforward bathroom adaptations are now assessed in a purpose-built facility developed by the regional home improvement agency in the city centre. This is speeding up the assessment process and allowing customers to be more engaged in decision-making. Cases can be fast-tracked direct to a contractor greatly speeding up the end-to-end process.

A caseworker role has been developed to manage the customer journey, progress-chase and take administrative tasks off the OTs and surveyors. A new Rehousing OT role has been created to give customers advice and practical help with moving and to provide better links with departments dealing with new accessible housing, home choice and allocations.

Changes take time to implement so the full results will not be known for perhaps another year, but already the customer has been given a faster and more efficient service with many more options. Customer consultation has been integral to the review and a Customer Panel consisting of past users of the service, people with disabilities and those with an interest in the issues has been formed to help drive further improvements. In order to ensure the benefits get delivered, a new Process Ownership Board will make sure that the new end-to-end service is monitored and continues to improve in line with the agreed objectives.

## Adaptation services nationally

Home adaptation services help people with disabilities make changes to their home to support their independence. Adaptations range from grab rails, ramps, and level access showers through to extensions to provide new bedroom and bathroom facilities. Increasingly there is also a need to offer a broader range of services incorporating advice and practical help with moving where this provides a more effective solution and the person is willing to consider this as an option.

Nationally, adaptation services are fragmented between different departments and organisations, with health, social care, housing, environmental health, public health and the voluntary and social enterprise sectors all playing a part. The disjointed nature of services is a legacy of previous legislation which originally gave responsibility for disabled people to social services (under the 1970 Chronically Sick and Disabled Persons Act) and later made provision for social

services and Primary Care Trusts (PCTs) to have integrated community equipment stores and for minor adaptations and equipment to be provided free of charge provided applicants meet eligibility criteria (2003 Community Care, Delayed Discharges, Act). However, another piece of legislation emerged from the housing renewal activity of the 1980s which established the Disabled Facilities Grant and gave responsibility for its delivery to housing authorities (1989 Local Government and Housing Act, updated in 1996 and later amended).

For customers it has resulted in confusing and slow service pathways. The backdrop is a rising level of need as society ages and as more people with disabilities live out their lives in their own homes. For health and care organisations, effective adaptation services that enable people to remain safe and independent are vital to reduce pressure on hospital beds, on residential and nursing home provision and care services.

Streamlining adaptations fits with the transformation of social care, the personalisation agenda and the prevention agenda. The role of adaptations in preventing falls is well known. In a study of seven local authorities in 2001, 40% of recipients of major adaptations had either fallen or were in serious danger from falling before they had an adaptation to their home. In nearly all cases the adaptation removed the major risk.<sup>1</sup> As Heywood and Turner stated *“Not all adaptations save money, but where they are an alternative to residential care, prevent hip fractures or speed hospital discharge; where they relieve the burden of carers or improve the mental health of a whole household, they will save money, sometimes on a massive scale.”*<sup>2</sup>

This case study is an example of how to re-organise service delivery to provide a faster, more effective, customer-focussed service that offers people a greater choice of outcomes.

## The Bristol context

With a population of 428,200 people, Bristol is the largest city in the South West of England.<sup>3</sup> The population has grown rapidly in the last ten years and is projected to increase by an additional 18% by 2035, when it is expected to reach over half a million for the first time.<sup>4</sup> Bristol has a younger age profile than many other cities in England because of international immigration, a high birth-rate, a large student population and because it is a dynamic city which attracts people of working age. However, the 2011 Census showed that 55,800 (13%) of the population was over 65 years of age (one in eight people) and this is projected to grow to 15% of the population by 2035.

Projections by the City Council indicate that there will be a 9% increase in the number of people 85+ by 2016 rising to 19% by 2021. As people over 85 have the greatest need for home adaptations this is likely to put more pressure on the service. Detailed information from the 2011 Census is not yet available, but the 2001 census showed that 18% of people of all ages had a limiting long-term illness or disability that affected their daily life. A more recent survey, covering just private sector housing, showed that in 2011 22,000 dwellings had at least one resident with a long term illness or disability.<sup>5</sup> In 2010 21,840 people were claiming the disabled living allowance.<sup>6</sup>

<sup>1</sup> - Heywood, F. (2001), *Money well spent: the effectiveness and value of housing adaptations*, Bristol: The Policy Press.

<sup>2</sup> - Heywood, F. and Turner, L. (2007), *Better outcomes, lower costs - Implications for health and social care*.

<sup>3</sup> - Office for National Statistics (July 2012), *2011 Census - Population and Household Estimates for England and Wales*, March 2011.

<sup>4</sup> - Bristol City Council (2012), *The Population of Bristol April 2012*.

<sup>5</sup> - Bristol City Council (2011), *Private Sector House Condition Survey*.

<sup>6</sup> - Bristol City Council (2011), *Equalities Statistics – June 2011 update*.

It is hard to predict the potential demand for adaptations for children; however, medical advances mean that more children with severe disabilities are surviving infancy and demand is therefore likely to increase. At the present time, children's cases make up 10% of all completed adaptations carried out by the Bristol service, but they are often the most expensive and complex cases.

Although Bristol is economically successful and has areas of affluence, it is a city of contrasts with pockets of deprivation as bad as any in the country. High house prices have put owner occupation out of reach for many people and this sector is now in decline. The social sector is relatively static, housing around 20% of the population, but there has been a rapid rise in private renting which at 21% now exceeds social housing.<sup>7</sup> House conditions are variable and in 2011 the Bristol private sector house condition survey showed that over 16,000 adaptations were needed in this sector alone at a potential cost of nearly £50 million.<sup>8</sup>

### **The Bristol adaptations service - why change was needed**

Although Bristol is a unitary authority, prior to re-organisation the management and financing of the adaptations service was split between different organisations. The budget for equipment is held jointly by social services and the PCT. Community Occupational therapists (OTs) handling adaptations were originally based in two directorates: Adult Health and Social Care and Children and Young People's Services.

The Adult OT team, called the Independent Living Service, was further split into: a call centre and rapid response team called Swift, and three locality teams – all separately located. The OTs provided equipment and employed technicians who carried out minor works such as fitting grab rails for people in the private sector. They did the assessments for more major works, but the delivery of major adaptations was passed to the Neighbourhood Directorate's Home Adaptations Service (HAS) who hold the Disabled Facilities Grant budget and also do the adaptation work in the council stock funded from the Housing Revenue Account (HRA). One OT team handling the more complex cases was based in the same office as HAS, but was managed separately. HAS was split into two groups of surveyors and housing officers; one handled private sector cases including housing associations and the DFG and the other group managed the adaptations in the council stock.

In Bristol various new ways of working had already been introduced successfully such as:

- More effective triage with a fast-track stream for minor works and equipment;
- A new Low Cost Adaptation grant with no means test for work under £5,000 to simplify the grant process;
- An in-house agency provided technical expertise;
- The most vulnerable customers were given extra support by the external Home Improvement Agency (HIA);
- A framework agreement and schedule of rates was set up for contractors to eliminate the need to get several quotes for each job; benchmarking showed that unit costs were competitive;

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<sup>7</sup> - Bristol City Council (2012), State of the Housing Market in Bristol review – 2010/2011.

<sup>8</sup> - Op. cit.

- A local protocol was set up in 2010 with the main housing associations operating in the City which had improved communication and was bringing in more resources.

However, even with several budget increases the service was not keeping pace with demand which had risen by 40% over the previous five years. Waiting lists were growing and the service had been criticised by the Audit Commission. Due to an increase in complaints it was also subject to an internal Scrutiny Committee investigation.

## **The approach to the review**

The aim of the review was to:

- Give more people access to OT advice;
- Increase the speed of the service;
- Improve the customer experience;
- Increase efficiency and cost effectiveness;
- Help more people live independently.

The focus was the customer and their families and carers – what would enable easy access, put them at the heart of the service, make it understandable to them and deliver results within a reasonable time frame? However, there were considerable resource constraints so the project not only needed to deliver adaptations faster, but also at lower cost if the service was to increase the volume of people helped, clear waiting lists and cope with future increases in demand.

The review focussed on major work costing more than £1,000 as the minor works service was meeting target times. Just over 1,000 major adaptations were completed in 2010/11. Two thirds of these were in the public sector with the remainder for home owners, private tenants and housing association residents. The most common adaptations were to bathrooms – mainly the provision of level access showers.

An external project manager and internal business analyst were appointed to undertake the review. There were several strands:

- Looking at good practice elsewhere – in particular the adoption of lean systems thinking to streamline services;
- Learning from customers through focus groups and surveys;
- Learning from staff using individual interviews and workshop sessions;
- The collection of data on caseloads, type of work, time spent on different tasks etc.

Bristol City Council has a very effective centralised project management system with standard paperwork and a programme of support and training for project staff. The central reporting system ensures that: overlaps and connections between projects are identified at an early stage, projects stay on track financially and that learning is disseminated.

A project board was established which played a key role in the review. It was chaired by the Service Director from Strategic Housing and included the Service Managers from: Private Sector Housing, Adult Care and Re-ablement Services, the Children and Young People's Service, and Business Analysis and Process Engineering. It was supported by the Project Manager and Business Analyst. It met regularly and the seniority of staff enabled cross-directorate decisions to be made quickly.

## What the review discovered

The staff were very committed and the changes already introduced were working well. There was a good management team who were keen to see further improvements. However, the review revealed some serious issues with the service as the table below demonstrates.

**Table 1 Issues with the service**

### Speed of delivery

1. The average elapsed time for delivery of a major adaptation from first enquiry to completion of work was 71 weeks (17 months).
2. Analysis of the process showed that OTs/OTAs and surveyors were only spending about 20% of their time face to face with customers.
3. Within the 71 weeks elapsed time for each customer actual processing time only took 3 days, meaning that 70 of the 71 weeks was being lost to delays and inactivity.
4. There were two separate waiting lists for OTs and surveyors and there were inconsistencies between the waiting times in the public and private sectors.
5. Although there was a high level of satisfaction with completed work there were 57 complaints in 2010/11 with 53% relating to waiting lists and delays.

### Lack of customer focus

1. The split between different directorates resulted in separate silos with different operating systems and procedures.
2. There were professional boundaries and barriers with OTs and surveyors having strictly demarcated roles with little overlap.
3. The focus was on process and product rather than customers' needs.
4. There was little understanding of nature of demand – cases were handled in date order regardless of complexity meaning that straightforward ones were subject to long delays.
5. Due to long end to end times OTs and surveyors were seldom working on the same case at the same time which made collaboration and information sharing more difficult.
6. The process was complex for customers to understand passing as it did from one directorate to another with separate waiting lists.
7. Customers did not know who was responsible for their case or who to ring with queries.
8. When asked what parts of the service they valued customers said they wanted to see an OT, but wished the case could then go direct to the builder. They did not always understand why so many other people came to see them in-between.

### IT systems and monitoring

1. There were five different IT systems none of which were linked. The OTs had a case work system, while the surveyors used two independent property based systems for the public and private sectors. Finance and procurement also had different systems. It was not possible to track the progress of a case from first enquiry to the completion of

work imposing considerable constraints on reporting, monitoring and management.

2. Individual staff had devised a variety of time-consuming spreadsheets to try to manage the provision of information and monitoring data.

### **Management and financial responsibility**

1. The management split between directorates meant no-one was responsible end-to-end.
2. The needs assessment and referral specification carried out by OTs/OTAs was divorced from DFG/HRA budget decisions.
3. The capital budget for 2010/11 was £4.27m in total. Just to clear the surveyor's waiting list at the start of the year would cost approximately £3.9m based on average costs of £4,000 per case - not allowing for new cases throughout the year.
4. Tendered contractors were profit driven.
5. The focus was inward-looking 'fire-fighting' rather than making connections that could lead to improvements e.g. few links with health regarding hospital discharge, little attempt to see if people on the waiting list might prefer to move home, no joint working with the local disabled living centre and only limited working with the local HIA.
6. There was little attempt to look beyond public funding, to seek out other funding streams or to provide any help to those who were not eligible for social service support.
7. Although there was a satisfaction survey on completion of work there was no measurement of outcomes, whether more people were now independent, or the effect of adaptations on health or social care budgets.

The service as it was could clearly not deliver adaptations within an adequate time frame or within current budgets. Not doing anything would only serve to increase the waiting time for major adaptations. This could impact directly on a vulnerable customer group and lead to customers requiring more expensive care in the future.

### **Implementing change**

Improvements had to involve the redesign and simplification of the whole process around the customer journey in order to put the customer at the heart of the service. Exploration of what was happening in other authorities revealed many aspects of good practice. The starting point was having a single manager with an integrated team of OTs, OTAs, caseworkers, surveyors and technicians. A manager was appointed at the end of 2011 and by mid-2012 most of the new team was in place. The new service has been re-branded as 'Accessible Homes' and does not just offer adaptations, but looks at a range of options for people with disabilities including rehousing.

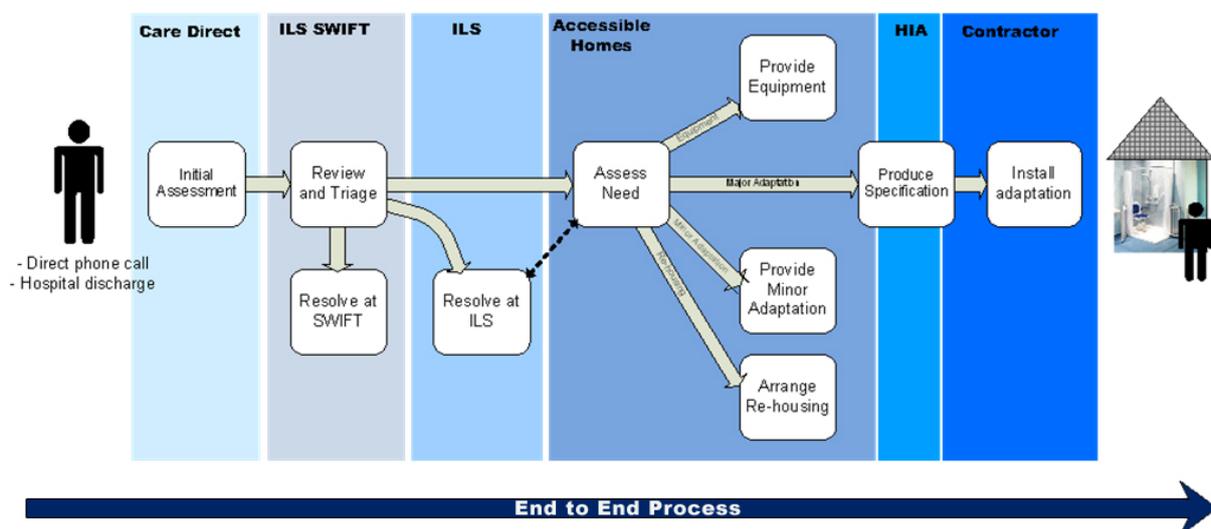
Apart from incoming calls to Adult Social Care, which are passed on to OTs in the Swift team, Accessible Homes are now in complete control of the end-to-end customer journey for adults. Children's OTs continue to sit in the Children and Young Persons' Service which is a small and closely knit team which works with children long term. These OTs will need to work more closely with Accessible Homes and take part in monitoring, planning and training to ensure consistency of approach, particularly as they handle the most expensive cases.

The process of moving staff from one directorate to another and changing the nature of roles takes time. Unions have to be consulted, job descriptions developed, posts advertised and staff interviewed. Some staff are more comfortable with change than others; fears and expectations have to be managed and training programmes developed. This was a time of change across the whole authority and the reorganisation going on elsewhere added to the uncertainty for some staff. At the same time as new processes were being introduced the current adaptation caseload had to be managed and the backlog of cases that had built up under the previous system tackled. All this placed considerable demands on all staff, but particularly on the service manager and supervisors. As a result, not all parts of the new process could be put in place at once; change inevitably has had to be incremental.

## How the new service works

There are several different elements to the new service which are illustrated in Figure 1. The main aspects of the new process are described in detail in the following section.

**Figure 1 The new end to end process**



## Better diagnostics and use of Assessment Centre

There is an emphasis on better diagnostics and triage at the start of the process so that cases requiring different levels of input can be sent down different routes. Equipment and minor works have been fast-tracked for some time, but additional new routes have been developed. As part of this process, the Swift OT team has had an input of more staff.

Bathing issues and stairlifts are the most common enquiries and the solutions are usually quite straightforward. Anyone able to travel is now invited to an Assessment Centre. This was initially piloted at 'Living' the local centre for independent living. However, this was located in the far north east of the city which deterred some people from attending. With the help of funding from the Department of Health, the new sub-regional home improvement agency has developed a well-equipped facility in Bristol City Centre where people can have a private assessment in one of the consulting rooms (Fig 2). The new centre is proving popular with both OT staff and customers. OTs/OTAs would now not want to work in any other way. The advantage for customers is that they are much more involved in decision-making as they can try out different aids and adaptation solutions and equipment can be issued very quickly. It is expected that when at full staff capacity about 40% of the 2,000 cases per year that come through the Swift call centre will be routed through the Assessment Centre.

**Fig 2 The Waterloo Home Design Centre at West of England Care and Repair**



### ***More efficient processes***

At the moment there is still a backlog of cases from the old system. Once this has been cleared it is expected that use of the Assessment Centre will reduce the demand for home visits freeing up OT time. Demands on surveyor's time should also decrease as straightforward cases from the Assessment Centre are being fast-tracked straight to the contractor. Surveyors are still involved if there are technical problems and they will continue to do final inspections to make sure the contractors keep up standards. However, freeing up the time of the most highly qualified and experienced staff will enable them to focus on the more complex cases which require greater input.

Minor works were previously handled by a team of technicians managed by the OTs in ILS. This is now under the control of the surveyors who also deal with the framework contractors. Over time this should result in less duplication of roles and greater efficiencies.

### ***Better information for customers – the caseworker role***

Caseworkers are a key element in the new processes. They were formerly called housing officers and had a purely administrative function. They are now being trained to take on a much more pivotal role in the new service. Each customer is allocated a caseworker who will track their case, answer any queries and progress chase to ensure faster end to end times. In the past it was easy for customers to get stuck on one of the numerous waiting lists, but now they have one contact point, are kept informed of progress and know someone is helping to actively manage their case. The caseworkers also provide practical help to OTs/OTAs and surveyors, for example ordering equipment or chasing contractors, allowing expert staff to spend more of their time seeing customers.

### ***Changing the culture***

The new service does not just involve a change of roles and job descriptions but a change of culture. Staff have to let go of old work practices if the customer journey is to speed up. They have to trust others, and be trusted themselves, to deliver a good standard of service. That trust includes:

- Believing that a customer will bring the right information to the Assessment Centre;
- That the customer knows what they need and may be happy with equipment – not everyone wants a shower;
- That the customer may be able to go ahead themselves without further assistance once they have had OT help and advice;
- That staff can work more flexibly and take on enhanced roles – e.g. caseworkers;
- That contractors can install a shower without always being overseen by a surveyor.

The previous fragmentation of services led to considerable variations in approach and in the solutions prescribed. By locating all adaptations staff in one office under a single manager consistency and a clear direction of travel will be much easier to obtain. Further training is in progress to develop the case-worker role, to ensure OTs/OTAs are all working to the same standards and in the future it may involve developing new cross-trained personnel with both OTA/trusted assessor and technical expertise breaking down the previous strict demarcation of roles.

For the first time, OTs and OTAs are fully aware of the adaptation budget and are working more closely as a team with the surveyors. This is beginning to alter the way adaptations are prescribed. The Assessment Centre has also brought a change of culture as OTs/OTAs have had to work together as a team to develop the new assessment process.

There is now a Case Referral Panel for more complex cases which is already delivering different solutions. Loft conversions and extensions will not be approved if a person is willing to move and as this is now discussed much earlier in the process rehousing is much more likely to be achieved.

Where home owners can afford it they are encouraged to proceed themselves using their own resources. At the Assessment Centre they can see a range of different design solutions, get help finding competent contractors and can use the Care and Repair service to manage the work. How many have gone ahead is not always easy to measure, but some examples are given in Table 2.

### ***Moving rather than adapting***

A recent survey of customers of adaptation services in Dorset identified that 22% would have been prepared to consider moving.<sup>9</sup> A Rowntree study estimated that, of families with disabled children, half would rather move than have their current home adapted.<sup>10</sup>

As a result, the new Accessible Homes service offers a broader range of options to customers than before. The initial triage identifies if people might be willing to move. If this is not picked up at the start of the process OTs and OTAs are more aware of the need to discuss the options with customers, particularly where adaptations would be very expensive, the current house is not suitable to adapt, or a move would provide a better long term solution.

A new Rehousing OT post has been included as part of the reorganised team. The post holder works closely with other departments to ensure that when accessible housing becomes available they are notified, that disabled people are given enough time to view suitable properties and

<sup>9</sup> - A survey conducted for work reported in Collingbourne, L. and Mackintosh, S. (2011), *Removing the Barriers: Joining up aids and adaptation services in Dorset*.

<sup>10</sup> - Beresford, B. and Rhodes, D. (2008), *Housing and disabled children*, York: Joseph Rowntree Foundation.

that moves can happen as smoothly as possible. There is also a plan to work more closely with the asset management team for the Council housing stock to identify suitable properties that are becoming vacant. They can then use some HRA adaptation funding to upgrade them and make them suitable for people with disabilities; for example sheltered schemes that are currently difficult to let. This will mean people can move in without having to wait for adaptations or endure the disruption of building work going on around them. The Rehousing OT is also working with staff developing new accessible homes to improve the standard of design and ensure a better match to people on waiting lists.

Flexible use of HRA and DFG funding allows removal costs, reconnection charges and other expenses to be paid if this is required to facilitate a move. So far these incentives have only been needed in one case as people have been very willing to relocate. In the first 9 months of the new Rehousing OT being in post, 26 households have moved and there are a further 74 in the pipeline. Completed moves have potentially saved £477,000 in adaptation costs.

### ***Improving IT systems***

Changing the IT system was a considerable challenge as there were no resources to enable the development of a customised approach. Improvements are being made to the entry of information for OTs/OTAs and ways of linking the five different IT systems currently in use are being developed to automate many of the tasks previously done through spreadsheets which will provide better monitoring and management data. However, this process will not be complete until mid-2013. It is hoped that the new system will have a greater focus on outcomes to establish how much the adaptation or rehousing solution has increased independence, reduced care costs or minimised the number of days in hospital.

Previously all data entry involved a return to the office to transfer information from paper forms. Staff are being provided with tablets or laptops to facilitate mobile working and to ensure that all information is kept updated on computer systems so that anyone in the team can get access in order to keep customers informed of progress. This should also reduce travel time and therefore costs and will have city-wide benefits as Bristol suffers from severe congestion.

### ***Involving customers in on-going service improvements***

In the past customers received a survey to fill in on the completion of work, but apart from that they had no input into how the service was run. Staff had little awareness of how their processes and systems impacted users. The review involved finding people in the city willing to be part of focus groups. They were drawn from people who had already received adaptations or were part way through the process. Some were disabled themselves, others were carers or parents of disabled children. To enable a different view of the service, some people who were not disabled and had never used the service were recruited through the Bristol City Council Citizens Panel. There is also a housing association scrutiny group made up of disabled people, carers and disability champions.

All these groups were consulted as changes were proposed and different staff attended each meeting so that as many people as possible heard the customer's views. There is now a standing Customer Panel who already know a great deal about the service and can be consulted on an on-going basis. Involving customers is another element which has had a big impact on changing the culture and will help to drive continual improvement.

## Expected outcomes

The new service is still not fully operational and the backlog of cases started under the old system is still being cleared. However, results so far include:

Average 'end-to-end' times have reduced from 71 weeks to 40 weeks, but this includes the backlog of cases which have been waiting for a considerable time. Straightforward cases going to the Assessment Centre and being fast-tracked to builders are still taking 26 weeks on average, but some are completed in less than 12 weeks showing what is achievable under the new system. Average times should reduce further once contractor's workloads diminish as the backlog is cleared.

Capacity is increasing through better triage, the use of the Assessment Centre, fast tracking and using caseworkers to do routine tasks to free up the time of more qualified staff.

Increased use of rehousing options is taking people off the waiting list and is likely to reduce the costs of some of the more expensive cases in future.

Net revenue savings over the next 6 years are predicted to be £609k which are being re-invested in IT improvements, more caseworkers and the specialist rehousing OT. They will also reduce baseline revenue costs at a time when the authority has to make huge savings.

**Table 2 Customers' experience of the new service – some examples of different outcomes**

Mrs C – Faster service	Outcome
<ul style="list-style-type: none"><li>• Seen at Assessment Centre</li><li>• Assessed for bath lift and step</li><li>• Also provided with bed and armchair raisers, toilet grab rail and lever taps</li><li>• All equipment demonstrated to her and delivered within a few days</li></ul>	<ul style="list-style-type: none"><li>• Able to take a bath unaided for first time in years</li><li>• High risk of fall avoided</li><li>• Mrs C very pleased</li></ul>
Mrs K – Self funder	Outcome
<ul style="list-style-type: none"><li>• Seen at Assessment Centre</li><li>• Small number of aids (bath board &amp; toilet frame) met her needs and were issued</li><li>• Interested in self-funding a new shower; she tried out various options at the centre</li><li>• 4 months later she returned the aids having had a shower installed at her expense</li></ul>	<ul style="list-style-type: none"><li>• Quick resolution to immediate needs - keeping her safe</li><li>• Given advice and choices</li><li>• Avoided long wait during which time her condition would have deteriorated</li><li>• Deflected from taking DFG</li></ul>

Mrs C – Rehoused	Outcome
<ul style="list-style-type: none"> <li>• Property accessed via steps to front door and to first floor flat</li> <li>• Unable to use bath or perching stool</li> <li>• No family support – would have needed additional homecare costs</li> <li>• Estimated cost of adaptation - £7K</li> </ul>	<ul style="list-style-type: none"> <li>• Encouraged to move home and supported to bid on 'Home Choice Bristol'</li> <li>• Level access property with shower room found</li> <li>• Minor adaptations required - £1k</li> <li>• Closer to family who are providing support – no homecare costs</li> <li>• Time from initial enquiry to move – 16 wks</li> </ul>

### Taking it forward

Having an implementation strategy is only the start – there needs to be a change in the management process. Since the conclusion of the review, a multi-agency Process Ownership Board has been established which meets monthly. A set of benefits realisation measures have been devised to track progress.

The local HIA has been re-commissioned as a sub-regional agency covering Bristol, South Gloucestershire, Bath & NE Somerset and North Somerset. Use of the new Home Design Centre has been integrated with the Assessment Centre function of Accessible Homes.

Accessible Homes will be renegotiating the framework agreement with contractors later this year and this will give an opportunity to improve services further and reduce unit costs.

The rehousing process is still being mapped out and closer links forged with teams both within and external to Bristol City Council. As adaptations sits at the boundary between many services: adult services, children's services, home care, residential care, rehousing, development of lifetime and wheelchair homes, planned programmes, sheltered housing, assisted technology, health services etc., a shared service agenda inevitably has to be part of any future developments. Links will continue to be developed between Accessible Homes and other services.

### Risks and challenges

The main risks the service has had to face as a result of the review are not having enough staff through the transition period as OTs numbers were reduced due to illness, maternity leave and delays in the transfer process causing the already large waiting list to build. Independent OTs have now been brought in to clear the backlog, new staff are being appointed and the adaptation budget has been increased to enable these cases to reach completion. For the manager and supervisors trying to develop new roles and fit in training at the same time as dealing with increased workloads has been a challenge. The final obstacle was that the revamp of the IT systems has been delayed which has made it difficult to monitor progress.

## Conclusions and lessons for other authorities

A customer-centred view is vital to ensure that change brings a real benefit to the end user. Engaging with disabled customers and their carers is not always easy, but the benefits are enormous. It is important to involve as many staff as possible in this process.

It is also essential to spend time looking at the current situation objectively. By being forensically analytical those parts of the service that need change can be correctly identified. They may be areas that are not obvious at the start; for example the small amount of time that OTs and surveyors spent face to face with customers was not apparent until specially designed time sheets were analysed.

Learn from good practice elsewhere before introducing new ideas. No single authority may have all the answers, but many have aspects that are working well that can be adopted.

Senior managers need to be involved from the start and own the changes – particularly where cross-directorate working is involved. Also involve elected council members. In Bristol they were part of a Scrutiny Commission that helped to initiate the review. By providing regular reports to members and involving them in focus groups, problems can be understood and changes sanctioned.

It is important to agree objectives and measure progress against them, and to fully capture the costs and benefits. Wherever possible, new processes should be piloted before being fully implemented. The new Assessment Centre was monitored over a six month period. Monthly meetings were held with the staff involved to make sure any problems were addressed quickly, and it continues to be reviewed.

To end the fragmentation of a service between different directorates, departments and external organisations requires an end-to-end approach to process re-design. Key stakeholders need to be engaged and a communication plan drawn up to keep them informed. This is especially important at a time when there is a great deal of re-organisation going on elsewhere in the authority.

Staff need to own the process and be encouraged to fully engage in developing their new roles. In Bristol, there was a launch of the new service where people were encouraged to picture where they are now and where they wanted to be so that the changes started to make sense. For example, this really helped the caseworkers see their new position as being at the hub of the re-engineered service working for the customers rather than having a peripheral administrative role as before. There has subsequently been a team building day to further integrate all the staff into the new service.

Implementing is not the end of the story. There is a need to use 'process ownership' and 'benefits realisation' to ensure changes are working as planned. Regular meetings also provide on-going support to the manager and supervisors as they have to operate the existing service at the same time as developing new roles and providing training.

Out of date IT systems can be a major block to progress. It is difficult to monitor the effects of this type of re-organisation if IT systems are not linked together. However, this takes time and resources and in Bristol it is the last part of the process to be put in place. Once it has been developed, the increased focus on measuring outcomes should enable more understanding of the role adaptations play in keeping people independent and safe in their own homes.

## Glossary

AH - Accessible Homes – the new re-engineered adaptation and rehousing service

DFG - Disabled Facilities Grant

HAS - Home Adaptations Service – the old service

HIA - Home Improvement Agency

HRA – Housing Revenue Account

ILS - Independent Living Service – OTs not in Accessible Homes

OT - Occupational Therapist

OTA - Occupational Therapy Assistant

SWIFT – the intake team who deal with triage and rapid response

## Contact details for further information

For information on Accessible Homes contact – Sarah Hooper, Manager

Email: [sarah.hooper@bristol.gov.uk](mailto:sarah.hooper@bristol.gov.uk)

For information on how we applied business process techniques contact - Tom Gilchrist, Service Manager Private Housing Service

Email: [tom.gilchrist@bristol.gov.uk](mailto:tom.gilchrist@bristol.gov.uk)

Website: [www.bristol.gov.uk/page/disabled-adaptations](http://www.bristol.gov.uk/page/disabled-adaptations) (the website will be updated to provide new information as the service develops)

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## Note

The views expressed in this paper are those of the author and not necessarily those of the Housing Learning and Improvement Network.

## About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing LIN is the leading 'learning lab' for a growing network of housing, health and social care professionals in England involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

For further information about the Housing LIN's comprehensive list of online resources and shared learning and service improvement opportunities, including site visits and network meetings in your region, visit [www.housinglin.org.uk](http://www.housinglin.org.uk)

The Housing LIN welcomes contributions on a range of issues pertinent to housing with care for older and vulnerable adults. If you have an example of how your organisation is closely aligned to a 'Living Lab' approach or a subject that you feel we should cover, please contact us.

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