



## City and County of Swansea

### Notice of Meeting

You are invited to attend a Meeting of the

## Scrutiny Performance Panel – Adult Services

**At:** Committee Room 3A - Guildhall, Swansea

**On:** Thursday, 20 June 2019

**Time:** 4.00 pm

**Convenor:** Councillor Peter Black CBE

**Membership:**

Councillors: V M Evans, J A Hale, C A Holley, P R Hood-Williams, Y V Jardine, P K Jones, S M Jones, J W Jones, E T Kirchner, H M Morris and G J Tanner

Co-opted Members: T Beddow and K Guntrip

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### Agenda

Page No.

- 1 Apologies for Absence.**
- 2 Disclosure of Personal and Prejudicial Interests.**  
[www.swansea.gov.uk/disclosuresofinterests](http://www.swansea.gov.uk/disclosuresofinterests)
- 3 Prohibition of Whipped Votes and Declaration of Party Whips**
- 4 (4.05pm) Appoint/Confirm Convenor of the Panel and Confirm Co-optees**
- 5 (4.10pm) Notes of previous meeting** 1 - 6  
To receive the notes of the previous meeting and agree as an accurate record.
- 6 (4.15pm) Public Question Time**  
Questions must relate to matters on the Agenda and will be dealt with in a 10 minute period.
- 7 (4.25pm) Wales Audit Office Report on Housing Adaptations** 7 - 121  
*Andrea Lewis, Cabinet Member for Homes and Energy*  
*Mark Wade, Head of Housing and Public Health*  
*Darren Williams, Programme Planning and Delivery Manager, Housing Renewals and Adaptations*

- |           |   |                  |
|-----------|---|------------------|
| <b>8</b>  | <b>(5.05pm) Panel Review of the Year 2018/19 and draft Work Programme 2019/20</b> | <b>122 - 126</b> |
| <b>9</b>  | <b>(5.25pm) Correspondence received by Convener of the Panel</b>                  | <b>127 - 129</b> |
| <b>10</b> | <b>(5.45pm) Letters</b>   | <b>130 - 172</b> |
|           | a) Letter to Cabinet Member (16 April 2019 meeting)                               |                  |
|           | b) Response from Cabinet Member (16 April 2019 meeting)                           |                  |

**Next Meeting:** Tuesday, 30 July 2019 at 4.00 pm

*Huw Evans*

**Huw Evans**  
**Head of Democratic Services**  
**Tuesday, 11 June 2019**  
**Contact: Liz Jordan 01792 637314**

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# Agenda Item 5



City and County of Swansea

## Notes of the **Scrutiny Performance Panel – Adult Services**

Committee Room 5 - Guildhall, Swansea

Tuesday, 16 April 2019 at 3.30 pm

**Present:** Councillor P M Black (Chair) Presided

**Councillor(s)**

G J Tanner  
Y V Jardine  
E T Kirchner

**Councillor(s)**

C A Holley  
P K Jones  
H M Morris

**Councillor(s)**

P R Hood-Williams  
S M Jones

**Co-opted Member(s)**

T Beddow

**Other Attendees**

Mark Child

Cabinet Member - Care, Health & Ageing Well

**Officer(s)**

Peter Field

Principal Officer Prevention, Wellbeing and  
Commissioning

Liz Jordan

Scrutiny Officer

Deborah Reed

Interim Head of Adult Services

**Apologies for Absence**

Councillor(s): J A Hale and J W Jones

Co-opted Member(s): Katrina Guntrip

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**1 Disclosures of Personal and Prejudicial Interests.**

Disclosures of interest – Chris Holley.

**2 Notes of previous meetings**

The Panel agreed the notes of the meeting on 19 March and 26 March as an accurate record of the meeting.

**3 Public Question Time**

No members of the public were present at the meeting.

**4 Update on Adult Services Improvement Plan**

Deborah Reed, Interim Head of Adult Services updated the Panel on the Adult Services Improvement Plan.

Discussion points:

- Panel does not agree with savings methodology used and is concerned savings are being classed as income rather than deferred costs.
- A bid has been submitted to support another five Local Area Coordinators (LACs) and a deputy team leader. Three to be appointed as soon as possible and another two later in the year.
- Panel would like to see performance indicators that show the value of Local Area Coordinators and the value they are adding. The Authority is going to see if it can import the 'Wiltshire tool' to enable it to do this. Cabinet Member agreed to provide academic reports to evidence LACs are saving twice as much as they cost.

Actions:

- Cabinet Member to provide academic reports on Local Area Coordinator savings.

## **5 WAO report on Commissioning of Accommodation Services for People with Learning Disabilities - Follow up on progress with recommendations**

Peter Field, Principal Officer, Prevention, Wellbeing and Commissioning followed up on progress with recommendations from Wales Audit Office on commissioning of accommodation services for people with learning disabilities.

Discussion points:

- Re-tendering process was open to all providers but no new ones applied.
- Panel feels a simple route map (diagram) is needed on the range of services available to support people with learning disabilities.
- The Authority tried to involve 'hard to reach' service users in the consultation. All service users were contacted and invited to participate in the consultation and independent advocates were involved.
- Panel would like to know what the Authority is currently commissioning and requested further information on this.
- Panel asked about engagement with carers. An Equalities Scrutiny Inquiry is currently underway, and was informed by the Carers Centre that carers and parents are concerned about engagement with social workers. Panel look forward to seeing the report when completed.

Actions:

- Further information on what the Authority is currently commissioning to be provided to the Panel for information.

## **6 Work Programme Timetable**

The Panel considered the work programme and the items scheduled for the first meeting of the new municipal year.

**7 Letters**

Letter received and considered by the Panel.

The meeting ended at 5.30pm.



**To:**  
**Councillor Mark Child**  
**Cabinet Member for Care, Health & Ageing**  
**Well**

*Please ask for:* Scrutiny  
*Gofynnwch am:*  
*Scrutiny Office* 01792 637314  
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*e-Bost:*  
*Date* 13 May 2019  
*Dyddiad:*

**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 16 April 2019. It covers the Adult Services Improvement Plan and the follow up on progress with recommendations from WAO report.

Dear Cllr Child

The Panel met on 16 April to discuss the Adult Services Improvement Plan and follow up on progress with recommendations from the WAO report on commissioning of accommodation services for people with learning disabilities. We would like to thank you, Deb Reed and Peter Field for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

### **Adult Services Improvement Plan**

We were updated on progress to date and the associated savings. We informed you that we do not agree with the savings methodology used and are concerned that savings are being classed as income rather than deferred costs.

We were informed that a bid has been submitted to support another five Local Area Coordinators (LACs) and a deputy team leader and that three would be appointed as soon as possible and another two later in the year. We were pleased to hear this but are concerned about the uncertainty of future funding for these posts.

#### **OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

SWANSEA COUNCIL / CYNGOR ABERTAWE

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We informed you that we would like to see performance indicators that show the value of Local Area Coordinators and the value they are adding. We heard that the Authority is going to see if it can import the 'Wiltshire tool' to enable it to do this. You also agreed to provide academic reports to evidence that LACs are saving twice as much as they cost.

### **Progress addressing WAO Recommendations relating to Strategic Commissioning of Accommodation Services for Adults with Learning Disabilities**

We heard that the re-tendering process was open to all providers but no new ones applied.

We informed you that we feel a simple route map (diagram) is needed on the range of services available to support people with learning disabilities.

We were informed that the Authority tried to involve 'hard to reach' service users in the consultation. We heard that all service users were contacted and invited to participate in the consultation, and that independent advocates were involved.

The Panel would like to know what the Authority is currently commissioning and requested further information on this.


We asked about engagement with carers. We informed you that an Equalities Scrutiny Inquiry is currently underway and members of that Panel were informed by the Carers Centre that carers and parents are concerned about engagement with social workers. We look forward to seeing the report when completed and will then decide if we require further briefing on this area.

### **Your Response**

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised but please provide a written response by Wednesday 12 June 2019 to the following:

1. Provide academic reports to evidence LACs are saving twice as much as they cost.
2. Provide further information on what the Authority is currently commissioning.

Yours sincerely



**PETER BLACK**

**CONVENER, ADULT SERVICES SCRUTINY PANEL**  
**CLLR.PETER.BLACK@SWANSEA.GOV.UK**



# Agenda Item 7



## Report of the Cabinet Member for Homes and Energy

### Adult Services Scrutiny Performance Panel – 20<sup>th</sup> June 2019

## Progress in implementing the Recommendations of the Wales Audit Office review of Housing Adaptations in Wales

<b>Purpose</b>	To provide an overview of the Wales Audit Office review of Housing Adaptations in Wales and present progress made in implementing locally the recommendations listed in the report.
<b>Content</b>	This report includes a background to the Wales Audit Review of Housing Adaptations, recommendations on improvements and progress made both nationally and locally in implementing these recommendations.
<b>Councillors are being asked to</b>	Endorse the recommendations of the Wales Audit Office review of Housing Adaptations in Wales and consider the progress made both nationally and locally in implementing the recommendations listed in the report.
<b>Lead Councillor(s)</b>	Andrea Lewis, Cabinet Member for Homes and Energy.
<b>Lead Officer(s)</b>	Mark Wade Head of Housing and Public Health.
<b>Report Author</b>	Darren Williams Programme Planning and Delivery Manager – Renewals and Adaptations Tel 635351; darren.williams@swansea.gov.uk

## 1. Background

- 1.1 The Wales Audit Office (WAO) undertook a review of Housing Adaptations in Wales and published a report in February 2018. The review looked at adaptations services across Wales and did not focus on individual Councils or Agencies. Despite user satisfaction with housing adaptations, the review found there is a complicated, reactive and inequitable delivery system that is not always effective for all those who may need it. The review also said public bodies are not taking opportunities to improve value for money.
- 1.2 The summary of the WAO findings found roughly 70 organisations deliver adaptations in Wales, spending around £60 million and assisting 32,000 people every year. Funding arrangements for adaptations are complex, creating an inefficient delivery system, with people of similar needs often receiving different standards of service due to where they live and which public body provides the adaptation.
- 1.3 Public bodies with responsibility for adaptations – local authorities, housing associations and Care and Repair Agencies have seen demand for adaptations increase in recent years and expect this trend to continue. Census data highlights that a higher proportion of the Welsh population consider themselves to be in poor health than is the case in England and it is forecast the number of people in Wales who will experience mobility problems will increase significantly over the next 20 years. The speed and efficiency of the provision of adaptations can make the difference between disabled or older persons staying in their own home or having to move into specialist or residential care.

The review found assessment processes are not streamlined nor efficient and often contribute to delays, with lack of co-ordination between delivery organisations, interruptions due to problems arising from the unavailability of staff or funding, and poor standards of communication with some service users.

The full WAO report is attached as a background paper.

- 1.4 The WAO recommendations tracker lists the progress made to date in implementing the recommendations set out in the report nationally and locally. In Swansea the Council's Housing Renewals and Adaptation service is responsible for the delivery of housing adaptations for owner-occupiers, private and Council tenants.

The WAO recommendations tracker is attached as a background paper.

- 1.5 Importantly Swansea is already implementing a large number of the service improvement recommendations detailed in the WAO report, many of which have been in place for a number of years. These include partnership working with local RSLs on managing a local adapted housing register and Western Bay Care and Repair on

provision of Minor Adaptations through their handyman service. The Council also provides Caseworkers to visit applicants in their own home to help with the application process, employs its own in-house team of Occupational Therapists(OTs), offers a Home Improvement Grant Agency and a Council appointed Framework of Contractors for delivery of adaptations.

## **2. WAO Report Recommendations.**

2.1 The report identified a series of recommendations for improvements in delivery of Housing Adaptations that include :

- Welsh Government set standards for all adaptations to ensure disabled and older people receive the same standard of service irrespective of where they live, who their landlord is and whether they own their own home.
- Local authorities work with partner agencies to strengthen their strategic focus for the provision of adaptations.
- Provide information on housing adaptations in both Welsh and English, in accessible formats, with information promoted through a range of media and through key partners, preferably produced jointly between delivery bodies.
- Delivery bodies streamline applications by creating single comprehensive applications forms covering all organisations locally.
- Delivery bodies improve how long they take to process adaptations applications and deliver works including looking to reduce delays by reviewing Disabled Facilities Grants (DFG) means test, provision of home improvement agencies services to manage schemes for clients, fast tracking planning applications, using trusted assessors to undertake less complex adaptation assessments.
- Delivery bodies have formal arrangements for accrediting and managing contractors undertaking adaptations, using framework agreements, schedule of rates for tenders and evaluating contractors performance.
- Local Authorities work with partner agencies(health bodies, housing associations and Care and Repair) to develop and improve joint working.
- Delivery bodies effectively manage performance and assess impact of adaptations.

## **3. Progress on Recommendations Achieved Nationally.**

3.1 A number of the WAO report recommendations are strategic, require joint working and need national and regional input to be delivered. The Public Accounts Committee in July 2018 recommended that the Welsh Government take the lead in ensuring the longstanding weaknesses in provision of Housing Adaptations across Wales are addressed through the introduction of the recommendations in the WAO report.

- 3.2 Welsh Government have set up a National Housing Adaptations Steering Group. Membership includes Welsh Government Housing policy division, Welsh Local Government Association, Local Authority representatives, Care and Repair Cymru, Royal College of Occupational Therapists, Community Housing Cymru, Office of the Older People's Commission, Tai Pawb, Disability Cymru, Voluntary Transfer Landlords and Royal College of Nursing.

The aim of the Steering Group is to work with Welsh Government Officials to develop policy advice for Welsh Ministers in relation to simplifying the provision of housing adaptations and implementing the WAO report recommendations. The Group will provide assurance that processes and practices are fair, transparent and equitable and there is proper guidance, monitoring, regulation and accountability arrangements in place.

- 3.3 The National Steering Group is to be supported by the setting up of working groups to look at:

- **Collaboration / Integration** – to improve strategic focus locally and regionally through Regional Programme Boards, streamline application process, use home improvement agency services, integrated delivery teams, maximising use of accessible housing registers.
- **Operational Delivery** – fast track planning, use of trusted assessors, contractor accreditation scheme, accessible information.
- **Performance Monitoring** – uniform performance indicators, revised national performance indicators.
- **Policy** – service standards, means testing review, streamline RSL Physical Adaptation Grants.
- **Procurement / Contract Management** – framework agreements, contractor performance management.

- 3.4 Welsh Government issued a Housing Adaptations Service Standards consultation document to public bodies delivering housing adaptations in September 2018 for response. This document detailed the levels of service expected on 7 standards that include Purpose, Equality and Diversity, Communication, Quality of Service, Quality of Equipment, Expected Timeframes and Eligibility Checks. The Housing Adaptations Service standards consultation document is attached as a background paper. The Council responded to the Welsh Government consultation document in December 2018 both individually as a Local Authority and collectively within the Welsh Heads of Environmental Health Private Sector Housing Expert Panel. Welsh Government is yet to confirm results of the feedback to the consultation document or publish the final Service Standards document.

#### **4. Progress on Recommendations in Swansea.**

4.1 As indicated in section 1, a number of recommendations made by WAO in the report are already in place in Swansea. Adaptations locally are administered by the Housing Renewal & Adaptations service. Although the National Housing Adaptations Steering Group has been tasked with implementing the recommendations within the WAO report, the adaptations service delivered in Swansea is already providing a number of best practice measures and services identified in the recommendations.

4.2 The Council within its Private Sector Housing Renewal and Adaptations Policy to Provide Assistance 2017-2022 offers housing adaptations through Disabled Facilities Grants (DFG) and Council House Adaptations. Smaller adaptations are also provided through the provision of Minor Adaptations Grants (MAG). These are delivered in partnership with Western Bay Care and Repair, using their handyperson scheme that provides small adaptations such as handrails and grabrails quickly to the client.

In 2017-18 the service completed 367 DFGs, 543 Council House Adaptations and 734 Minor Adaptations Grants, investing £4.3 million on DFGs, £2.75 million on Council House Adaptations and £400,000 on Minor Adaptation grants. In addition, 899 Occupational Therapist assessments and recommendations were undertaken.

4.3 To make the best use of properties that are already adapted, the Council works in partnership with local Housing Associations to support an adapted housing register. The 'Adapt' scheme is managed by Coastal Housing Association and ensures available adapted properties are matched to households who need them.

4.4 The Housing Renewals and Adaptations service is continually looking to improve the delivery of DFGs and Council House Adaptations. Systems thinking has been employed to undertake a systems review aimed at streamlining processes. Caseworkers visit applicants in their own home to complete grant applications quickly following an enquiry for assistance and to provide welfare benefits advice to the applicant. Housing now employs its own Occupational Therapists to prevent delays in undertaking adaptation assessments and recommendations. The Council's National Performance Indicator for delivering Disabled Facilities grants (PAM/015) has improved from 340 days in 2015-16, to 240 days in 2017-18 and is now at 235 days for 2018-19.

4.5 An in-house Home Improvement Grant Agency service is offered and 95% of clients take up this service. The Grant Agency provide a high quality project managements service, managing the scheme from application stage through to completion and includes survey, preparation of drawings and schedules of work, procuring contractors, supervising works and arranging payments.

- 4.6 The Council operates and manages a Framework of Contractors that undertake adaptations works, with jobs allocated on a rotational basis. The framework evaluation and selection process utilised the Welsh Government public procurement Sell to Wales system, consisting of a robust two stage selection process where Contractors were appointed based on previous experience and proposals to deliver high quality adaptations works. References and financial standing, insurances, accreditations, health and safety, customer care and emergency call-out arrangements were all checked and verified prior to appointment of contractors to the framework. The contractors selected for the framework have their performance monitored and evaluated by officers in consultation with the client. Any poor performance can result in removal from the Framework.
- 4.7 A schedule of rates for all adaptation works is in place to ensure we maximise value for money and probity in the adaptation works provided.
- 4.8 The Grant Agency is in ongoing dialogue with the Planning Department to ensure delays in processing adaptations are minimised. We also liaise with Welsh Water to simplify processes and reduce timescales in obtaining over sewer agreements on larger extension adaptations.
- 4.9 Information to customers requiring adaptations is offered in a variety of formats and are published online, in leaflets and posters are placed in public information areas such as Civic Centre reception, libraries, GP surgeries.
- 4.10 Housing Renewal and Adaptations monitor the quality and performance of our adaptations by issuing a Customer Satisfaction Questionnaire to our clients. In 2017-18 98.5% were very satisfied or satisfied with the services provided.
- 4.11 The WAO review of Housing Adaptations and the recently commenced Commissioning review of Housing Services have identified a number of further improvements to be implemented within the adaptations service. These include improved online application provision, further improvements to the quality and formats of assistance information available, advertising our services to a wider target group and reviewing our customer satisfaction data to look more at outcome to the individual.

## **5. Equality and Engagement Implications**

- 5.1 The Council is subject to the Public Sector Equality Duty (Wales) and must, in the exercise of their functions, have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

Our Equality Impact Assessment process ensures that we have paid due regard to the above.

5.2 An EIA Screening Form has been completed. There are no equality implications arising from the review as it reports on progress in implementing recommendations from a national examination of Housing Adaptations services in Wales.

## **5. Legal Implications**

5.1 There are no legal implications.

## **6. Financial Implications**

6.1 There are no financial implications.

## **For Information**

### **Background papers:**

Wales Audit Office Housing Adaptations in Wales report Feb 2018.

Welsh Government Housing Adaptation Service Standards Consultation document September 2018.

WAO Recommendations Tracker March 2019

**Appendices :** None

Archwilydd Cyffredinol Cymru  
Auditor General for Wales

# Housing Adaptations



WALES AUDIT OFFICE  
SWYDDFA ARCHWILIO CYMRU





I have prepared and published this report in accordance with the  
Public Audit (Wales) Act 2004.

The Wales Audit Office study team was managed by Nick Selwyn and comprised Steve Frank,  
Gareth Jones, Euros Lake, Duncan Mackenzie, Sara Leahy and Sara Woollatt under the  
direction of Jane Holownia

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**Mae'r ddogfen hon hefyd ar gael yn Gymraeg.**



# Contents

	User satisfaction with housing adaptations masks a hugely complicated, reactive and inequitable system that is not delivering for all those who may need it, and public bodies are not taking opportunities to improve value for money	7
	Summary of our findings	8
	Recommendations	12
1	<b>The current system for delivering adaptations reinforces inequalities for some disabled and older people, and addressing need is complicated by the different sources of funding</b>	<b>17</b>
	National and local policy choices have resulted in an overly complicated system which reinforces, rather than addresses, inequality in provision of adaptations	18
	Adaptations are delivered by a large number of organisations who annually assist around 32,000 people, but spending on adaptations in real terms is static and delivery complicated by the different sources of funding	22
2	<b>Provision of adaptations to people with similar needs is inequitable because of inconsistencies in how delivery organisations provide services</b>	<b>27</b>
	Adaptations are not always effectively promoted to all people who would benefit	29
	There is a considerable variation in the application, assessment and approval processes that can create delays in disabled and older people receiving an adaptation	36
	Delivery organisations take a wide variety of approaches to the engagement and management of building works and these are not always efficient or effective	45

3	<b>Public bodies are generally clear on the benefits of adaptations, but partnership working is ineffective to address need</b>	52
	Census data and population projections suggest demand for adaptations will continue to increase	53
	Public bodies are mostly clear on the importance of adaptations in supporting independence, but organisations continue to plan in silos with limited focus on collaboration or integration	56
4	<b>Public bodies have a limited understanding of the longer term wellbeing benefits of housing adaptations and there remains significant scope to reform the system to measure and improve equality and wellbeing</b>	67
	Recipients of adaptations that we surveyed are very satisfied with their adaptations	68
	Weaknesses in oversight of performance reinforce the inequalities of the system caused by the different sources of funding	69
	Performance management focuses too much on individual organisation inputs and outputs rather than improving outcomes and the preventative benefits of adaptations	74

## Appendices

Appendix 1: Study Methodology	79
Appendix 2: Definition of housing associations and Care and Repair agencies	81
Appendix 3: The five different public funding routes for adaptations in Wales	82
Appendix 4: Total projected population aged 65 and over unable to manage at least one domestic task on their own	84
Appendix 5: Projected population aged 65 and over with mobility problems	86
Appendix 6: The views of local authority managers on the effectiveness of partnership arrangements between their local authority and other organisations delivering housing adaptations	88
Appendix 7: The views of housing association managers on the effectiveness of partnership arrangements between their housing association and other organisations delivering housing adaptations	90
Appendix 8: The views of Care and Repair managers on the effectiveness of partnership arrangements between their organisation and others organisations delivering housing adaptations	92

# Summary report

## User satisfaction with housing adaptations masks a hugely complicated, reactive and inequitable system that is not delivering for all those who may need it, and public bodies are not taking opportunities to improve value for money

- 1 With an expanding population of older people, public bodies – Welsh Government, local authorities and housing associations – need to ensure they provide housing for older and disabled people to both to allow them to live a healthy and active lifestyle, but to also continue to contribute to society and the economy. Part of achieving this is to ensure both the development of new specialist housing, such as SMART homes<sup>1</sup>, and also making better use of the existing housing stock through adaptations.
- 2 Adaptations are intended to change disabling environments in order to restore or enable independent living, privacy, confidence and dignity for individuals and their families. Adaptations are not just about the provision of equipment or modifying a dwelling, but providing an individualised solution to the problems of people experiencing a disabling environment<sup>2</sup>. Adaptations can range from relatively inexpensive items such as ramps and handrails to largescale extensions with specialist equipment. A suitable, well-adapted home can make the difference to someone's ability to live well and independently. Adaptations offer an efficient and effective way of making the best use of resources in the current climate of financial constraints.
- 3 Increasingly, adaptations are recognised as key to delivering better outcomes for health services as opposed to solely being the domain of housing and social care. In meeting the future challenges of a rapidly ageing society and in addressing any potential care gap that could arise, adaptations will increasingly be an important contribution in complementing personal care. To achieve the necessary improvement requires public bodies to work seamlessly and provide joined-up services that respond to need and deliver timely, cost effective solutions.

1 Smart Homes use electronic networking technology to integrate various devices and appliances found in most homes, plus building environment systems more common in offices, so that the entire home can be controlled centrally or remotely in its entirety. This technology offers the prospect of significant improvements in the living standards of older and disabled people who, without automated support, would be reliant on home care.

2 This approach is often referred to as reflecting the social model of disability.

- 4 This review has focussed on assessing whether public bodies with responsibilities for delivering housing adaptations in Wales have an effective strategic approach to housing adaptations that delivers value for money and assures the continued wellbeing of older and disabled people. Our study methods are set out in [Appendix 1](#). These include audit fieldwork at five local authorities and four housing associations; a commissioned survey of citizens who have received adaptations; a detailed analysis of data and expenditure on current services; website and document reviews; and interviews with a range of national organisations. Based on the findings of this review, the Auditor General has concluded that user satisfaction with housing adaptations masks a hugely complicated, reactive and inequitable system that is not delivering for all those who may need it, and public bodies are not taking opportunities to improve value for money.

## Summary of our findings

- 5 Roughly 70 organisations deliver adaptations in Wales, every year collectively spending approximately £60 million and assisting over 32,000 people. The funding arrangements for adaptations is complex and has helped to create an inefficient delivery system. One of the consequences of this complexity is that people with similar needs often receive very different standards of service simply because of where they live and which public body provides the adaptation.
- 6 The majority of public bodies with responsibility for adaptations – local authorities, housing associations and Care and Repair agencies (‘delivery organisations’) – have seen demand for adaptations increase in recent years and expect this trend to continue. Census data<sup>3</sup> highlights that a higher proportion of the Welsh population consider themselves to be in poor health than is the case in England. Welsh Government projections<sup>4</sup> anticipate that the number of people in Wales who will experience mobility problems and difficulties undertaking daily domestic tasks will increase significantly in the next 20 years.

3 Office for National Statistics, **General Health in England and Wales: 2011 and comparison with 2001**, January 2013

4 Taken from Daffodil, a web-based system developed by the Institute of Public Care for the Welsh Government which pulls together in one place the information needed to plan care, support and housing services over the next 20 years for children, adults and older people.

- 7 The speed and efficiency of the provision of adaptations can make the difference between disabled or older people staying in the comfort and security of their own homes or moving into specialist or residential care. However, assessment processes are neither streamlined nor efficient and often contribute to delays. The lack of co-ordination between delivery organisations, interruptions due to problems arising from the unavailability of staff or funding, and poor standards of communication characterise the experience of a small number of service users.
- 8 Most public bodies recognise how adaptations can reduce the risk of falls and other accidents in the home and prevent hospital admissions and speed up discharge. However, health professionals often find the different local-authority and housing-association systems for administering, approving and delivering adaptations difficult to navigate. Complex delivery arrangements reduce the opportunities for health bodies to make better use of adaptations.
- 9 Given the wide number of routes available to access adaptations, delivery organisations need to ensure they have robust systems to deal effectively and quickly with applications. However, many authorities and housing associations do not have application processes that consistently and effectively meet the needs of people. Accessible information in a range of appropriate formats, such as large fonts for visually impaired users or audio versions for people with hearing difficulties, is often unavailable.
- 10 Delivery organisations must balance carrying out building works quickly to meet the needs and wishes of the disabled or older person, and ensuring value for money in terms of cost and quality. Most local authorities, housing associations and Care and Repair agencies have established appropriate processes to oversee and manage performance of those carrying out building work, most usually through regular meetings and dialogue in respect of individual grants. However, few delivery organisations are working strategically with contractors to streamline and improve performance, and current arrangements for contracting builders have some shortcomings. In addition, delivery organisations do not always have effective arrangements to monitor, review and evaluate the performance of builders and contractors in delivering individual grants.



- 11 Whilst public bodies are clear on the role of their housing-adaptation services in changing the home environment to enable or restore independent living, there are opportunities to better address needs and avoid and reduce demand and costs in health and social care services. Few delivery organisations have comprehensive and integrated Housing Renewal Policies that link decisions on investment with better use of existing adapted housing. Policies are often property focussed rather client focussed, and rarely make the strategic link to other organisations and the wider needs of disabled and older people.
- 12 Delivery organisations do not always take a ‘whole resources’<sup>5</sup> view of their adaptations work and consider the availability and use of all monies from all delivery organisations within an area. Only seven local authorities pool funds with Care and Repair and no pooling of funding takes place between local authorities and housing associations. A small number of local authorities have developed integrated approaches to housing adaptations drawing together grants, building surveyors and Occupational Therapists into single teams. However, too many organisations work in isolation focussing on their individual responsibilities, rather than working collaboratively to better address people’s housing and health needs.
- 13 Nevertheless, approximately three-quarters of people we surveyed who recently received housing adaptations have a positive experience with their housing adaptations. Just over 90% are satisfied with the time taken to deliver their adaptations, and the majority felt the work to their home allowed them to undertake everyday tasks, improving both their confidence and independence. Generally, owner-occupiers are more satisfied than those who rent from housing associations, but most disabled and older people we surveyed had little influence or choice in the adaptations made to their home.

5 By whole resources, we mean all the resources available for all public bodies providing adaptations in a defined local-authority area.

- 14 Accountability and transparency in delivery of adaptations have long been poor<sup>6</sup>. Despite the different sources of funding for housing adaptations, only performance in respect of local-authority Disabled Facilities Grants is publicly reported. However, by only reporting performance on Disabled Facilities Grants, the Welsh Government is currently only publishing data that covers 55% of all expenditure on adaptations and 14% of those disabled and older people who receive adaptations. The Welsh Government collates some performance data from housing associations and Care and Repair agencies but does not make this information available to the public. Weaknesses in current oversight arrangements mean that effective scrutiny to understand the efficiency and impact of the 'whole' adaptation system is not possible. This makes it difficult to judge how well organisations are performing and the positive impact of adaptations on disabled and older people's lives.
- 15 The Welsh Government is seeking to address some of these gaps by introducing new systems to monitor and report performance in delivering housing adaptations (the 'Enable' review). Whilst this addresses some of the long-standing weaknesses in current arrangements, gaps remain. Monitoring continues to focus too much on the mechanics of delivering adaptations and not enough on impact, wellbeing and the wider benefits of each public body's investment. Despite highlighting equality as a key policy objective, we found that few delivery organisations collect and evaluate a sufficient range of data to demonstrate and ensure fair access to services.

6 For example, Welsh Government, **Review of Housing Adaptations including Disabled Facilities Grants – Wales: A Report by Chris Jones For the Housing Directorate**, March 2005; and Welsh Government Social Research (on the Shelter Cymru website), **A Review of Independent Living Adaptations**, January 2015.

## Recommendations

16 Our work has identified a series of recommendations for improvement and these are set out below.

### Recommendations for improvement

#### Recommendations

- R1 There are many sources of funding and policies for adaptations, which results in disabled and older people receiving very different standards of service (paragraphs 1.5 to 1.9). To address these discrepancies **we recommend that the Welsh Government set standards for all adaptations to ensure disabled and older people receive the same standard of service irrespective of where they live, who their landlord is and whether they own their own home.**
- R2 Most public bodies are clear on how their work on adaptations can positively impact on disabled and older people, and have set suitable aims that provide focus for action. For adaptations, having the right strategic goals also establishes a clear basis for decision-making on who should be prioritised for services and how and where to use resources. However, we found that current policy arrangements have a number of deficiencies and public bodies are not maximising the benefit of their investment (paragraphs 3.8 to 3.15). **We recommend that local authorities work with partner agencies (health bodies, housing associations and Care and Repair) to strengthen their strategic focus for the provision of adaptations by:**
- **setting appropriate strategic objectives for adaptations that focus on wellbeing and independence;**
  - **improving the quality of information on the demand for adaptations by using a wide range of data to assess need including drawing on and using information from partners who work in the local-authority area; and**
  - **linking the system for managing and delivering adaptations with adapted housing policies and registers to make best use of already adapted homes.**

## Recommendations

- R3 Ensuring that all those who might need an adaptation have all the information they need in order to apply for and receive an adaptation is important. Good-quality and accessible information is therefore essential for delivery organisations to demonstrate fair access and transparency. However, we identified weaknesses in the quality and coverage of public information relating to housing adaptations (paragraphs 2.6 to 2.15). **We recommend that delivery organisations provide information on housing adaptations in both Welsh and English, and accessible formats including braille, large fonts, audio versions and other languages. Information should be promoted widely via a range of media including social media, websites and published information, and also through key partners. Preferably, information should be produced jointly and policies aligned between delivery bodies to improve coverage and usage.**
- R4 Given the wide number of routes into services, delivery organisations need to ensure they have robust systems to deal effectively and quickly with applications. However, we found that the processes used by delivery organisations vary widely and often create difficulties for disabled and older people seeking assistance (paragraphs 2.16 to 2.19). **We recommend that delivery organisations streamline applications by creating single comprehensive application forms covering all organisations within a local-authority area that are available via partners and online.**
- R5 Delivery of adaptations can be delayed by a variety of factors (paragraphs 2.20 to 2.33). To improve timeliness in delivery **we recommend that:**
- **the Welsh Government reviews whether local authorities should continue to use the means test for Disabled Facilities Grants (DFGs);**
  - **local authorities provide or use home improvement agency services to support disabled and older people to progress their DFG applications efficiently;**
  - **delivery organisations work with planning authorities to fast track and streamline adaptations that require approvals;**
  - **delivery organisations use Trusted Assessors to undertake less complex adaptation assessments; and**
  - **the Welsh Government streamlines its approval processes for Physical Adaptation Grants (PAGs).**

## Recommendations

R6 Most local authorities, housing associations and Care and Repair agencies have established processes to appoint, oversee and manage builder and/or contractor performance. However, we found wide variations in how delivery organisations arrange, contract and deliver building works ([paragraphs 2.37 to 2.44](#)). **We recommend that delivery organisations:**

- **introduce formal systems for accrediting contractors to undertake adaptations. These should include:**
  - standards of customer care such as keeping to appointments, keeping the site tidy, controlling noise etc;
  - vetting of financial standing, tax and VAT status;
  - promoting good health and safety practices;
  - requiring the use of warranty schemes;
  - ensuring that adequate insurance is held; and
  - requiring references.
- **use framework agreements and partnered contracts to deliver adaptations.**
- **address weaknesses in the contracting of adaptations, updating Schedule of Rates used to tender work and undertaking competitive tendering to support value for money in contracting.**
- **develop effective systems to manage and evaluate contractor performance by:**
  - setting an appropriate range of information to judge performance and delivery of works covering timeliness of work; quality of work; applicant/tenant feedback; cost of work (including variations); health and safety record; and customer feedback;
  - regularly reporting and evaluating performance to identify opportunities to improve services; and
  - providing formal feedback to contractors on their performance covering key issues such as client satisfaction, level and acceptability of variations, right first-time work, post-inspection assessment and completion within budget and on time.

## Recommendations

- R7 Maximising impact and value for money in provision of adaptations requires effective joint working between housing organisations and health and social care services to ensure the needs of often very vulnerable people can be met, and their quality of life improved. However, our findings highlight that delivery organisations continue to have a limited strategic focus on adaptations, concentrating on organisational specific responses rather than how best collectively to meet the needs of disabled or older people (paragraphs 3.16 to 3.21). **We recommend that local authorities work with partner agencies (health bodies, housing associations and Care and Repair) to develop and improve joint working to maximise both take-up and the benefits of adaptations in supporting independence by pooling of resources, co-locating staff and creating integrated delivery teams.**
- R8 Most public bodies recognise the value of adaptations in reducing the risk of falls, preventing hospital admissions and speeding up discharge from hospital. However, the importance of adaptations is not always reflected in local partnership arrangements and outside of Occupational Therapists, health professionals noted that the different local-authority and housing-association systems for administering, approving and delivering adaptations are difficult to navigate (paragraphs 3.22 to 3.24). **To enhance take-up and usage of adaptations with health bodies we recommend that delivery organisations jointly agree and publish joint service standards for delivery of adaptations within each local-authority area. The service standards should clearly set out how each agency approaches delivery of adaptations and how they will provide services to ensure people know what they are entitled to receive. Service Standards should:**
- be written in plain accessible language;
  - be precise about what people can and cannot expect to receive;
  - be produced collaboratively to cover all adaptations services within an area;
  - set out the eligibility for the different funding streams, application and assessment processes, timescales and review processes; and
  - offer the viable options and alternatives for adaptations including linking with adapted housing registers to maximise use of already adapted homes.

## Recommendations

- R9 Having the right performance indicators and regularly reporting performance against these are important for public bodies to manage operational performance, identify areas of improvement and evaluating the positive impact of services. We found that the current range of performance indicator data is extremely limited and not sufficient to enable a full evaluation of performance (paragraphs 4.5 to 4.20). **To effectively manage performance and be able to judge the impact of adaptations, we recommend that the Welsh Government and delivery organisations:**
- **set appropriate measures to judge both the effectiveness and efficiency of the different systems for delivering adaptations and the impact on wellbeing and independence of those who receive adaptations;**
  - **ensure delivery organisations report against their responsibilities in respect of the Equalities Act 2010;**
  - **ensure performance information captures the work of all delivery organisations – local authorities, housing associations and Care and Repair agencies; and**
  - **annually publish performance for all delivery organisations to enable a whole systems view of delivery and impact to support improvement to be taken.**

## Part 1

The current system for delivering adaptations reinforces inequalities for some disabled and older people, and addressing need is complicated by the different sources of funding





- 1.1 People who need a housing adaptation can access the funding for such adaptations based on their housing tenure. The key organisations who deliver housing adaptations in Wales are as follows:
- 22 local authorities;
  - 22 traditional housing associations;
  - 11 Large Scale Voluntary Stock Transfer (LSVT) housing associations; and
  - 13 Care and Repair agencies.

(Appendix 2 sets out the definitions for housing associations, LSVT associations and Care and Repair agencies and their coverage in Wales).






- 1.2 As well as different delivery organisations with responsibilities for providing adaptations, the funding programmes used vary widely. In this section of the report, we consider the complexity of current funding arrangements, the levels of expenditure and the numbers of people assisted, highlighting some significant inequities in how adaptations are paid for and made available.

## National and local policy choices have resulted in an overly complicated system which reinforces, rather than addresses, inequality in provision of adaptations

- 1.3 In total, there are five different funding streams used by delivery organisations, as well as monies invested by individual people who require an adaptation. The different funding streams are as follows (Appendix 3 summarises the major policy elements of each of these funding streams):
- Disabled Facilities Grants (DFGs) for owner occupiers, private rented tenants/landlords and some social housing tenants
  - Physical Adaptation Grants (PAGs) for tenants of traditional and community based housing associations
  - Rapid Response Adaptation Programme for owner occupiers and private rented tenants/landlords
  - Adaptations for local-authority and LSVT housing-association tenants funded from their maintenance programmes
  - Adaptations for some housing-association tenants funded by their landlord from their maintenance programme to supplement PAGs

- 1.4 In **Exhibit 1** below, we set out who is eligible for receipt of funding under each of the different funding schemes and the current coverage across Wales.

Exhibit 1: current provision of adaptations by funding, tenure and landlord in Wales in 2015-16 and 2016-17

Tenure	Disabled Facilities Grants 	Housing Revenue Account funding of adaptations to local-authority housing <sup>7</sup> 	Physical Adaptation Grants 	Rapid Response Adaptation Programme 	Landlord use of own resources 
Owner occupier	● (provided by all 22 authorities)	●	●	● (provided in all 22 authorities)	●
Tenant of a local authority	● (provided in 2 of 11 local-authority areas)	● (provided by all 11 local authorities)	●	●	●
Tenant of an LSVT housing association	● Provided in 6 of 11 local-authority areas	●	●	●	● (provided by all 11 LSVT associations)
Tenant of traditional housing association	●	●	● (provided by all 22 housing associations)	●	● (provided in 10 of 22 housing associations)
Tenant of a private rented landlord	● Provided in 20 of 22 local-authority areas	●	●	● (provided in all 22 authorities)	— Not collected

Source: Wales Audit Office survey of local authorities, housing associations and Care and Repair agencies.

<sup>7</sup> Local authorities are required to record all income and expenditure in relation to a local authority's own direct provision of housing within the Housing Revenue Account.

- 1.5 The complexities of the current funding regime with different grants, funding sources and recipients are partly a reflection of the choices taken and judgements made on how public bodies will address and meet the needs of disabled or older people. These are policy decisions set out in legislation, in terms of who is eligible to receive funding for DFGs, the Welsh Government policy in respect of PAGs and the Rapid Response Adaptations Programme, and also the delivery organisations responsible for delivering adaptations where elements of local discretion exist. Previous reviews of housing adaptations<sup>8</sup> highlight that the infrequency of Welsh Government guidance to local authorities, since the Regulatory Reform Order 2002, has led to a stark variation in local determination and service provision. The result is a wide variation in systems, policies and approaches across Wales that is resulting in disabled and older people receiving very different services depending upon where they live, who delivers the adaptation, and whether they own or rent their home.
- 1.6 We found that 18 of the 22 authorities have revised their DFG policies and delivery systems to reflect the flexibilities provided by the 2002 Regulatory Reform Order. For instance, through our fieldwork we identified that local authorities have used the 2002 Regulatory Reform Order to fast-track processes for adaptations valued at less than £5,000 with no means test. Powys County Council for instance operates low-value and less-complex adaptation schemes in partnership with Care and Repair agencies to speed up and streamline delivery of minor works. In addition, six of the 11 local authorities who have transferred their social-housing stock to a housing association, and two of the 11 local authorities who retain their social housing stock, permit applications for DFG funding from these social-housing landlords. In these cases, the LSVT and local-authority landlord are required to comply with the local authority's Housing Renewal Policy standards. Twenty of the 22 local authorities also fund DFG adaptations to private-rented properties.
- 1.7 In addition, a number of local authorities deal with adaptation works very differently for local-authority tenants and for homeowners. For example, we found different systems in place for engaging with builders, specifying works, overseeing the performance of contractors and the speed of delivery for works to local-authority housing tenants and owner-occupiers receiving DFGs, despite officers working within the same teams (see **Part 3** below for further details). Because organisations lack measurable service standards for adaptations, disabled and older people with similar needs often receive a very different quality of service.

8 For example, Welsh Government, **Review of Housing Adaptations including Disabled Facilities Grants – Wales: A Report by Chris Jones For the Housing Directorate**, March 2005; and Welsh Government Social Research (on the Shelter Cymru website), **A Review of Independent Living Adaptations**, January 2015.

- 1.8 Occupational Therapists who responded to our survey noted particular weaknesses in respect of adaptations delivered by stock-transfer housing associations. They noted inconsistencies and gaps in the range, detail, and quality of information and advice, particularly regarding entitlement and changes to eligibility criteria. In particular, a small number of stock-transfer associations encourage disabled or older people who need housing adaptations to move to an adapted property (which may not always be immediately available), or remain in their existing home and wait until a suitable adapted property becomes available.
- 1.9 The current configuration of delivery and eligibility for housing adaptations means that people's access to adaptations depends upon their tenancy status and the local-authority area they live in, rather than on need. A further confusion is that whilst the legislation determines the work of local authorities in respect of delivering DFGs and Welsh Government guidance to housing associations about the delivery of PAGs, the adaptations to a local authority's own housing stock can take place outside of the legislation and PAG guidance does not apply to the 11 LSVT housing associations. Each of the local-authority and LSVT landlords determine the adaptations work undertaken to their rented housing and how they will deliver adaptations for their tenants, although they can also apply for DFGs as well. The main consequence of these policy decisions is that people with similar needs receive a different response.

### **Adaptations are delivered by a large number of organisations who annually assist around 32,000 people, but spending on adaptations in real terms is static and delivery is complicated by the different sources of funding**

- 1.10 Funding for housing adaptations comes from a number of different sources, including the Welsh Government, landlords' own resources and local-authority capital programmes. **Exhibit 2** overleaf shows that whilst the amount of funding invested in adaptations has marginally increased, rising from £58.7 million in 2013-14 to £60.3 million in 2015-16, in real terms, expenditure remains static. In addition, some health bodies are funding adaption work. Cardiff and Vale University Health Board provided £1,255,196 in 2016-17 towards the cost of adaptations work undertaken by local authorities in their area. In addition, Abertawe Bro Morgannwg University and Cwm Taf health boards provided monies to Care and Repair; £249,679 in the former case and £36,571 in the latter case.<sup>9</sup> Outside of this funding, no other health body provides resources to support adaptation work in their community.

<sup>9</sup> Information collated as part of the Wales Audit Office review of discharge planning.

1.11 All delivery organisations providing funds for adaptations have increased how many people receive adaptations in the last three years, with the number of people assisted rising by 11.7%, from 28,594 in 2013-14 to 31,941 in 2015-16. The bulk of people assisted receive minor adaptations provided by Care and Repair rather than larger refurbishments to their home. The Rapid Response Adaptations programme delivered by Care and Repair accounts for roughly 50% of all works undertaken in any single year. Our research shows that there are a large number of delivery organisations with responsibilities for funding housing adaptations with 68 different bodies providing adaptations using five different sources of funding. There are significant variations in the different sources of funding. Local-authority funding of DFGs has remained static; traditional housing-association funding and local-authority spending on their own housing stock has increased; LSVT associations and Care and Repair funding has decreased.

**Exhibit 2: cash and real-terms expenditure on adaptations, the basis for delivery organisations' funding and number of households assisted by delivery organisations between 2013-14 and 2015-16**

The exhibit shows that funding of adaptations is complex with a large number of organisations with responsibilities for delivering work who operate largely independent of each other. The amount spent in real terms has remained static and delivery bodies are assisting more people.

Source of funding		2013-14	2014-15	2015-16	Percentage change over three years
<b>Disabled Facilities Grants taken from the local-authority Capital budget</b>	Amount spent in cash terms	£32,700,271	£32,726,068	£33,502,054	2.4%
	Amount spent in real terms	£33,408,191	£32,950,461	£33,502,054	0.3%
	Numbers assisted	4,393	4,306	4,454	1.4%
<b>Local-authority Housing Revenue Account funding for adaptations to local-authority housing</b>	Amount spent in cash terms	£9,728,758	£9,357,702	£10,224,936	5.1%
	Amount spent in real terms	£10,137,819	£9,609,963	£10,224,936	0.8%
	Numbers assisted	3,847	3,702	4,138	7.5%
<b>Traditional housing associations Physical Adaptation Grants provided by the Welsh Government</b>	Amount spent in cash terms	£6,259,088	£7,176,503	£7,900,051	26.2%
	Amount spent in real terms	£6,394,589	£7,225,710	£7,900,051	23.5%
	Numbers assisted	1,422	1,407	1,686	18.5%

Source of funding		2013-14	2014-15	2015-16	Percentage change over three years
<b>Traditional housing associations' own resources used to fund adaptation works</b>	Amount spent in cash terms	£129,726	£179,735	£224,482	73%
	Amount spent in real terms	£130,616	£180,968	£224,482	71.8%
	Numbers assisted	541	608	586	8.4%
<b>Large Scale Voluntary Transfer housing associations – own resources used to fund adaptations</b>	Amount spent in cash terms	£7,809,577	£6,890,873	£6,460,578	-17.2%
	Amount spent in real terms	£7,978,644	£6,938,121	£6,460,578	-19%
	Numbers assisted	4,386	4,396	4,656	6.1%
<b>Rapid Response Adaptation Programme provided by the Welsh Government</b>	Amount spent in cash terms	£2,074,312	£2,023,800	£2,036,727	-1.8%
	Amount spent in real terms	£2,119,218	£2,037,676	£2,036,727	-3.9%
	Numbers assisted	14,005	17,739	16,421	17.2%
<b>Total</b>	Amount spent in cash terms	<b>£58,701,732</b>	<b>£58,354,681</b>	<b>£60,348,828</b>	<b>2.8%</b>
	Amount spent in real terms	<b>£60,169,077</b>	<b>£58,942,899</b>	<b>£60,348,828</b>	<b>0.3%</b>
	Numbers assisted	<b>28,594</b>	<b>32,158</b>	<b>31,941</b>	<b>11.7%</b>

Source: Wales Audit Office analysis of Council Revenue Outturn data; data submitted by housing associations to the Welsh Government; Care and Repair spend data from the Welsh Government; and individual organisation returns as part of a Wales Audit Office survey. Housing-association data includes returns from 10 of the 11 Large Scale Voluntary Transfer housing associations. Only 10 of the 22 traditional housing associations who receive Physical Adaptation Grants provided data on how much of their own money is invested in adaptation works.



- 1.12 Some of the funding streams are governed by legislation and/or Welsh Government policies whilst money invested by some delivery organisations – LSVT housing associations and local-authority social-housing landlord services – are left to these landlords to determine how to spend. In 2015-16, LSVT associations and local-authority housing landlords invested circa £16 million from their own resources, accounting for 27% of all funding on adaptations in Wales that year. These resources are not subject to Welsh Government oversight, approval or the policy compliance requirements of PAGs, or the statutory framework governing DFGs.
- 1.13 The result of this convoluted system of funding is that disabled and older people are receiving different services because of where they live and who their landlord/local authority is rather than what their needs are. We recognise that local choice is important, and delivery organisations' policies should reflect the wider needs of the community they operate in and the people who receive their services. However, the wide variation in funding means that it is not unusual for people with similar needs to receive very different standards of service simply because of the policy choice of the agency they have to deal with.

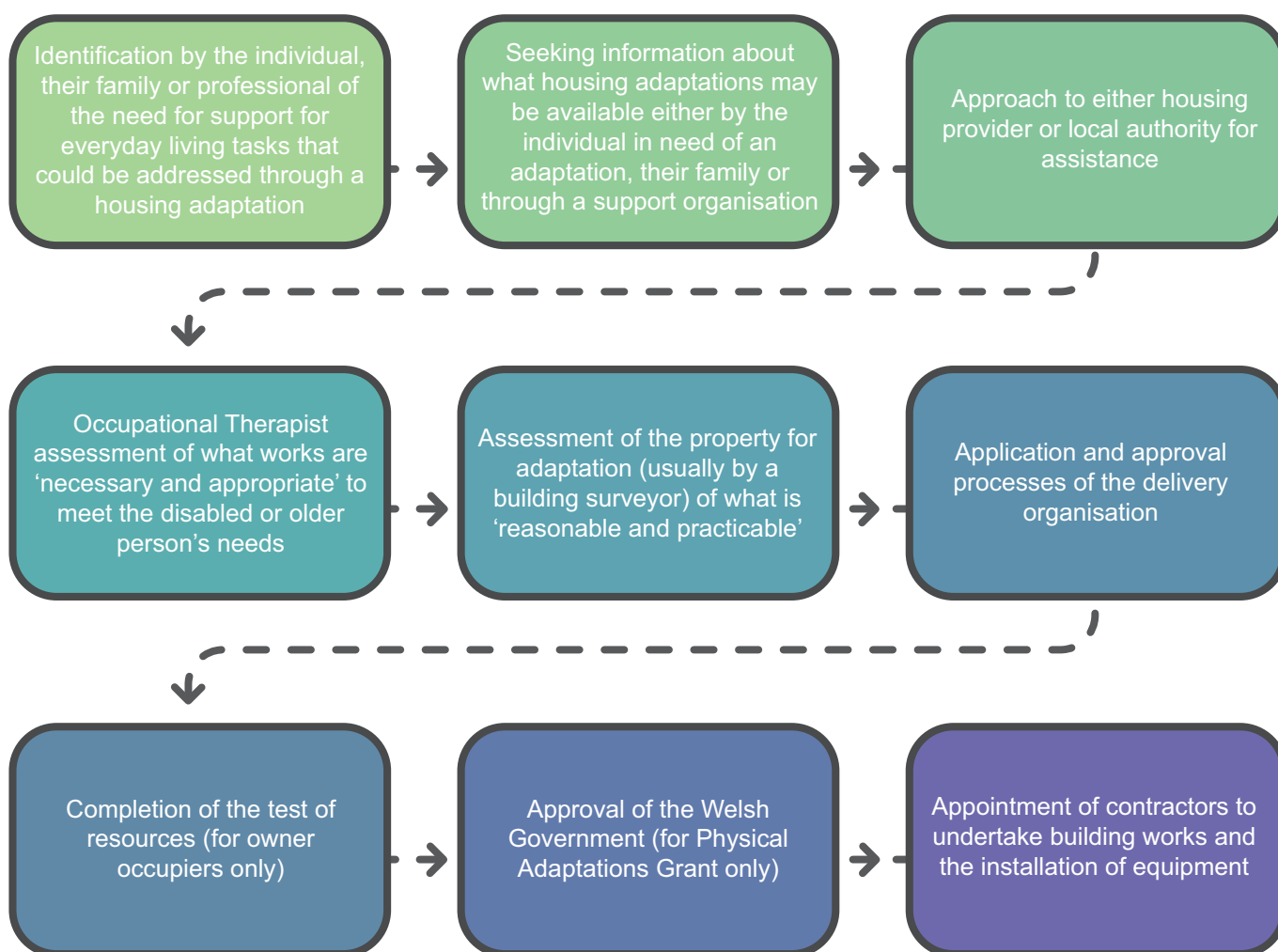
## Part 2

Provision of adaptations to people with similar needs is inequitable because of inconsistencies in how delivery organisations provide services



2.1 Delivering adaptations brings together a wide partnership of public bodies including local-authority housing and social services departments; health bodies; Care and Repair; the Welsh Government; and housing associations. Policies and procedures for dealing with requests for adaptations should be sufficiently flexible to encourage usage and take-up. When people apply for a housing adaptation, there are a number of steps to the application process. **Exhibit 3** sets the main stages for adaptations we have identified from our review.

**Exhibit 3: the key stages of the adaptations process**



Source: Wales Audit Office interviews and review of delivery organisations' documentation and policies.

- 2.2 Delivery arrangements can, however, vary widely depending upon where the disabled or older person lives in Wales; and whether they own their home or rent from a private landlord, housing association or local authority. As well as many different sources of funding, the intricate system of assessments and approvals can also add time to the delivery of an adaptation. Given the complexities of the adaptation system, it is important that public bodies seek to streamline delivery wherever possible to:
- avoid a disabled or older person's condition deteriorating;
  - decrease the risk of accidents or falls;
  - reduce stress on carers;
  - diminish the risk of re-admission from an unsatisfactory discharge; and/or
  - minimise a delayed discharge.
- 2.3 In this section of the report, we consider how delivery organisations provide the main stages of adaptations – promotion, information, application, assessment, approval and building works – drawing out the complexities of current arrangements. We highlight how policy choices, intended to create a more equal Wales, have resulted in a system that can reinforce inequalities experienced by disabled and older people.

## **Adaptations are not always effectively promoted to all people who would benefit**

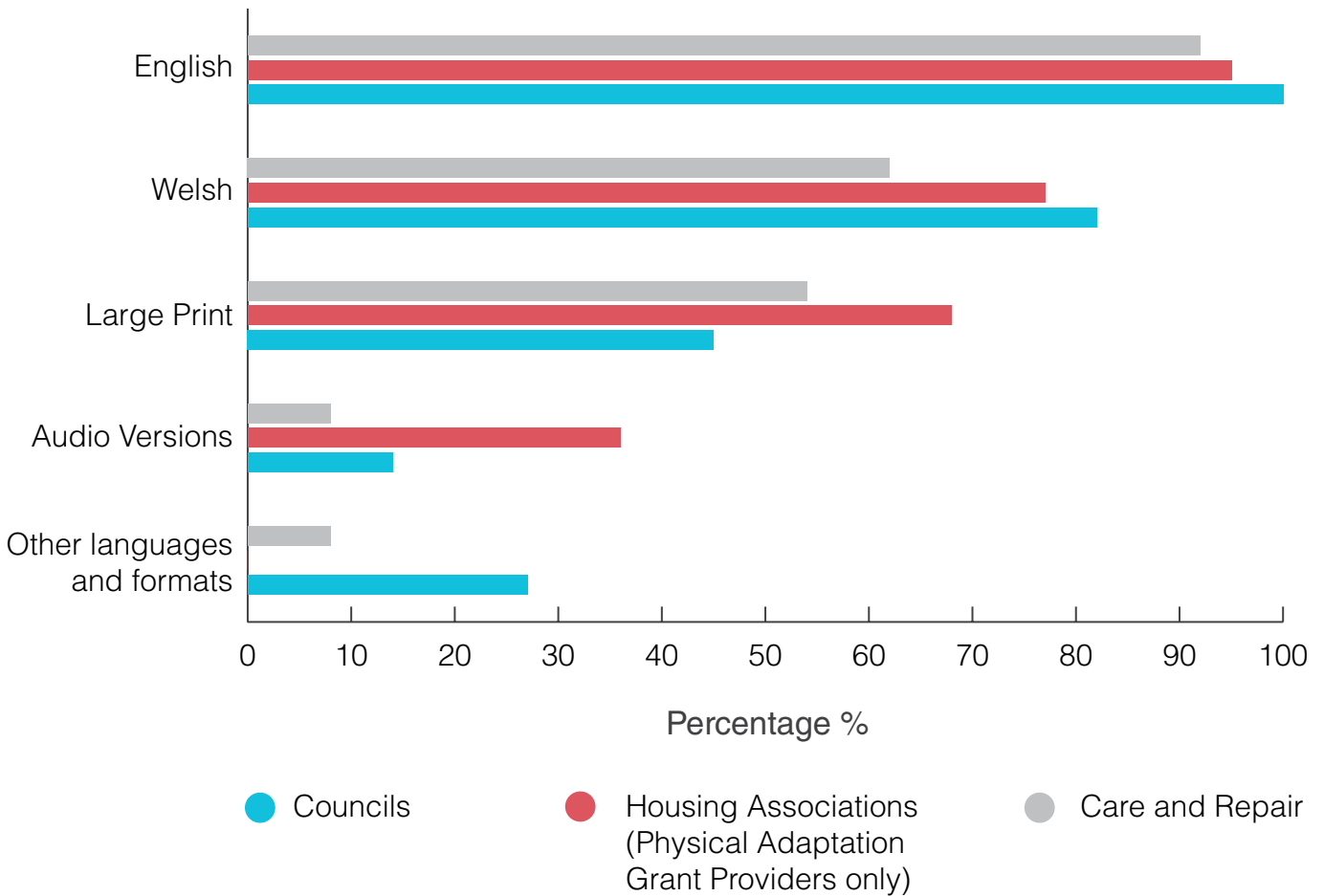
- 2.4 For a service that provides support to some of the most vulnerable people in society, effective promotion is crucial in order to ensure that all those who could benefit from the service are aware of its existence, the opportunities it provides, how they can use it and ultimately, maintain their independence. Information on how to access the service needs to be readily available and be in the right places. It also needs to be easily understandable. The views of people who received housing adaptations during 2015-16 highlight the need for delivery organisations to consider the needs of people who may benefit from the service to ensure promotional information and application processes are designed to meet those needs.

## Information provided by delivery organisations is not always easily accessible or understandable and comes in a variety of formats

- 2.5 Disabled and older people often find it difficult to access adaptations, largely due to the complexity of the system as a whole and the various access routes into services. Whilst some examples of preventative and planned approaches exist, these are rare. Very few authorities and housing associations have capitalised on the opportunity to reduce pressures on officers' time by publishing effective, accessible online information, and are therefore not making the most efficient use of their resources.
- 2.6 Local authorities, health bodies, housing associations, Care and Repair and other relevant partners should provide complimentary information on adaptations to inform service users, their advocates, the wider public, other professions and agencies of the services that are available. Information should be in plain English and Welsh, in formats accessible to those with sensory impairments and in additional languages appropriate to all communities within the locality. In response to the potential vulnerability and/or access needs of applicants' delivery organisations should ensure that information is as 'user friendly' as possible. By 'user friendly' we mean that delivery organisations provide:
- key information about adaptations and how to access those in a range of formats including online, hard copy and accessible (large font, audio and range of relevant languages) versions;
  - information to other organisations that may come into contact with people in need of housing adaptations;
  - information to professionals who work with people who may need housing adaptations;
  - assistance with application processes;
  - assessments of need and building suitability at the same time, where possible, to reduce delays to the process; and
  - key timings for the different stages to guide applicants on the likely period the adaptation will take.
- 2.7 From our review, we have identified that public information falls short in a number of areas, and there are opportunities for delivery organisations to improve how they inform disabled or older people of the services that are available and how to access them.

- 2.8 The majority of those surveyed who have recently received an adaptation stated that they had mostly found out about adaptations from professionals. Most usually, these are Occupational Therapists (22%) and social workers (15%). Less than 5% of people find out about adaptations from delivery organisations – local authorities and housing associations or from published information. It is concerning that, with an aging population and the demand for housing adaptations predicted to rise by over 50% between 2015 and 2035, many organisations are still depending on professionals to promote the service directly.
- 2.9 The findings of our survey also highlight weaknesses in the quality and coverage of public information relating to housing adaptations – [Exhibit 4](#) below. We found that whilst delivery organisations' provide information on housing adaptations in both Welsh and English, a significant number of delivery organisations do not provide information in other key accessible formats. For example, in large fonts for visually impaired users, audio versions for people with hearing difficulties and other languages. The findings set out in [Exhibit 4](#) indicate that information about housing adaptations published by delivery organisations is not always tailored to ensure services are accessible to potential service users.

**Exhibit 4: the range and format of information on housing adaptations**



Source: Wales Audit Office survey of local authorities, housing associations and Care and Repair bodies.

2.10 Survey findings are echoed in our fieldwork with delivery organisations. Some delivery organisations did not provide a comprehensive range of information on all aspects of their adaptation services in an appropriate and suitable range of formats and media – audio, Braille and large-print formats. We also found that some published information was out of date and did not reflect how delivery organisations provide services. Given the weaknesses in the quality and accessibility of current information on housing adaptations, the Welsh Government through its ‘Enable’ review, is working with delivery organisations to address deficiencies in performance and information management.

2.11 Whilst health bodies are well aware of benefits of adaptations on avoidable admissions and in supporting discharge, respondents to our surveys noted poor communication, limited knowledge and understanding with GPs, hospital staff and commissioners as major blocks to making better use of adaptations. In particular, the quality and range of information and the sharing of data between the local authority, housing associations, Care and Repair and health bodies to maximise usage, speed up decision-making and strategic planning of services are especially poor. Occupational Therapists who responded to our survey noted wide variations in the quality and coverage of delivery organisations' promotional material. For example, whilst the vast majority of Occupational Therapists (92%) felt that both local authorities and Care and Repair bodies had clearly set out to service users what they can expect to receive, only 65% felt that the housing associations they work with had good-quality and appropriate service-standard information. Ensuring health bodies are maximising the benefits of adaptations remains an ongoing challenge for health professionals.

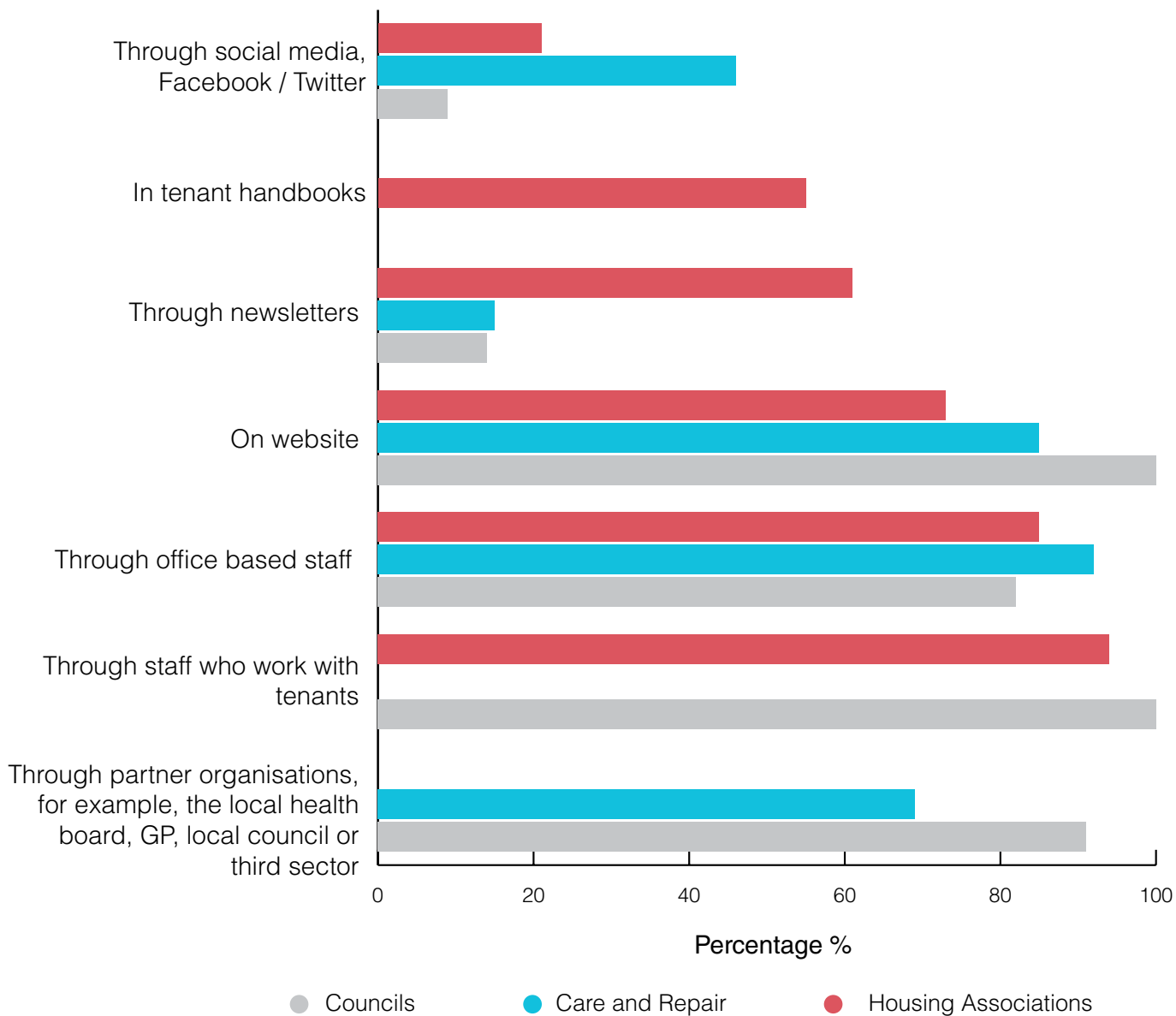
**The lack of effective promotion means that there is a risk that not all people who would benefit from an adaptation are aware of their availability**

2.12 Access to adaptations come from a wide variety of agencies – for instance, referrals from social workers, housing officers, third-sector partners, supporting people, staff or building maintenance operatives. Consequently, those who directly deal with individuals who could benefit from a housing adaptation need to be aware of how to refer individuals into services. Whilst we found some examples where collaborative and integrated approaches are leading to better delivery of adaptations (for instance, supporting effective discharge from hospitals), these approaches are the exception rather than the norm. We found little evidence of delivery organisations focussing on proactive or preventative work to better meet the needs of disabled and older people, before their individual circumstances deteriorate and require a crisis intervention.



2.13 Our survey of councils, housing associations and Care and Repair agencies allows us to analyse how different organisations tell people about housing adaptations and the options available to them. **Exhibit 5** shows that the majority of local authorities, housing associations and Care and Repair agencies rely on office-based staff to disseminate information about housing adaptations, whilst information publicised via social media, newsletters and in tenant handbooks is generally less well developed. No housing association provides information to partners such as health, social workers or third-sector bodies. This is particularly concerning given that most people who receive an adaptation generally access services via third-party referrals. Given these gaps in information provision, there are opportunities for delivery organisations to improve how they promote access to adaptations.

Exhibit 5: the different ways organisations that deliver housing adaptations tell people about options available to them



Source: Wales Audit Office survey of local authorities, housing associations and Care and Repair bodies

2.14 Controlling and limiting the promotion of adaptations allows some organisations to effectively manage demand and maintain control over expenditure. Whilst we recognise services have finite budgets and are unlikely to be able to meet the demand from all potential applicants who may need an adaptation, reducing access to services for disabled and older people is clearly not acceptable and falls short of the delivery organisations' responsibilities to their communities.

## There is a considerable variation in the application, assessment and approval processes that can create delays in disabled and older people receiving an adaptation

### Application processes are not always streamlined or effective

2.15 Many organisations and services are potentially involved in delivering adaptations. The initial contact or referral from a disabled or older person may come via social services, local-authority housing management or maintenance staff, Supporting People officers, private-sector housing or environmental-health staff as well as those who administer DFGs. Given the wide number of routes into services, delivery organisations need to ensure they have robust systems to deal effectively and quickly with applications. The application system should also be sufficiently wide and far ranging to encourage access and take-up, and delivery organisations should offer a variety of media to encourage service users to apply.

2.16 Each delivery organisation has designed their own application process for people that request a housing adaptation. The systems and processes used by delivery organisations vary from body to body, despite following national policy requirements, and often create difficulties for disabled and older people seeking assistance. From our surveys and fieldwork, we found that local authorities and housing associations offer a range of application processes, but not all have processes that consistently and effectively meet the needs of people who require housing adaptations.

- 2.17 Only six local authorities offer online application processes for DFGs. Sixteen local authorities work with Care and Repair to complete applications, but only eight work with other third-sector organisations. Sixteen local authorities allow applications by telephone and 19 local authorities provide outreach services where officers go to people's homes to complete applications. A small number of local authorities also proactively seek to overcome the complexity of the application process by appointing 'case officers' who work closely with disabled and older people to guide them through the process at each stage. Disabled and older people value the support offered by case officers, but often applicants are required to pay for this service.
- 2.18 In comparison, just three of the 33 housing associations we surveyed offer online application processes for housing adaptations, although 13 state they work with third-sector organisations to complete applications, and 12 specifically with Care and Repair. Less than half of the 33 housing associations allow applications by telephone or employ officers to visit disabled or older people in their home to assist in completing adaptation applications. Overall, 79% of people who received a DFG rated the application process as excellent or good, compared to 66% of those who received a PAG.

### **Occupational Therapists are critical to the delivery of good-quality adaptations, but assessments and working practices are inefficient and not always timely**

- 2.19 Adaptations are available to anyone who is assessed as needing one. Local authorities and landlords rely on the professional judgement of Occupational Therapists to identify the works that are 'necessary and appropriate' to meet a person's needs. Occupational Therapists may assess people for housing-adaptation needs in hospital or other care settings. Some delivery organisations require several assessments prior to discharging people to return home or to community-based services. Repeating assessments can create duplication within the system and potential confusion for people who may need a housing adaptation. Our Occupational Therapist survey highlights some of the significant shortcomings in the processes used by delivery organisations to assess, manage and deliver adaptations across Wales.

2.20 These are set out in detail in [Exhibit 6](#) and highlight some significant gaps in current working practices. In particular:

- limited use of mobile technology and reliance on more labour-intensive and excessively bureaucratic processes;
- narrow use of joint applications and reliance on single agency approaches, particularly in housing associations, which increases duplication and adds to the time taken to apply, assess and approve adaptations;
- applicants needing to make multiple applications to different organisations for broadly the same service completing the same information with little integration of data or assessment processes;
- site visits not being kept to a minimum and approval systems not being streamlined to speed up delivery; and
- adaptations not integrated with adapted-housing registers.

2.21 Occupational Therapists also noted delays specifically caused by some housing associations querying the need for adaptation and often delaying or refusing permission. Occupational Therapists also noted a growing concern that the length of time taken by the different delivery organisations to process applications is rising, often as a result of financial pressures and reductions in staff numbers. Overall, whilst local-authority assessment processes often have weaknesses in key areas, Occupational Therapists' experience is that authorities have established more effective systems and processes to deliver adaptations than those used by housing associations.

**Exhibit 6: percentage of Occupational Therapists agreeing that delivery organisations take the following steps to improve economy, efficiency and effectiveness when delivering housing adaptations**

The percentage refers to the proportion of Occupational Therapists who agree that the named delivery organisations comply with the efficiency criteria and shows significant shortcomings in application and assessment processes.

Criteria	Percentage complying with the application and assessment standard by delivery organisations as assessed by Occupational Therapists		
	Local Authorities (%)	Housing Associations (%)	Care and Repair (%)
Adapted housing registers are integrated with adaptation systems	43	40	35
Applicants only enquire/apply once to access adaptations	50	39	41
Local initiatives support speedier delivery of housing adaptations	55	33	64
Mobile and on-line technology is used during adaptation process	56	54	50
Jointly agreed application form	59	38	53
Systems for approving an adaptation are streamlined	65	30	63
All applications are processed at a single intake point	67	47	64
Processes are designed to decide on applications quickly	69	43	81
Decision points in assessment process kept to a minimum	71	50	75
Assessment process is client focussed and allows quick progress	73	39	76

**Percentage complying with the application and assessment standard by delivery organisations as assessed by Occupational Therapists**

<b>Criteria</b>			
Roles of all staff involved in assessments are clearly defined	73	57	68
Site visits kept to a minimum and delivered jointly	74	65	70
Approval points in assessment process kept to a minimum	77	48	75
Enquiries screened at a single intake point	84	56	82
Jointly agreed enquiry process	86	74	89

Source: Wales Audit Office survey of local authorities, housing associations and Care and Repair agencies.

2.22 Challenges can be exacerbated where Occupational Therapists work in local health-board areas that cover a number of local authorities, because there is often a considerable variation in delivery organisations' application and assessment processes and approval systems. Similarly, for health professionals who work across local-authority boundaries and engage with a wide range of delivery organisations, there is a challenge in managing multiple and often very different systems when planning discharge from hospital or considering options to address the needs of patients.

2.23 For example, whilst half of the 12 NHS organisations we surveyed (a mix of Health Boards and individual hospitals) felt they knew what delivery bodies expected of them and how referral processes operate, only two felt they fully understood what adaptation services were available for them to use and how long it took to assess and approve adaptations. Similarly, just four organisations acknowledged that they knew the full range of services that are available and the eligibility criteria for provision of services. We conclude that overall, the complexity of systems adds to the time taken to assess people and deliver timely solutions. Occupational Therapists and health professionals we spoke to believe that their work would benefit from standardising assessment approaches and forms across delivery organisations.

2.24 Delivery organisations most frequently refer to the demand on Occupational Therapists as the main reason for delays in adaptations being processed and delivered in a timely manner. From our surveys, we found that 95% of local authorities and 86% of housing associations experience delays in occupational therapy assessments for DFGs and PAGs. To address these delays, we found that some delivery organisations are increasing the use of Trusted Assessors<sup>10</sup> to reduce demand on Occupational Therapists. Because a significant proportion of referrals for adaptations are for minor items, the use of Trusted Assessors can speed up assessments and decisions and allow Occupational Therapists to prioritise assessing and specifying adaptations that are more complex. Despite the work of Trusted Assessors leading to quicker decisions, their work is not always viewed positively. Occupational Therapists raised concerns over the impact and quality of referrals, and noted that some Trusted Assessors feared making decisions because of potential liability for poor choices if problems arise. Some assessments have also had to be reviewed and signed off by Occupational Therapists before they are approved, which can delay timely decision-making.

### Equipment demonstration

In early 2015, Cardiff Council opened an Independent Living Centre (ILC). An Occupational Therapist is based in the centre and is able to provide information and assessments to people visiting the ILC. The ILC contains a range of housing adaptations so people can see how those work and can assist their day-to-day lives. Some occupational therapy teams have widened their resource base by purchasing a number of kit ramps and 'pod' shower rooms for people who require adaptations urgently and for a short period of time.

2.25 Some local authorities use single points of access for social services including housing adaptations. Once people who may need a housing adaptation contact the single point of access, their request is passed onto administration staff and co-ordinated centrally resulting in a well-timed assessment of the applicants' personal needs and the suitability of the property.

<sup>10</sup> The Royal College of Occupational Therapists, in response to the pressure on occupational therapists, recognises that a wider range of professionals can assess low-level adaptations. Its written guidance *Minor Adaptations Without Delay* (2006) outlines what adaptations Trusted Assessors can assess. A large number of local authorities and housing associations now use this guidance to speed up assessments for low-level adaptations and therefore release Occupational Therapist capacity to deal with adaptations that are more complex.



## Use of technology

Occupational therapists are using technology to become more efficient. Some Occupational therapists email their recommendations directly to housing associations and local authorities, which reduces reliance on and use of paper-based forms and processes. Some Occupational Therapists use their mobile phone cameras to take photos in properties that are being considered for adaptation to accurately capture information, which can be provided electronically to building surveyors and grants officers and help speed up decisions about adaptations. Occupational therapists are also using technology to engage with potential recipients of adaptations by showing pictures of the range of options that are available and the likely impact they can have on the recipient.

## Processes for approving adaptations regularly cause delays

- 2.26 As well as the complexity of Occupational Therapists' assessment processes, delays to delivery of DFGs and PAGs can be caused by a range of other factors. A number of these are inter-related and often sequential resulting from the timing of approvals and decisions, whilst others rest with choices and decisions of the applicant. From our survey of local authorities and housing associations who deliver DFGs and PAGs, we identified a number of core issues that currently interrupt delivery of adaptations.
- 2.27 Just under half of local authorities noted that completing the test of resources<sup>11</sup> could take considerable time. Delays are frequently a result of the amount of detail DFG applicants are required to provide, such as proof of title and comprehensive financial information. Delivery organisations acknowledged that the means test is also inequitable in relation to other funding options and felt that it is debatable whether the means test represents value for money given the length of time to complete compared to the level of grant provided. Positively, some local authorities speed up the test of resources by linking applications to other authority ICT systems to establish the applicant's financial standing – for example, council tax benefit.

<sup>11</sup> Whilst DFGs are mandatory, they are subject to a means test and an upper grant limit. The test of resources for grant applicants is set out in the Housing Renewal Grants Regulations 1996 (SI 1996/2890, as amended). The test largely mirrors the system of calculating entitlement to Housing Benefit. Grant applicants may receive a full grant or may be required to make a contribution towards the cost of the works.

- 2.28 Welsh Government approval processes often delay housing associations delivering PAGs, particularly for larger works, which require approval prior to the commencement of work. The approval process involves Welsh Government officials reviewing the Occupational Therapists' assessment of the need for an adaptation and the suitability of the building, all of which can add many weeks if not months to the process. Eighty-two per cent of landlords stated that they experienced delays because of the Welsh Government requiring associations to provide three quotes and 64% delays as a result of the Welsh Government's approval processes. However, delays can also be caused by incomplete or poor information being submitted to Welsh Government for approval. Nonetheless, given that the bulk of PAGs above £5,000 are approved with little challenge or change, housing associations consider these processes to be unnecessarily burdensome, particularly as the system is entirely paper based and has not been digitised or automated.
- 2.29 To expedite the timeliness of completion of PAGs, the Welsh Government has established a fast-track system for relatively minor and standard works for stair-lifts (£3,500), bathrooms (£6,500) and other access aids (£3,500). It is possible for an application to cover all three which would give a total of £13,500. Under this fast track approach, the Welsh Government retrospectively approves PAG expenditure after the housing association has organised and completed the adaptation. The Welsh Government is also reviewing its guidance on PAGs in partnership with a group of housing-association representatives, and is looking at options to improve timeliness, including formal guidance about the provision of extensions and increasing the upper limits for fast-track applications.
- 2.30 Both local authorities and housing associations also commented on delays resulting from the time needed to gain relevant permissions from utility companies (water in particular) and planning authorities where planning permission is required. These can often result in lengthy delays but are issues over which delivery organisations have little or no control, especially where an applicant is responsible for managing delivery of a DFG. Whilst the onus is normally on an applicant to satisfy planning requirements (for example, in the completion of forms and submission of relevant documentation), delivery organisations should provide as much practical help as required to avoid delays in processing and approving applications. It is important to ensure that planning approval procedures do not add unnecessary delays during the process and that delivery organisations liaise with the relevant local or National Park planning authority to determine the scope of matters which would typically require planning permission, or the scope of exceptional circumstances (for example, when a property lies within a conservation area).

- 2.31 As a final point, decisions taken by applicants or tenants can also result in significant delays. From our surveys, we found that 95% of local authorities stated that applicants often request delays to the adaptation work and 86% of them stated that applicants change their mind and often do not wish to proceed. Whilst housing associations noted that tenants often choose to delay or not proceed with an adaptation, only 40% of landlords experienced these issues. Given the complexity of the system for assessing, approving and delivering adaptations, it is unsurprising that applicants often elect not to proceed, particularly homeowners where DFG processes are especially onerous.
- 2.32 In response to the length of time taken to assess, approve and deliver adaptations, some delivery organisations have sought to streamline their processes to improve efficiency and maximise value for money. These include a number of local authorities, such as Ceredigion County Council and Newport City Council, undertaking an initial assessment of the financial contribution that applicants may need to make for a DFG. Whilst this initial assessment is not binding, it does provide applicants with an understanding of the potential cost they may have to cover. Local authorities using this approach note that identifying the potential cost for applicants as early as possible in the assessment and approval process allows the authority to identify more quickly those who do not intend to progress with their application due to financial cost.
- 2.33 Some local authorities – Powys County Council, Conwy County Borough Council, Caerphilly County Borough Council and the County and City of Swansea Council – also use ‘case officers’ who work with the different agencies and departments involved in adaptations to ensure that applications are ‘pulled’ through the system and decisions expedited. The use of case officers provides applicants with a single point of contact and ensures that there is oversight of disabled or older persons’ application and assessment. Case officers are well placed to address system blockages and speed up decision-making and approvals, especially where there is limited oversight of the whole adaptation system.

## Delivery organisations take a wide variety of approaches to the engagement and management of building works and these are not always efficient or effective

- 2.34 A central issue in getting building work completed is to ensure that the processes used to secure contractors and deliver works are fit for purpose. This is a careful balance requiring delivery organisations to ensure they deliver works quickly to meet the needs and wishes of the disabled or older person, whilst ensuring that probity in contractor appointments and value for money in terms of the cost and quality of building works. Local authorities and housing associations consequently need to ensure they have established effective and efficient methods to deliver services.
- 2.35 Managing contractors and the expediency of procurement processes are important aspects of ensuring the quality of housing adaptations. Done badly, they can have a dramatic effect on the timeliness, cost and delivery of adaptations. The findings of our survey highlight that half of the housing associations delivering PAGs, and a third of local authorities, experienced difficulties in securing contractors and roughly 20% of both in appointing suitably qualified builders to undertake building works.
- 2.36 Most local authorities, housing associations and Care and Repair agencies have established appropriate processes to oversee and manage builder performance, most usually through regular meetings and dialogue in respect of individual grants. However, few delivery organisations are working strategically with contractors to streamline and improve performance. Only two delivery organisations engage with contractors and builders as members of strategic cross-sector groups, which is a 'lost learning opportunity'. Similarly, only two organisations have pooled resources with contractors – for example, joint posts to oversee and co-ordinate and streamline delivery – and only one has co-located staff with contractors and builders.

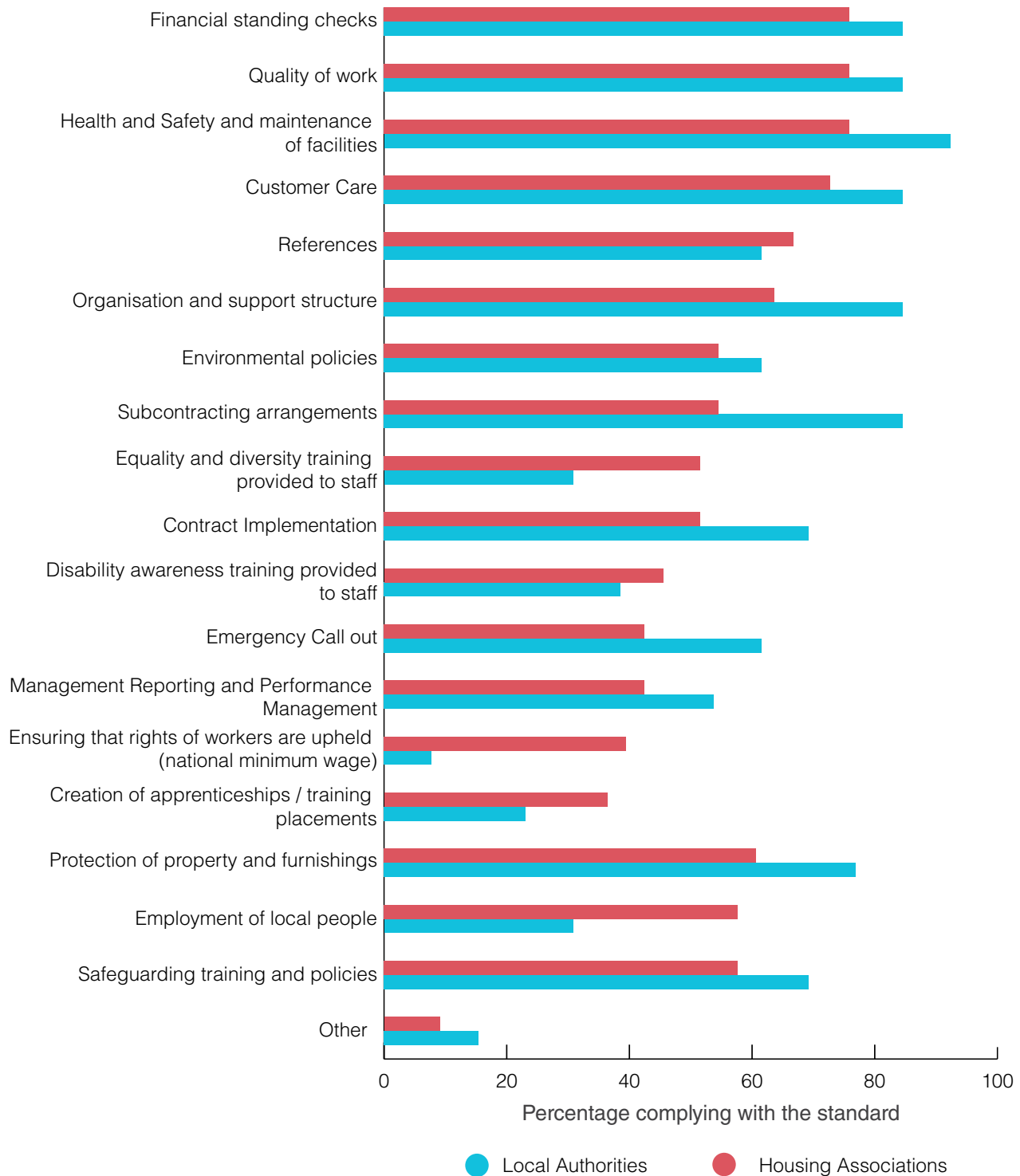
- 2.37 Half of local authorities use approved contractor lists to procure building works and only work with builders they have approved to undertake adaptation work. This is proportionally much lower than housing associations where 27 of the 33 operate approved contractor lists for adaptations. Other local authorities and housing associations tend to use one-off tendered contracts, usually inviting tender prices against a specification using the same criteria for those on approved contractor lists. In addition, a small number of authorities also operate framework agreements.<sup>12</sup>
- 2.38 Where local authorities plan to establish or review their approved list of builders, they should open the process to all potential contractors who meet their published criteria for inclusion. Selection for approved lists should be comprehensive in coverage and include general and specialist contractors to provide local authorities with adequate assurance that the builders they approve to deliver adaptation works are suitably qualified to undertake this work, covering financial standing, liabilities and indemnification and past performance to judge quality and timeliness of works.
- 2.39 However, we found that the processes for accreditation are often not comprehensive and do not provide assurance that authorities are operating effectively. Often accreditation is not based on a formal assessment. For example, only four local authorities run annual processes for contractors to apply to become members of approved lists, whilst the remainder operate ad hoc systems where contractors can tender or apply for inclusion at any time. Some local authorities use online services such as Construction Line<sup>13</sup> to vet key data such as liabilities and indemnification. However, this is often not undertaken annually or bi-annually and information is often out of date. Consequently, delivery organisations often have limited assurance of a contractor's current financial standing and suitability to undertake adaptations work.

<sup>12</sup> A framework agreement will generally allow a purchaser more flexibility around the goods or services contracted for under the framework, both in terms of volume and also the detail of the relevant goods and services. A multi-supplier framework allows the contracting organisation to select from a number of suppliers for its requirements, helping to ensure that each purchase represents best value.

<sup>13</sup> Construction Line: the national pre-qualification database for assessing contractors undertaking work in the building and construction industry.

2.40 Even without use of online services such as Construction Line, delivery organisations can lack published standards for approved contractors, such as regular production and vetting of appropriate insurance and evidence of financial standing. Compliance with these standards enables delivery organisations to assure themselves of the appropriateness of the contractors who undertake adaptations work. These limitations are reflected in our survey of local authorities and housing associations set out in [Exhibit 7](#) which shows that the range of criteria used by delivery organisations to select contractors is not comprehensive. For example, less than half of local authorities and housing associations require contractors to have provided their staff with disability awareness training.

**Exhibit 7: the criteria used by local authorities and housing associations to assess whether a company should be included on the approved contractor list or to approve a builder who tenders for work**



Source: Wales Audit Office Survey of local authorities and housing associations. The chart assesses the 22 local authorities' and 33 housing associations' criteria for working with contractors and builders.

- 2.41 From our survey we found that a small number of local authorities and housing associations are using framework agreements as an alternative to tendering. These approaches allow contractors to achieve savings through economies of scale and some guarantee of the quantity of work they might receive. The longer-term relationship also allows the contractor to invest appropriate resources and develop higher standards of workmanship, and can deliver benefits such as reduced transaction costs; continuous improvement with long-term relationships that are clearly set out and underwritten by contract; better value and greater community wealth; and customer-focused solutions. For example, two local authorities have established four-year framework agreements whilst other local authorities and housing associations use Sell2Wales.<sup>14</sup>
- 2.42 Some local authorities have trouble with the availability of contractors, which causes delays in the timeliness of delivery of adaptations. In particular, mainly rural authorities with limited or no access to major building contractors noted an over reliance on smaller local building firms which often have limited capacity to deal with new agency procurement arrangements. We found that despite these difficulties in securing builders, authorities were not proactively seeking to widen out their pool of contractors to improve choice, speed up delivery and drive greater efficiency. Market testing of contractor rates is often carried out annually via authority quantity surveyors and benchmarked against standard construction pricing schedules such as Spons.<sup>15</sup> However, we found that Grant officers are unclear if this delivers the best value for money, and the lack of supply of contractors can push up rates.
- 2.43 In a small number of areas, the local authority does not directly manage contractors but guides applicants to an approved list of contractors and requires grant applicants to select and manage builders themselves. Where a grant applicant elects or is required to manage a builder directly, it is important that the local authority consider whether they wish to provide applicants with information on local contractors and builders to help them decide on who to appoint. We found that in some authorities the list of contractors provided to grant applicants is not always based on a robust analysis of performance, standing, quality and skills. These are important weaknesses that need to be strengthened to safeguard applicants, and authorities should provide guidance on how to vet builders to help applicants select the right contractor.

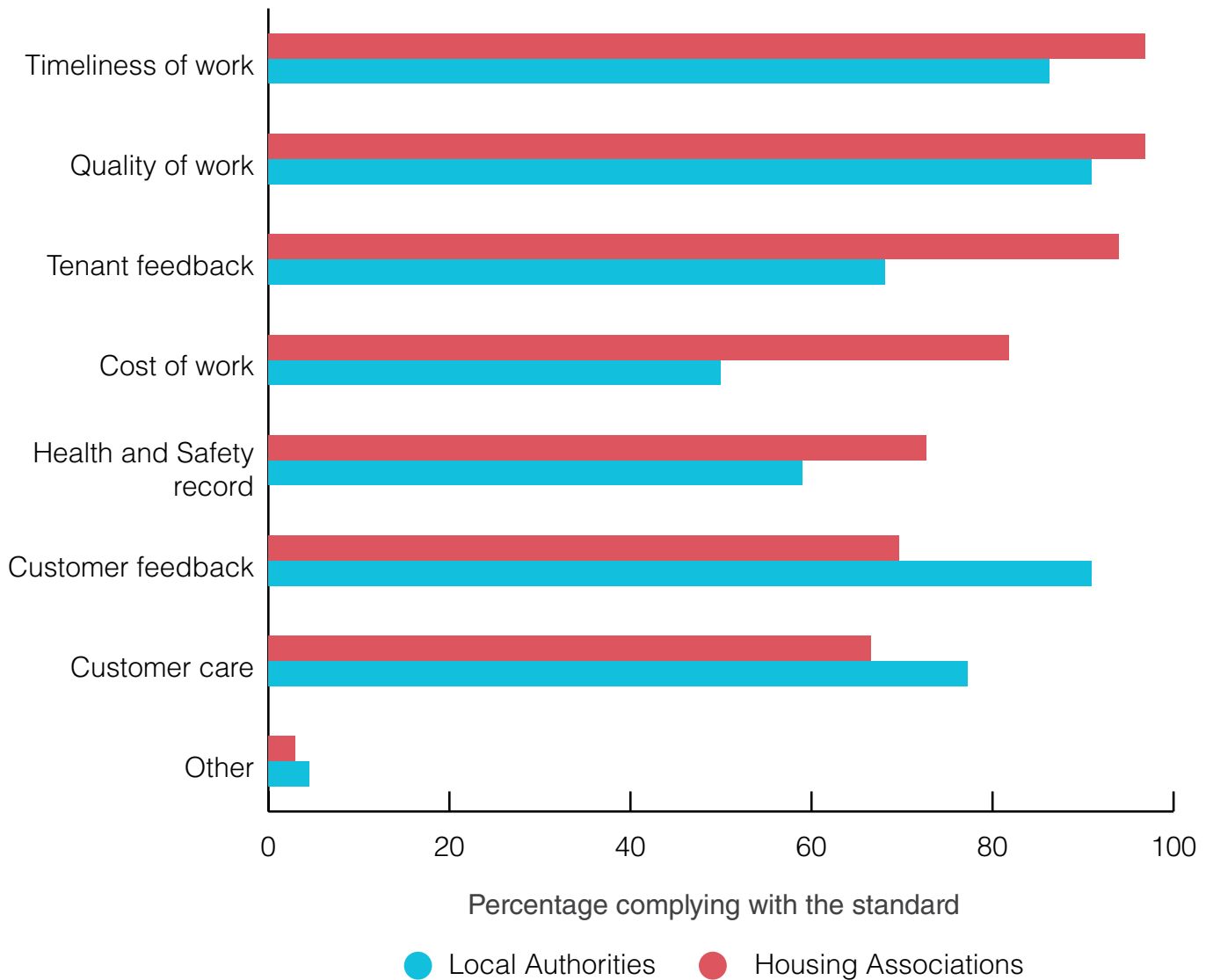
<sup>14</sup> Sell2Wales is a website procurement portal set up by the Welsh Government to help businesses win contracts with the public sector across Wales and help the public sector advertise and manage tender opportunities.

<sup>15</sup> Spons provides accurate, detailed and professionally relevant construction price information for the UK. Its unique Tender Index, updated through the year, provides an ongoing reality check and adjustment for changing market conditions.



- 2.44 Home-improvement agencies (HIAs) offer practical help with building works to vulnerable homeowners. The service offered varies but normally covers help in diagnosing building problems, identifying solutions, selecting a builder, and ensuring work is effectively delivered. Some HIAs are independent non-profit organisations whilst others operate in-house within a local authority with the cost often covered by fees drawn from the DFG. We found that 17 of the 22 local authorities offer HIA support and 15 authorities charge the grant applicant for these services. Given home improvement agency provision is not available across all of Wales, we have concerns that disabled and older people do not apply for DFGs because they are unable or unwilling to directly engage and manage contractors and builders without the support of their local authority.
- 2.45 Monitoring and evaluating performance on delivery of individual adaptations is a key part of ensuring builders provide good-quality and cost-effective services. Delivery organisations need to have appropriate systems in place to collect sufficient intelligence to judge a contractor's performance, actions and behaviours. This should be undertaken independently of the contractor and used to judge whether the builder is retained to deliver adaptations work in the future.
- 2.46 We found that 19 local authorities and 21 housing associations review the performance of contractors on every adaptation on an ongoing basis; one authority and five associations review performance quarterly; and six associations annually. However, two authorities and five housing associations do not evaluate contractor performance at all. Overall, we consider that delivery organisations responsible for delivering adaptations do not always have effective arrangements to monitor, review and evaluate the performance of builders and contractors.
- 2.47 **Exhibit 8**, below, summarises the findings of our survey of local authorities and housing associations analysing the criteria they use to review contractor performance. Most delivery organisations focus on customer feedback, the quality of the building works and speed of delivery. However, only 11 local authorities consider the cost of the works and 13 the contractor's health and safety record and overall performance. In addition, two local authorities and five housing associations stated that they do not review a contractor's performance at all. This highlights that not all agencies are managing and reviewing contractor performance against a suitable range of information.

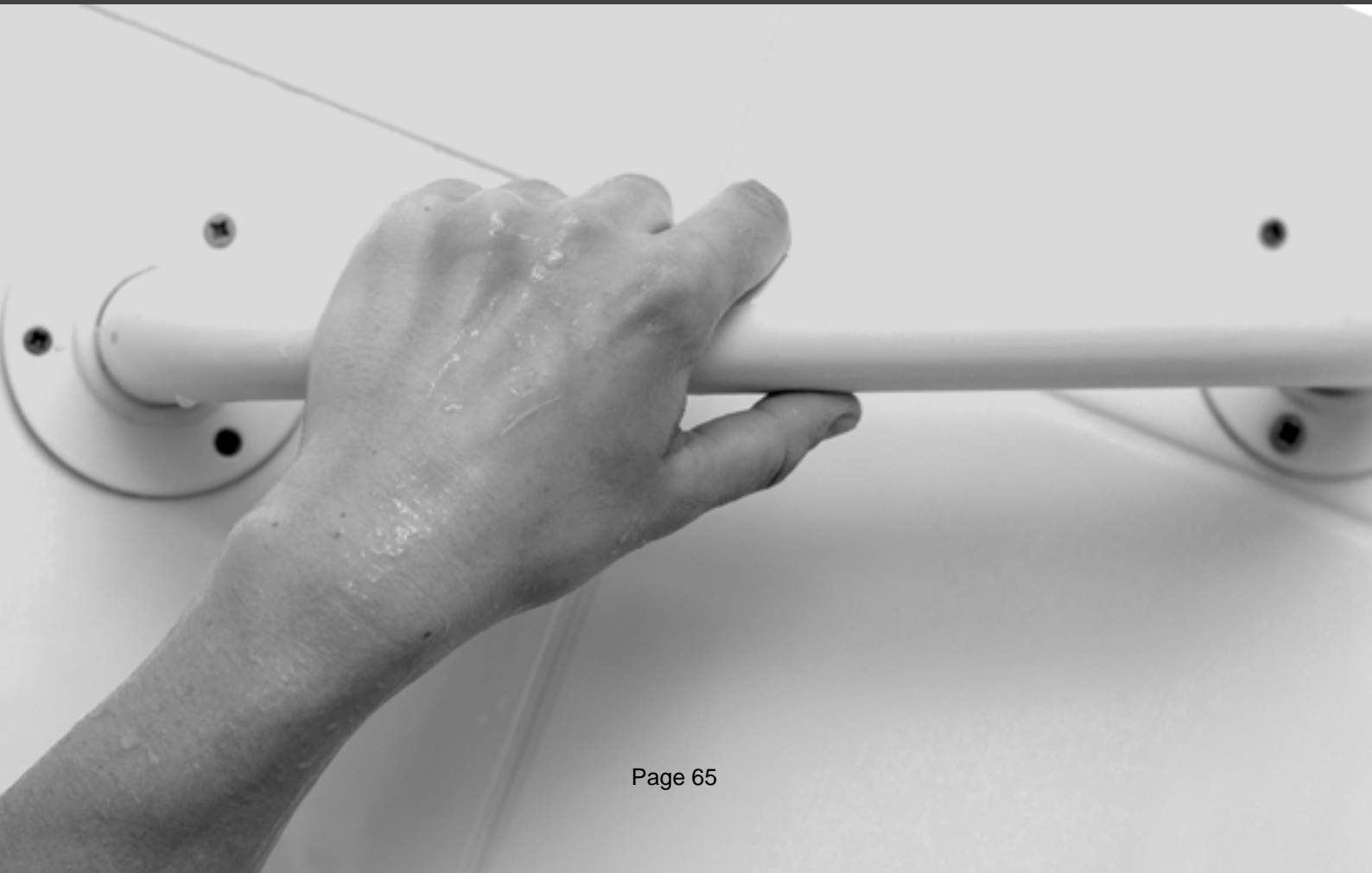
Exhibit 8: the criteria used by local authorities and housing associations to assess the performance of contractors and builders who deliver adaptations



Source: Wales Audit Office Survey of local authorities and housing associations.

## Part 3

Public bodies are generally clear on the benefits of adaptations, but partnership working is ineffective to address need



- 3.1 For at least 30 years, successive UK and Welsh government policies have recognised the importance of supporting frail older people and disabled people to live independently in their own homes rather than in hospitals or residential establishments. For most older and disabled people, addressing their housing needs does not mean specialised new provision but adaptations to their existing homes.
- 3.2 In this part of our report, we examine census data and population projections to gauge the overall level of demand for adaptations in Wales. We also review public bodies' policies for adaptations and the effectiveness of partnership arrangements between local authorities, housing associations, Care and Repair and health bodies to judge how well services are meeting current needs and working together to address predicted increases in demand. Finally, we review current joint working arrangements to judge whether adaptations are benefitting all those who need assistance.

## Census data and population projections suggest demand for adaptations will continue to increase

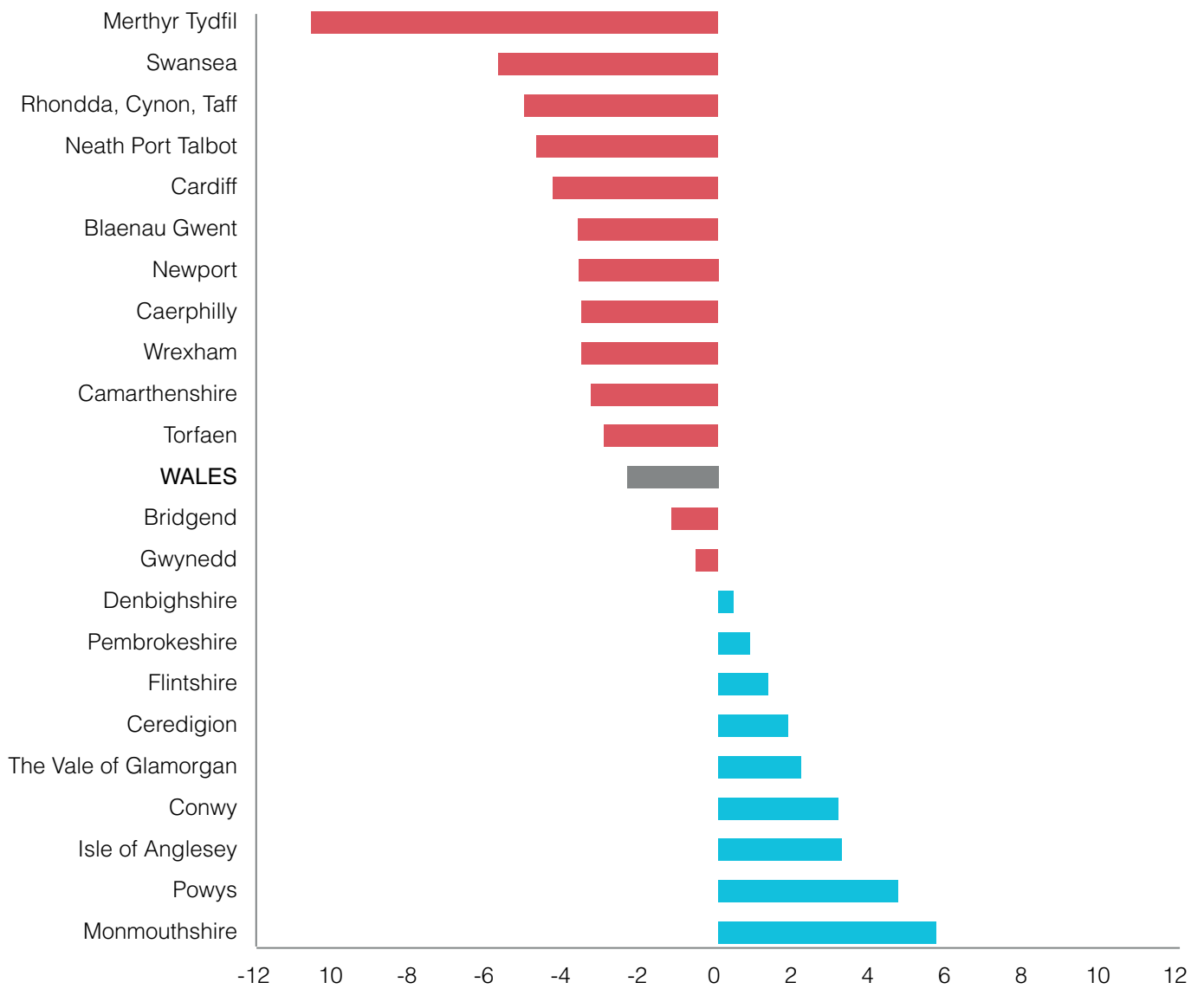
- 3.3 The rights of disabled and older people to receive help for adaptations determines that this is a needs-led service. Local authorities have a statutory duty to review the condition of the housing stock and the need for housing in their area, and have extensive powers to intervene where housing conditions are unacceptable and there is unmet housing need. Local housing authorities also have an obligation under legislation<sup>16</sup> to make an estimate of the likely need for these services and to develop plans for delivering them at a level that will meet the needs identified.
- 3.4 Census data<sup>17</sup> highlights that a higher proportion of the Welsh population (7.8%) consider themselves to be in poor health compared to those in England (4.2%). Comparatively, people in Wales have poorer health than all regions in England with the exception of the North East of England. In Wales, activity limitations are also notably higher: almost 12% reported they are 'limited a lot' and almost 11% are 'limited a little'. In Wales, the prevalence of activity limitations is higher than any English region. Wales also has proportionately more people aged 55 and above than England, and activity limitations are more common among those above retirement age.

<sup>16</sup> Relevant legislation includes: the Local Government and Housing Act 1989; the Housing Grants, Construction and Regeneration Act 1996; Regulatory Reform (Housing Assistance) (England and Wales Order) 2002 and accompanying guidance NAFW Circular 20/02; and the Disabled Facilities Grants (Maximum Amount and Additional Purposes) (Wales) Order 2008 (Welsh Government 2008a).

<sup>17</sup> General Health in England and Wales: 2011 and comparison with 2001.

- 3.5 The proportion of the population in Wales who consider themselves to be in good health is also falling. **Exhibit 9** highlights that between the Censuses in 2001 and 2011, in 13 local authorities the number of people who considered that they suffered from poor health increased, most significantly in Merthyr Tydfil where the rate of deterioration in health was over 10%.

Exhibit 9: the percentage change in the number of people who consider themselves to be suffering from poor health in Wales by local authority between 2001 and 2011



Source: Census, 2001 and 2011.

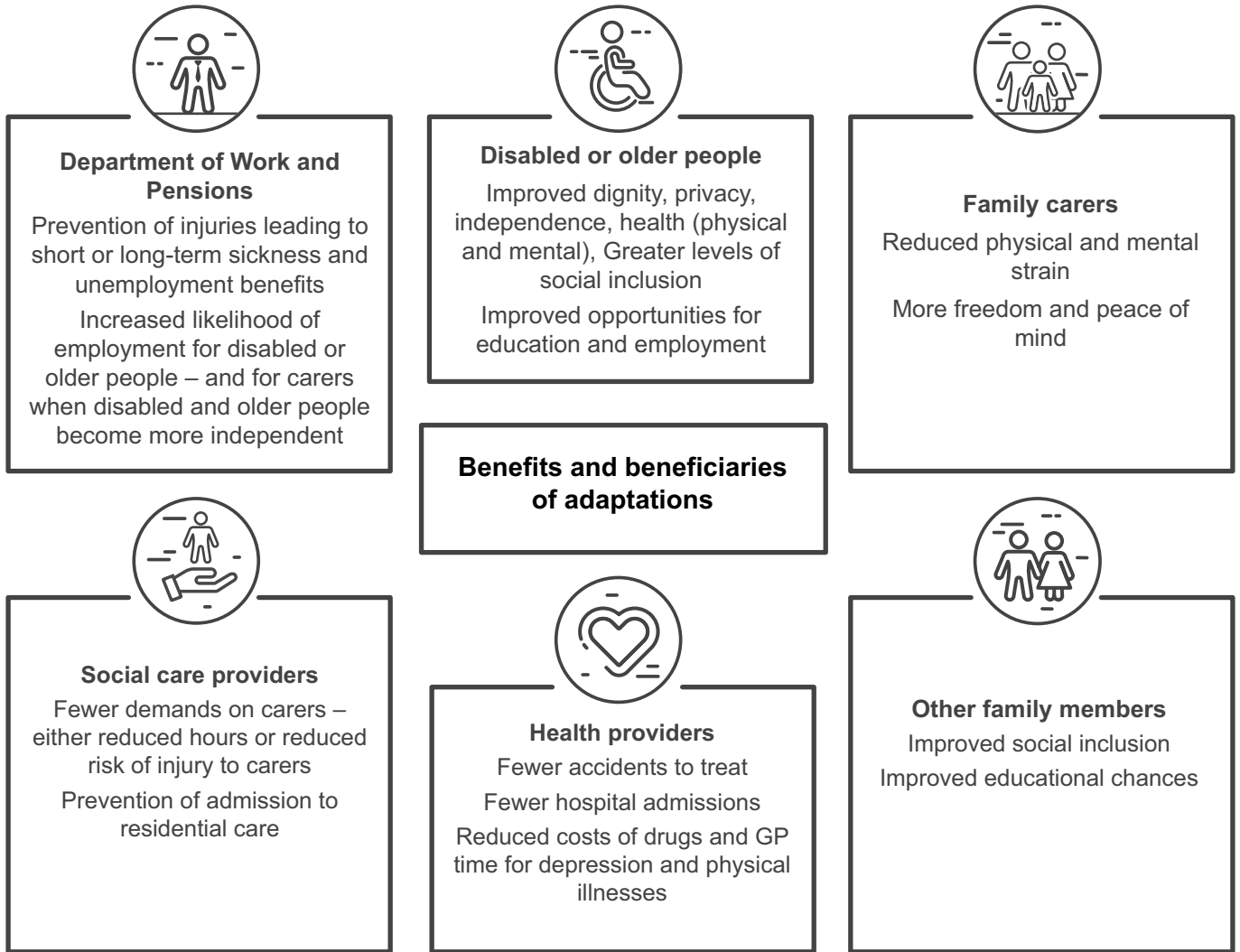
- 3.6 Over the next 20 years we expect to see an increase in the number of people in Wales who experience mobility problems and difficulties undertaking daily domestic tasks. In summary, Welsh Government projections at an all-Wales level show that the number of people who will struggle with domestic tasks aged over 65 will increase by roughly 34% rising to 381,500 and those with mobility difficulties will rise by 58% to 178,000 in 2035. [Appendix 4 and 5](#) provide the detailed projection data from the Welsh Government's Daffodil<sup>18</sup> system at an all-Wales level and by local-authority area.
- 3.7 The predicted increase in demand for adaptations identified in Daffodil projections are echoed by the majority of delivery organisations responding to our surveys who note that demand for housing adaptations is growing and they expect this to continue to increase in the future. Eleven of the 22 local authorities have seen demand rise in the last three years, and 16 of them anticipate demand will grow in the next three years. Similarly, 25 of the 33 housing associations have seen a rise in demand and 27 anticipate further increases in the next three years. All Care and Repair bodies have seen demand surge and expect it to continue to grow.

### Public bodies are mostly clear on the importance of adaptations in supporting independence, but organisations continue to plan in silos with limited focus on collaboration or integration

- 3.8 Public bodies in Wales recognise the importance of housing adaptations in changing the home environment to enable or restore independent living, privacy, self-confidence and self-respect for individuals and their families. Adaptations also deliver many benefits for local and national organisations. [Exhibit 10](#) below summarises some of these beneficiaries and benefits.

<sup>18</sup> Daffodil is a web-based system developed by the Institute of Public Care for the Welsh Government and pulls together in one place the information needed to plan what future care, support and housing services over the next 20 years for children, adults and older people.

Exhibit 10: examples of the beneficiaries and benefits of adaptations

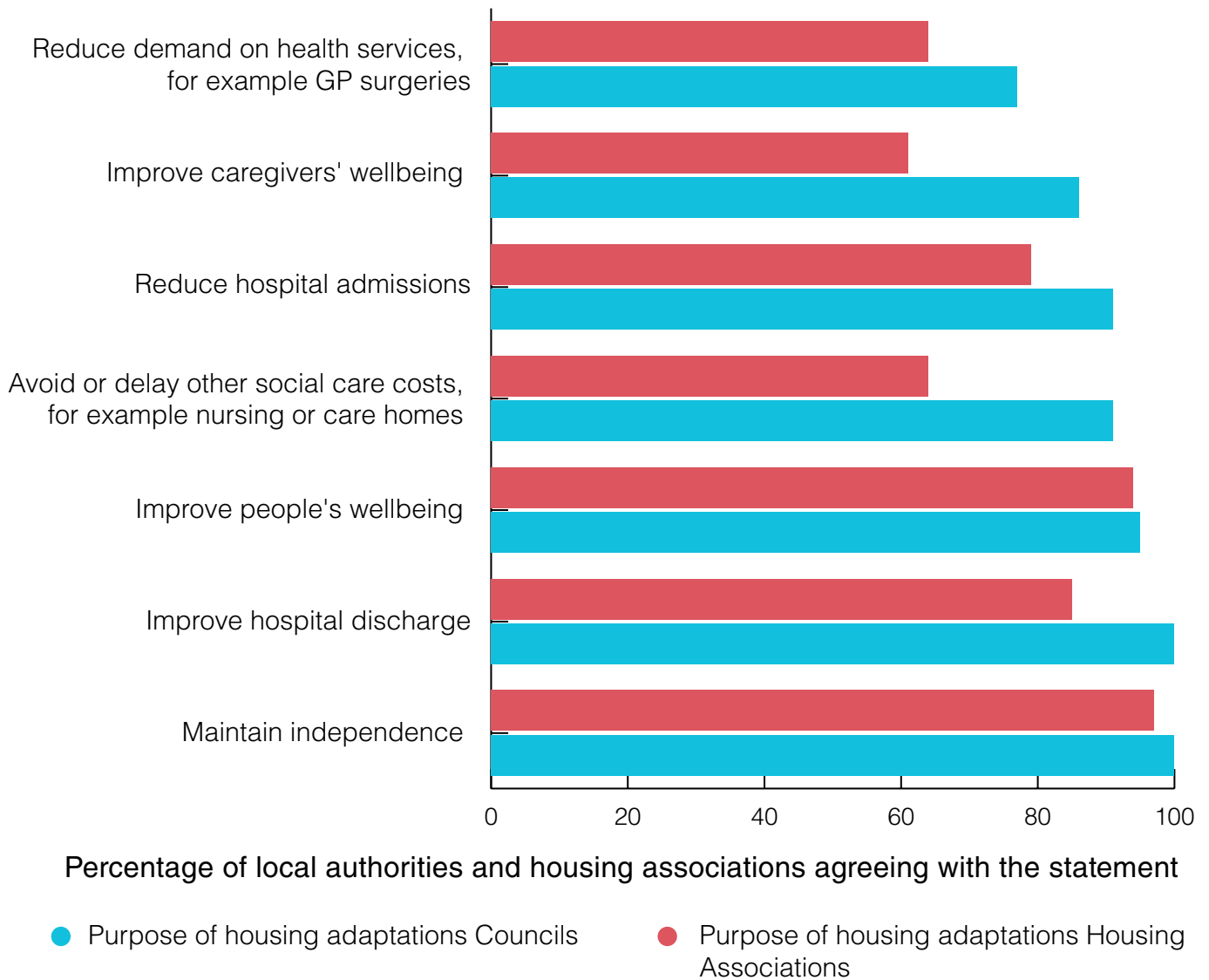


Source: Wales Audit Office.



3.9 For adaptations, having the right strategic goals establishes a clear basis for decision-making about service prioritisation and how and where to direct resources. Most delivery organisations are clear on how their work on adaptations positively helps disabled and older people. For example, through our surveys we found that all local authorities and the vast majority of housing associations have policies for adaptations, which highlights the importance adaptations make in maintaining independence. Similarly, the majority of bodies are also clear on how adaptations support hospital discharge and contribute to improving wellbeing. However, our survey findings highlight that there are some opportunities to improve coverage and focus in some organisations. In particular, improving policies to better address the needs of carers and avoid or reduce demand and costs in health and social care services – [Exhibit 11](#).

**Exhibit 11: local-authority and housing-association views on the purpose and coverage of their policies for deciding on and delivering adaptations**



Source: Wales Audit Office, survey of local authorities and housing associations.

- 3.10 For local authorities, the key policy for provision of adaptations is their Housing Renewal Policy, which should set out the basis and rationale for housing and renewal activity. From our review of Housing Renewal Policies, we found that local authorities are generally clear on the importance and benefits of adaptations and have set appropriate aims and objectives to support their housing investment activity. For example, Bridgend County Borough Council has a stated aim to ‘enable older and disabled people, and people suffering from domestic abuse, where appropriate, to remain in their own homes and live independently’ and Caerphilly County Borough Council is focused on ‘enabling vulnerable persons to remain at home in safety and comfort’.
- 3.11 Our review, however, also identified some shortcomings in current policies for adaptations. Housing Renewal policies should go beyond simply basing priorities on past performance and experience of previous years in responding to the demand that presents itself through applications for services. We often found a poorly presented strategic case, and need for adaptations and information on future needs is often underplayed. Whilst local authorities and partners hold activity data on past performance in providing adaptations, they are not sighted as to whether this activity is meeting all of the need for housing adaptations and public bodies in many areas do not pool information to better understand future demand.
- 3.12 There are some good examples of joint working between agencies to consider the overall demand for adaptations – for example, in Cardiff through the Accessible Homes Register and in Swansea and Wrexham. However, these approaches are often the exception. Even where public bodies work together to better understand demand, data is often not used to set out how authorities intend to address the needs of disabled and older people in the medium-to-long term. In terms of needs assessment, the data most frequently identified and used in strategic planning and needs mapping for future services, is historic trend and spend information, but only where it relates to an organisation’s own performance. Agencies rarely collate sufficiently detailed information and data to provide a strategic overview of current performance and activity to inform future need.

## Good Practice – Cardiff Accessible Homes Project

The project has developed a Housing Register specifically for people with physical impairment who are seeking to move to alternative accommodation. Initial grant funding from the Welsh Government enabled a partnership of housing, social care, health and voluntary agencies in Cardiff to be established. The partnership identified the housing needs and preferences of clients, and developed a database of existing adapted properties across all housing associations in Cardiff, and a 'matching' process to allocate adapted properties. The outcome for clients is an improvement in the options available to those in unsuitable accommodation. For landlords, there has been an improvement in letting times and existing adapted properties are being used more effectively. By identifying existing, suitably adapted dwellings and matching them with a client in need, the project maximised the use of existing resources. The project provided a database of the needs of people with physical disabilities, which informed provision at a strategic level. The Cardiff Accessible Homes project demonstrates growing focus on value for money through development of integrated systems in the capital covering the work of all the housing associations and the local authority.

- 3.13 A small number of respondents to our surveys referenced other data they relied on to plan services, mainly: census data; social-services referrals; private-sector stock condition survey; local housing-market assessment information; and the Welsh Governments Daffodil system. However, no Council or housing association referenced data held by health bodies – a reflection of both housing and health organisations not feeling engaged in strategic discussions on adaptations. Overall, we concluded that public bodies do not have robust approaches to forecasting future demand.

### Partnership arrangements are not sufficiently integrated to maximise the potential benefits of adaptations

- 3.14 The assessment for, and provision of, housing adaptations requires effective joint working between housing organisations, health and social-care services to ensure the needs of often very vulnerable people can be met, and their quality of life improved. Effective partnerships allow delivery organisations to make the best use of their resources to maximise impact and value for money. To be truly effective, organisations should therefore seek to align activity and work in partnership. However, given the wide variation in the approaches of the 68 different agencies delivering adaptations works, and the decisions of the Welsh Government and UK legislation on the funding and guidance that underpins activity, the current system can result in the reinforcement of inequalities for disabled and older people.

- 3.15 We surveyed the delivery organisations responsible for delivering adaptations in Wales – local authorities, housing associations and Care and Repair bodies – on the scale and range of current partnership and joint working arrangements. The detailed findings are set out in [Appendices 6, 7 and 8](#). In summary, we found that few local authorities have formal partnership forums or cross-sector working groups, and partnership arrangements are generally underpinned by informal contact. Joint working between local authorities and Care and Repair is more likely to take place than with housing associations, the third sector, other local-authority services or health bodies.
- 3.16 Delivery organisations do not always take a whole resources view of their adaptations work that considers the availability and use of all monies within an area. Aligning and pooling budgets enables partners to work together to consider their budgets and align their activities to deliver agreed aims and outcomes, while retaining complete accountability and responsibility for their own resources. Collaboration can lead to better outcomes for local people and drive better value for money. Given the constraints on public finances, it is essential that public bodies align budgets where possible to deliver more efficient and effective services that better meet citizens' needs.
- 3.17 For example, we found poor joint working practices between housing allocation staff and Grants officers to improve use of already adapted homes. Policies are often property, rather than client focussed, and rarely make the strategic link to other organisations and the wider needs of disabled and older people. This is despite the Welsh Government's Framework for Action on Independent Living that commits to improving access to adapted and accessible housing for disabled people. The Framework identifies the Housing (Wales) Act 2014 and the use of Accessible Housing Registers as key opportunities to bring about improvements<sup>19</sup>. Too often, matching applicants to adapted homes via accessible homes registers does not happen. Instead adaptation policies continue to be focussed on the work of individual organisations, usually centred on processes for deciding on and managing grant applications, approvals and delivery or work to a social-housing landlord's property.

<sup>19</sup> Welsh Government, [Framework for Action on Independent Living, 2014-15 Outcome Measures, 2014](#)

- 3.18 Few local authorities have comprehensive and integrated Housing Renewal Policies that link decisions on grant investment with better use of existing adapted housing. A recent Shelter Cymru report found that housing associations who have comprehensive approaches to adapted housing are more likely to integrate funding and make better use of adapted properties.<sup>20</sup> We identified few examples of delivery organisations taking an holistic view of funding linking DFGs with existing adapted homes and local spending on PAGs, the Rapid Response Adaptation Programme and a landlord's own resources.
- 3.19 Effective relationships can only be achieved through appropriate training, time spent in working collaboratively and integrating resources, processes and systems to provide a seamless service to disabled and older people. We found that because funding is not always joined up or aligned, resources are spread too widely, which affects delivery organisations' ability to target funding better to maximise impact. Only seven local authorities pool funds with Care and Repair, and no pooling of funding takes place between local authorities and housing associations. Likewise, co-locating staff to provide a single one-stop-shop service is limited. Only seven local authorities have combined Occupational Therapy and housing-adaptation teams to create single point-of-contact arrangements to improve the accessibility to services. Our survey of Occupational Therapists bears this out with 67% of respondents noting that they do not work in an integrated team across health and social care.

20 Welsh Government Social Research 2013, **Accessible social housing in Wales: a review of systems for assessment, recording and matching**, (Shelter Cymru website)

21 Social prescribing is a means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector. Recognising that people's health is determined primarily by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

- 3.20 There are some areas where greater collaborative working across professional boundaries is taking place. For instance, GP surgeries working with Occupational Therapists, leading to improved outcomes for people in need of housing adaptations. Similarly, we identified some good examples of closer working with health professionals such as social prescribing<sup>21</sup> with Care and Repair, and some local authorities are beginning to improve collaborative working through the creation of integrated housing-adaptation teams.
- 3.21 Co-locating services can improve both first point of contact arrangements and accessibility to services, and allows organisations to maximise the availability of and customer access to adaptations. A small number of local authorities, including Swansea and Cardiff, have developed integrated approaches to housing adaptations, drawing together grants, building surveyors and Occupational Therapists into single teams. However co-locating services to improve delivery of housing adaptations rarely happens. Most organisations involved in providing housing adaptations continue to work in isolation focussing on their individual responsibilities, rather than working holistically to address people's housing and health needs.

### **Adaptations can help people avoid going to hospital and speed up patient discharge, but too often these benefits are not being realised**

- 3.22 Whilst the role of adaptations in reducing the risk of falls and other accidents in the home, and in preventing hospital admissions and speeding up discharge is growing, the importance of adaptations is not always reflected in local partnership arrangements between housing, health and social-care bodies. With the exception of Occupational Therapists, health professionals noted that the different local-authority and housing-association systems for administering, approving and delivering adaptations are difficult to navigate. Because most adaptations are reactive (following a crisis) rather than preventative (before the crisis) the engagement and relationship between delivery organisations carrying out adaptations and health bodies are often less well developed.

3.23 Whilst the majority of health bodies felt they understood how adaptations could contribute to hospital discharge and prevent avoidable admissions, many noted concerns with the timeliness of adaptations. In particular, health respondents noted issues of concern in respect of timescales and processes for delivery of adaptations; complexity and inconsistency in the range of services available within an area; availability and accessibility of funding; and need to train and inform health professionals to improve usage and take-up. The findings of our discharge planning survey of health bodies set out in **Exhibit 12** show that almost half of health-body respondents felt that they were 'rarely' or 'never' engaged in discussions on how to make better use of, or improve access to, adaptations.

**Exhibit 12: health bodies' understanding and awareness of housing-adaptation systems and delivery**



Source: Wales Audit Office, Discharge Planning Survey



3.24 Only half of the 22 local authorities felt that their health board was making the best use of housing adaptations. Similarly, over half of the housing associations we surveyed (17 of 33 associations) did not know how integrated or effective joint-working arrangements are between public bodies in delivering adaptations. There are some good examples of effective joint working between health bodies and local authorities to make the best use of adaptations. Caerphilly County Borough Council, through its Joint Hospital Discharge Team, is helping to speed up and improve discharge of patients from hospital. The local authority has published 'Leaving Hospital' online guidance, and its work with Aneurin Bevan University Health Board is improving discharge planning and performance. We found similar approaches in Cardiff and the Vale of Glamorgan with the integrated discharge service, which we highlight as good practice.

#### **Integrated Discharge Service – Cardiff and Vale Health Board**

A collaborative and integrated approach on housing adaptations by Cardiff and Vale Health Board, local-authority partners and Care and Repair is leading to a reduction in the number of delayed transfers of care attributed to housing reasons.

The integrated discharge service uses a stock of adapted homes as step-down accommodation as an interim solution to help improve the patient flow from hospitals. The local authority manages this accommodation, but the health board work with the local authority to identify appropriate referrals into these adapted homes. It is offered as an alternative to people who are waiting to be discharged from hospital but whose homes are not yet adapted to meet their needs.

Two local-authority employed housing-support officers are based in the health board and act as a conduit between the health board and councils on a daily basis, providing practical in-house expert knowledge of the housing-adaptation system. They are effectively in-house experts who know the system and weekly meetings are held between these housing-support officers and health-board staff whereby a list of roughly 200 patients are analysed in order to determine their care and housing needs once discharged from hospital.

In addition, the health board, Cardiff City and County Council, the Vale of Glamorgan Council, and Care and Repair operate a shared equipment store, which helps to manage the demand for adaptations by enabling them to quickly deal with minor works required. This is seen as vital to the health board as its focus very much moves to preventing the need for people to be admitted to hospital in the first place.

3.25 Overall, however, our findings reinforce our conclusion that public bodies continue to have a limited strategic focus on adaptations, concentrating on organisational specific responses rather than how best collectively to meet the needs of disabled and older people.

## Part 4

Public bodies have a limited understanding of the longer-term wellbeing benefits of housing adaptations and there remains significant scope to reform the system to measure and improve equality and wellbeing

- 4.1 Public bodies need good-quality and wide-ranging performance information to set their strategic plans for the future. A good range of performance data will also enable public bodies to judge how well services are performing and identify where improvement is required. Performance information should cover both financial and non-financial measures and allow public bodies to evaluate how successful they are, typically in terms of making progress towards their long-term goals.
- 4.2 In this final part of the report, we review the current arrangements in place to oversee the 68 delivery organisations' performance in undertaking circa £60 million of annual expenditure on adaptations. We consider the robustness of these arrangements and the planned changes to the performance management framework of the Welsh Government's Enable review. We also consider service-user satisfaction levels and whether the current approaches to evaluate performance are sufficiently focussed on understanding the impact of investment choices on individuals' wellbeing.

## Recipients of adaptations that we surveyed are very satisfied with their adaptations

- 4.3 Overall, the people we surveyed who have received housing adaptations provided positive feedback on their experience with roughly three-quarters of respondents rating application processes as excellent or good. In addition, 91% of survey respondents are satisfied with the time taken to deliver their adaptations. Importantly, 89% of recipients of adaptations we surveyed felt the work undertaken allowed them to undertake everyday tasks more easily and 85% that the works had improved both their confidence and independence. Seventy-eight per cent of respondents also noted that the adaptations they received had reduced the incidence of accidents or falls in their home and 61% felt they needed less help and support to live independently. These are all good outcomes highlighting the positive impact adaptations can make to improve the wellbeing of vulnerable people, despite some of the delays and system problems noted above.

- 4.4 Our survey also identified some important variations. Generally, satisfaction with application processes is higher for DFG recipients than people who received a PAG. Whilst delivery organisations are generally good at providing disabled and older people applying for adaptations with the right contact details, the quality of ongoing support and help provided to applicants throughout the life of the adaptation is less effective. People under 55 have a more positive experience of adaptations than other groups of applicants, especially those aged 75 and over. In addition, 65% of disabled and older people we surveyed noted that help or support is not provided by delivery organisations where they were required to contribute financially to the cost of an adaptation, and 76% noted that they were offered little or no choice on the adaptations that were finally delivered.

## **Weaknesses in oversight of performance reinforce the inequalities of the system caused by the different sources of funding**

### **Performance indicator data is only currently published for Disabled Facilities Grants provided by local authorities, so it is not possible to compare performance across all delivery organisations**

- 4.5 Despite the wide range and different sources of funding for housing adaptations, there is only a small range of national publicly reported performance indicators. These cover the work of local authorities in delivering DFGs and cover average time taken, the number of DFGs completed by tenure, and the amount spent in the financial year. The information reported on local authorities' performance specifically covers DFG activity for all 22 authorities, but does not include the adaptation expenditure or activity on council housing for the 11 authorities who retain social housing. Consequently, the performance indicators only present a partial picture of expenditure and performance by local government.
- 4.6 There are no nationally-reported performance indicators for housing associations for their delivery of PAGs, although Welsh Government collects some data on expenditure and the number of PAGs delivered in each financial year. Similarly, whilst Welsh Government receives information on the performance of Care and Repair in respect of the Rapid Response Adaptation programme, this information is not published.

- 4.7 The lack of nationally-reported performance indicators means that it is not possible to fully evaluate and understand the performance or effectiveness of individual agencies, or the efficiency and impact of the 'whole' adaptation system. Neither the individual delivery organisations nor the Welsh Government is sighted of the relative performance of the whole adaptation system. Current performance is only reported for 55% of annual expenditure on adaptations and 14% of disabled and older people who receive adaptations from delivery organisations. This makes it difficult to judge how well organisations are performing and the positive impact of adaptations on people's lives.

**The National Performance Indicator for Disabled Facilities Grants shows a reduction in the average length of time taken to complete adaptations, but the methodology is not robust and the Performance Indicator needs updating**

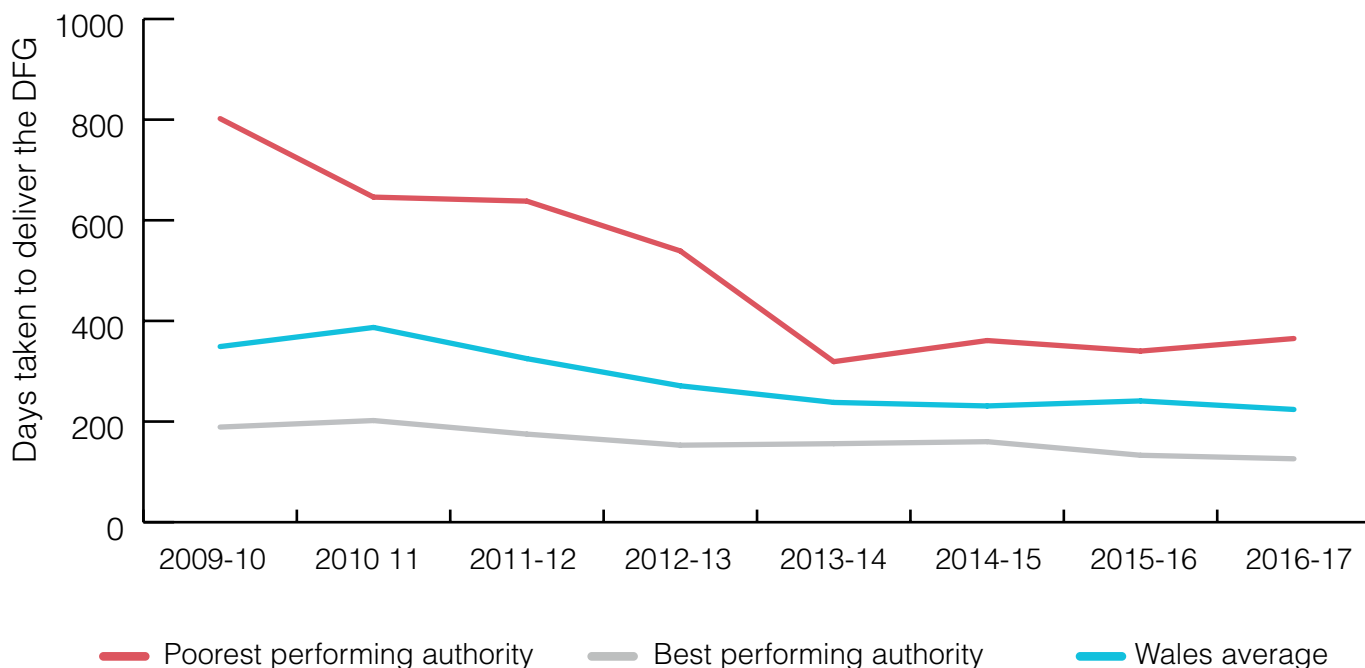
- 4.8 The key national performance indicator for DFGs measures the average number of days that local authorities take to deliver individual grants. However, performance measures assessing averages can mask the scale of local-authority performance and does not measure the impact or benefits of investment. In 2016-17, the average number of days that local authorities across Wales took to deliver DFGs was 224 days, an improvement in performance on the previous year where the average was 241 days.<sup>22</sup> Since 2009-10, the average time taken to deliver DFGs has reduced from around 350 days.
- 4.9 In 2016-17, the average number of days taken to deliver a DFG ranged from 126 days in Powys to 356 days in Monmouthshire. This means that a disabled or older person in Monmouthshire waits on average eight months longer than in Powys. Overall, ten authorities reduced the average time taken to deliver DFGs compared to the previous year and 12 took longer on average. However, between 2009-10 and 2016-17 the rate of improvement for the better performing local authorities has plateaued. This suggests that there is an optimum level of performance that delivery organisations can achieve and, consequently, there is limited scope for improving timeliness beyond the current best-performing local authorities – **Exhibit 13** overleaf.

<sup>22</sup> Welsh Government (StatsWales website), **HOUS1301: Disabled Facilities Grants**, February 2017

- 4.10 The Welsh Government's review of Independent Living Adaptations<sup>23</sup> in 2015 identified that the performance indicators focus solely on inputs, outputs and timeliness but do not cover important issues such as customer satisfaction and the positive impact of the adaptation on disabled and older people. A number of local authorities are concerned that some delivery organisations manipulate how they record data and are consequently not accurately reporting their performance.
- 4.11 For example, not recording the true time taken to deliver a DFG from initial first contact (the 'start' date) to completion of the adaptations (the actual 'end' date), and there is potential for 'gaming', whereby authorities could 'stop the clock' at different times and different stages to improve performance. Indeed, the Welsh Government in its 2015 review concluded that: 'The way in which Performance Indicator (PI) information is currently collected is not consistent across the 22 local authorities in Wales, despite clear guidance issued by the Welsh Government. It was suggested by some stakeholders that some local authorities are deliberately ignoring guidance in order to make delivery times look better.' The issues surrounding the definition and consistent measurement of performance are being addressed through the Welsh Government's 'Enable' review.

<sup>23</sup> Welsh Government Social Research, [A Review of Independent Living Adaptations](#), January 2015

Exhibit 13: the average number of calendar days taken to deliver a Disabled Facilities Grant by local authorities 2009-10 to 2015-16



Source: NSIW0001: National Strategic Indicators (NSI) data collection, Welsh Government.

### The Welsh Government through ‘Enable’ is addressing performance-reporting weaknesses, but the new system has some gaps

4.12 The Welsh Government, through its ‘Enable’ review, has sought to address some of these weaknesses through the introduction of a new system for monitoring and reporting performance in delivering housing adaptations. The new system, introduced in January 2017, requires local authorities and housing associations to record the same core set of information in respect of every DFG and PAG they deliver. **Exhibit 14** below sets out the new performance information established by the Enable review, which local authorities and housing associations are required to submit to the Welsh Government.

Exhibit 14: the performance-reporting standards developed for Disabled Facilities Grants and Physical Adaptation Grants under the Welsh Government Enable scheme

**The performance-reporting standards developed for Disabled Facilities Grants and Physical Adaptation Grants under the Welsh Government Enable scheme**

All organisations	<p>Age of applicant.</p> <p>Housing tenure.</p> <p>Date of first contact with the delivery organisation.</p> <p>Source of referral.</p> <p>Whether an Occupational Therapist or trained assessor is required.</p> <p>Date that the need for adaptation was identified (by Occupational Therapist or trained assessor).</p> <p>Category of adaptation, (small, medium or large).</p> <p>Completion date of the adaptation.</p> <p>Whether the adaptation enabled hospital discharge.</p> <p>Overall cost of works (including VAT).</p> <p>Source of funding.</p> <p>Predicted outcome for person.</p> <p>Customer overall satisfaction.</p>
Local-authority DFG specific	<p>Whether a person is required to make a financial contribution.</p> <p>If a contribution is required, the amount of contribution.</p>
Housing-association PAG specific	<p>Date that the Physical Adaptation Grant is referred to the Welsh Government for approval.</p> <p>Date of Welsh Government approval of the Physical Adaptation Grant.</p>

Source: Wales Audit Office review of Welsh Government information



4.13 We identified some weaknesses with the new Enable framework. Firstly, whilst Enable is seeking to enhance oversight of local-authority and housing-association performance and expenditure, coverage has not been extended to include investment in adaptations to local-authority housing or LSVT homes. The new approach therefore omits roughly 25% of all investment and approximately 30% of the disabled and older people who receive adaptations annually. Whilst the new performance standards introduced through Enable are a step forward in allowing delivery organisations to be able to judge the effectiveness of their management systems, some of the main causes of delays that we have identified in our review are not included. In particular, data relating to planning permissions or utility-company approvals; delays created by applicant/household choices or decisions; equalities data capturing the ethnicity of the applicant; delays arising from difficulties appointing contractors; and the time taken and outcome of the suitability of a home for adaptation. These gaps will limit the usefulness of the data being collated and will not allow the Welsh Government and delivery organisations to fully evaluate all aspects of the complex adaptation system.

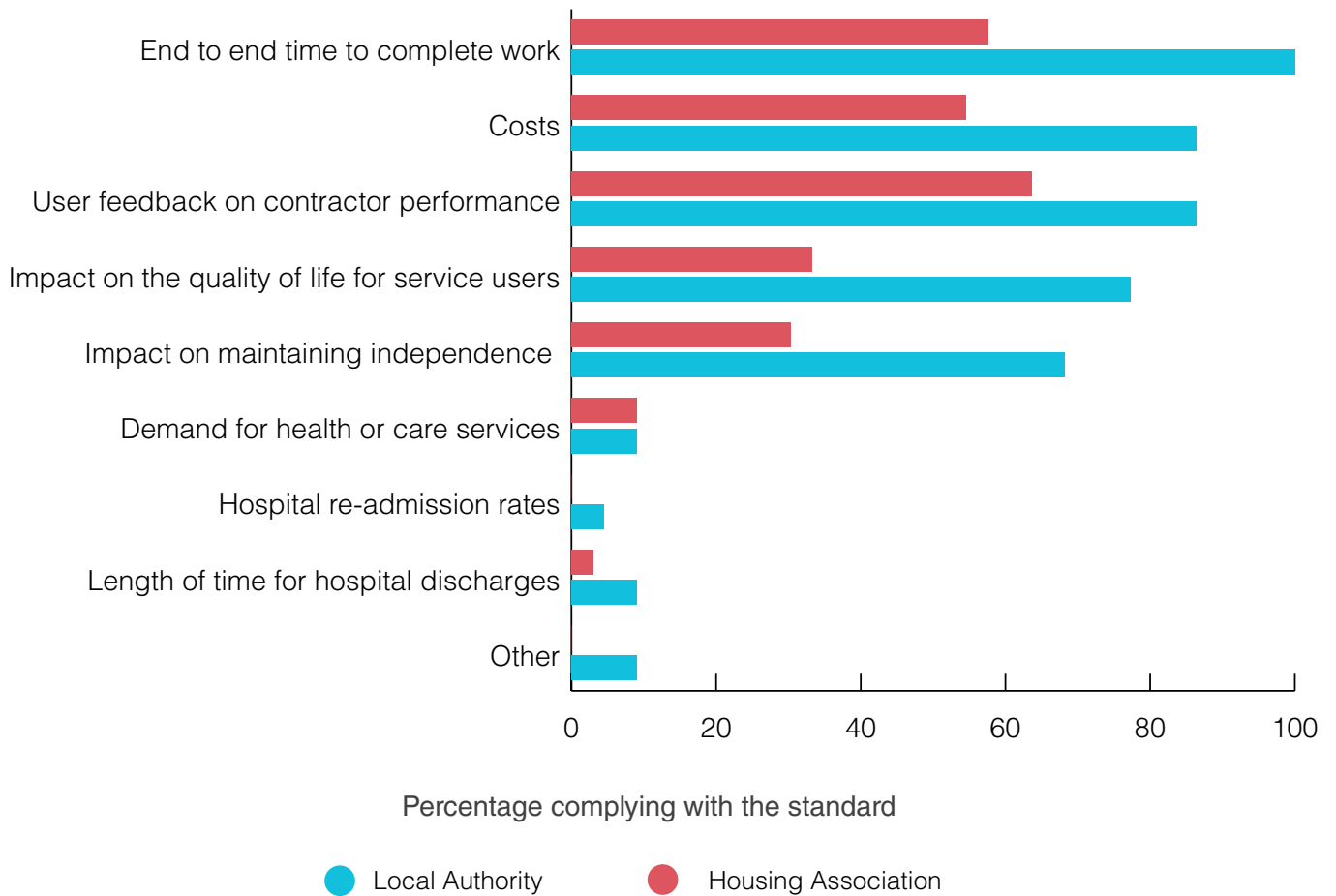
### **Performance management focuses too much on individual organisation inputs and outputs rather than improving outcomes and the preventative benefits of adaptations**

4.14 Historically, the adaptation of buildings is seen as the domain of housing bodies and, to a lesser extent, social-services authorities. Increasingly, adaptations are recognised as the responsibility of health, planning, architectural, education and leisure services amongst others. It is important therefore that a modern adaptation service embraces and uses the skills and experience of a wide range of disciplines in delivering work, but also focuses on understanding not just the efficiency of delivery systems but the wider benefits of adaptations.

- 4.15 In our review, we found that delivery organisations are mostly focussing their performance management and evaluation on inputs and outputs associated with delivery of adaptations. **Exhibit 15** (overleaf) summarises the current approaches of local authorities and housing associations for monitoring and evaluating performance. There continues to be a limited focus on the wider benefits of adaptations for disabled and older people, or on health and social-care services, because performance focuses too much on end-to-end delivery and cost of grants. Current monitoring focuses too much on the mechanics of delivering adaptations and not enough on impact, wellbeing and the wider benefits of investment. Public bodies find it difficult to evaluate performance because of these weaknesses.
- 4.16 The Equality Act 2010 (the 2010 Act) states that a landlord or manager of a property has a duty to make reasonable adjustments and must do this if a disabled or older person is disadvantaged by something because of their disability.<sup>24</sup> The 2010 Act recognises that adaptations are important services that positively advance equality of opportunity and support the wellbeing of disabled and older people. Many local authorities and housing associations have set policy objectives to support people with disabilities to live independently. Despite highlighting equality as a key policy objective, we found that few delivery organisations collect and evaluate a sufficient range of data to demonstrate and ensure fair access to services. Only seven of the 22 local authorities and 11 of the 33 housing associations responding to our surveys stated that they collect equalities information on recipients of housing adaptations. This is a major weakness in current arrangements.

<sup>24</sup> The Equality Act 2010 does not require a landlord to make changes which affect the structure or which would substantially and permanently alter the home – for instance, revising the internal layout by removing walls or widening doors. There are some things they must do, however, to adapt the home for a disabled or older person and if it is reasonable to do so.

Exhibit 15: the data collected by local authorities and housing associations to measure and evaluate their performance in delivering adaptations



Source: Wales Audit Office Survey of local authorities and housing associations.

- 4.17 In Part 3 of this report ([Exhibit 10](#) on page 57) we set out some of the benefits and beneficiaries of adaptations. For individual families these include improved dignity, independence, health (physical and mental), greater levels of social inclusion and improved opportunities for education and employment for disabled and older people; reduced physical and mental strain and more freedom and peace of mind for family carers. Health bodies also highlight that delivery of adaptations contribute to improving discharge delays and help prevent hospital admissions or residential care placements through fewer accidents or falls in the home. Despite many local authorities and housing associations acknowledging the importance of adaptations in enabling disabled and older people to live independently and in preventing demand on health and social-care services, we found little evidence of delivery organisations undertaking robust evaluation of these wider and longer-term benefits of adaptations.
- 4.18 Various local authorities, housing associations and Care and Repair agencies undertake post-adaptation satisfaction surveys with disabled and older people. There is also a wide variation in how feedback from service users is used and we identified opportunities to use this feedback to both strengthen understanding and improve delivery. Surveys are usually undertaken at the point the physical building works have been completed, which does not allow for a full consideration of the benefits of the work on disabled and older people. Key outcomes such as independence, wellbeing, reductions in accidents or falls and greater independence are most often not captured.
- 4.19 For example, whilst almost all delivery organisations used survey findings to help judge the quality of building works and contractor performance, less than half of local authorities and housing associations use the data to examine performance through scrutiny committees or governance boards, and just over half to improve joint working. Roughly a half of housing associations and local authorities use service-user feedback in discussion with the Welsh Government to identify opportunities to improve delivery and performance. Finally, six housing associations do not report and evaluate performance at all. Our analysis shows that at present, using data to judge performance and support future decision making in respect of adaptations continues to have many limitations.

# Appendices



# Appendix 1: Study Methodology

## Review of literature

We have reviewed a wide range of documents and media, including:

- Welsh Government policy and guidance documents;
- local-authority plans and strategies for Housing Renewal; and
- other relevant research and guidance from Shelter Cymru, WLGA and research bodies.

## National Interviews

We interviewed representative of the Royal College of Occupational Therapy, Tai Pawb, Public Health Wales, the Welsh Local Government Association, the Welsh Government and Community Housing Cymru.

## Data and statistical analysis

We have collated and analysed a wide range of performance indicator returns and budget data available online at the Office for National Statistics and StatsWales.

We analysed spending data for all local authorities, housing associations and Care and Repair agencies in Wales.

## Local-authority and housing-association fieldwork

We visited six local authorities and four housing associations in Wales in 2016-17. The local authorities selected represented a mix of city, urban, rural and valley authorities, which are geographically spread across Wales. The four housing associations selected included three traditional community-based associations and one LSVT housing association. The fieldwork sites were:

- Caerphilly County Borough Council
- Cardiff Community Housing Association
- Conwy County Borough Council
- Melin Homes
- North Wales Housing Association
- Newport City Council
- Pembrokeshire County Council
- Powys County Council
- V2C Housing Association

During the visits, we interviewed a range of staff. In addition, we reviewed detailed documentation for Gwynedd County Council, Torfaen County Borough Council and Wrexham County Borough Council.

## Surveys and data collection

We undertook a range of online surveys and we surveyed and collected data from:

- Occupational Therapists working with the Royal College of Occupational Therapy and received 71 responses;
- 12 NHS organisations, a mix of health boards and a sample of hospitals, covering all Health Board areas in Wales;
- all 22 local authorities covering management and delivery of adaptations, including specific information on the 11 authorities which retain their social-housing stock;
- the 33 major housing associations covering management and delivery of adaptations, including the 22 which are in receipt of Physical Adaptations Grant monies and the 11 LSVT associations; and
- the 13 Care and Repair agencies on delivery of the Rapid Response Adaptation programme and strategic working to deliver adaptations.

We also commissioned a telephone survey and completed 521 surveys of disabled and older people who received either a Disabled Facility Grant (DFG) or Physical Adaptation Grant (PAG) in 2015-16. The sample for the survey covered all areas of Wales and both DFG and PAG funding.

## Appendix 2: Definition of housing associations and Care and Repair agencies

Organisation	Remit	Coverage
Housing Associations	To be accepted as a housing association, organisations must satisfy a number of conditions including any surpluses are retained by the organisation to be applied to social-housing purposes. The organisation should operate with high standards of housing, business and financial management. Board membership must be voluntary, and non-executive Directors must not be remunerated. There should also be Independence from other organisations, including a limit of 20% on local-authority ownership or representation on Boards of Management.	Twenty-two housing associations deliver Physical Adaptations Grants to their homes and provide housing for rent in all local-authority areas in Wales.
Large Scale Voluntary Transfer (LSVT)	LSVT housing associations are created as the result of the transfer of ownership of local-authority stock following agreement of a majority of tenants in a ballot. The key features of a LSVT are transferring tenants are offered benefits such as rent guarantees, stock investment programmes and rights as 'assured tenants'. The new landlord must be registered with the Welsh Government, complying with the requirements for community or traditional housing associations. Transfers are funded via a mix of public and private monies.	Eleven LSVT housing associations covering the local-authority areas of: Blaenau Gwent; Bridgend; Ceredigion; Conwy; Gwynedd; Merthyr Tydfil; Monmouthshire; Neath Port Talbot; Newport; Rhondda Cynon Taf; and Torfaen.
Care and Repair	Care and Repair is a national charitable body that seeks to ensure that all older people have homes that are safe, secure and appropriate to their needs. Since 2002-03, the Welsh Government has funded Care and Repair to deliver the national Rapid Response Adaptations Programme.	Thirteen Care and Repair agencies cover the 22 local authorities in Wales.



## Appendix 3: The five different public funding routes for adaptations in Wales

### The five different public funding routes for adaptations in Wales

#### Disabled Facilities Grants

Under the Housing Grants, Construction and Regeneration Act 1996, local authorities provide Disabled Facilities Grants (DFGs). These are mandatory grants available to help disabled and older people to remain living independently in their own homes. Owner-occupiers, landlords as well as local-authority, private-rented and housing-association tenants can apply for a DFG.

The 1996 Housing Grants, Construction and Regeneration Act set the basis for the provision of DFGs. The Housing Renewal Grants Regulations 1996 (Wales) set out the criteria used to test financial resources and the maximum level of grant that local authorities can pay for an adaptation, which is currently £36,000. Local authorities have discretionary powers to provide funding for adaptations, repairs and improvements under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002. Local authorities can provide assistance under that Order in the form of a grant, but it is often a loan. Local Authorities have their own policies on the level of and form of the discretionary assistance they offer and the conditions a person must meet to qualify. The Welsh Government published supplementary housing renewal guidance (NAfW 20/02) to accompany the Regulatory Reform Order. The Welsh Government updated that guidance in 2010.

DFGs are means tested and applicants' contribution towards the cost of works depends on their assessed levels of income, savings and outgoings. Local authorities have a duty to conduct those assessments. The Welsh Government, however, excludes families with dependent disabled children or young people under 19 from means testing. Before issuing a DFG a local housing authority must satisfy itself that the works are 'necessary and appropriate' to meet the needs of the disabled or older person, and are 'reasonable and practicable' depending on the age and condition of the property. In reaching a decision, authorities need to consider whether DFG is:

- needed to provide for a care plan to be implemented which will enable the disabled or older occupant to remain living in their existing home as independently as possible; and
- meet, as far as possible, the assessed needs of the disabled or older person taking into account both their medical and physical needs.

#### Physical Adaptation Grants

The Welsh Government provides Physical Adaptation Grants (PAGs) to housing associations to adapt homes for their tenants where there is an identified need for assistance. Tenants of housing associations cannot apply as an individual for funding. Welsh Government officials approve all PAG funding. Currently, 22 major housing associations receive PAG funding.

## The five different public funding routes for adaptations in Wales

### **Housing Revenue Account funding of adaptations to local-authority housing**

The Housing Revenue Account (HRA) is a ring-fenced account within a local authority's General Fund, which means that local authorities have no general discretion to transfer sums into or out of it. The items to be credited and debited to the HRA are prescribed by statute. These include expenditure and income relating to property listed in section 74 of the Local Government and Housing Act 1989 and Schedule 4 to the 1989 Act (as amended) which specifies the debit and credit items to be recorded in the HRA. Permissible debit items include expenditure on repairs, maintenance and management, capital expenditure and rents, rates, taxes and other charges. The cost of adaptations is included as an area of activity for investment. Whilst tenants can apply for financial assistance to modify their homes typically, the local-authority landlord provides and funds adaptations for their own stock.

### **Large-scale voluntary transfer (LSVT) housing associations**

PAGs are not available to the 11 housing associations that were created through transfer of housing stock from a local authority. LSVT housing associations can either apply to local authorities for a DFG or use their own funding to provide adaptations in their properties. Tenants of stock-transfer associations cannot apply as individuals for funding of an adaptation and are therefore dependent on their landlord agreeing to adapt their home. The Welsh Government requires LSVT housing associations to set out their anticipated investment for housing adaptations in the offer document when tenants are balloted on whether to support stock transfer. If the stock transfer is supported and the housing stock and tenants transfer from the local authority to a new housing-association landlord, then the cost of adaptations work has to be funded from the stock-transfer association's maintenance budgets rather than via PAGs. However, some of organisations now find that their anticipated investment is insufficient to meet the rising demand for housing adaptations from their tenants. LSVT housing associations neither require approval from the Welsh Government nor do they need to comply with the Welsh Government's PAG criteria.

### **Rapid Response Adaptations Programme (RRAP)**

The Welsh Government has funded Care and Repair agencies to deliver the Rapid Response Adaptations Programme (RRAP) since 2002-03. The programme is unique to Wales. The RRAP allows Care and Repair agencies to carry out minor adaptations such as handrails, to enable people to return safely to their own homes from hospital and thus improve hospital discharge. The Welsh Government expects these adaptations to be completed within 15 working days; however, adaptations can be carried out immediately in response to a crisis. The RRAP is only available for owner-occupiers and private-rented tenants. Care and Repair has sought to widen coverage to other tenures but the Welsh Government has yet to approve this extension.

Source: Wales Audit Office analysis of grants and funding for adaptations.

## Appendix 4: Total projected population aged 65 and over unable to manage at least one domestic task on their own

<b>Local Authority</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>% change</b>
Blaenau Gwent	5,232	5,632	6,162	6,760	7,390	29.20%
Bridgend	11,108	12,548	14,212	16,063	17,861	37.81%
Caerphilly	12,976	14,565	16,441	18,462	20,452	36.55%
Cardiff	20,619	22,551	25,365	28,933	32,677	36.90%
Carmarthenshire	16,966	18,857	21,163	23,681	25,891	34.47%
Ceredigion	7,006	7,780	8,666	9,516	10,181	31.19%
Conwy	12,853	13,951	15,324	16,884	18,324	29.86%
Denbighshire	8,764	9,738	10,862	12,128	13,293	34.07%
Flintshire	12,134	13,912	15,820	17,880	19,796	38.70%
Gwynedd	11,133	11,928	12,918	13,997	14,942	25.49%
Isle of Anglesey	6,977	7,725	8,591	9,412	10,088	30.84%
Merthyr Tydfil	4,285	4,751	5,336	6,026	6,704	36.08%
Monmouthshire	8,778	10,033	11,370	12,909	14,300	38.62%
Neath Port Talbot	11,332	12,321	13,658	15,182	16,532	31.45%
Newport	10,412	11,187	12,316	13,672	15,154	31.29%
Pembrokeshire	11,990	13,381	14,874	16,461	17,798	32.63%
Powys	13,831	15,775	17,931	20,216	22,222	37.76%
Rhondda Cynon Taf	17,468	19,131	21,163	23,388	25,537	31.60%
Swansea	19,132	20,851	22,954	25,240	27,388	30.14%
Torfaen	7,313	8,094	9,001	10,054	10,994	33.48%

<b>Local Authority</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>% change</b>
Vale of Glamorgan	10,559	11,977	13,684	15,530	17,193	38.59%
Wrexham	10,317	11,734	13,351	15,124	16,862	38.82%
<b>Wales</b>	<b>251,188</b>	<b>278,422</b>	<b>311,163</b>	<b>347,518</b>	<b>381,580</b>	<b>34.17%</b>

Source: Welsh Government, Daffodil projections

## Appendix 5: Projected population aged 65 and over with mobility problems

<b>Local Authority</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>% change</b>
Blaenau Gwent	2,325	2,510	2,759	3,078	3,400	46.24%
Bridgend	4,946	5,622	6,418	7,345	8,281	67.43%
Caerphilly	5,745	6,489	7,363	8,397	9,456	64.60%
Cardiff	9,374	10,283	11,533	13,188	15,076	60.83%
Carmarthenshire	7,642	8,504	9,562	10,865	12,089	58.19%
Ceredigion	3,152	3,515	3,936	4,402	4,806	52.47%
Conwy	5,863	6,378	7,026	7,828	8,624	47.09%
Denbighshire	3,924	4,374	4,906	5,562	6,202	58.05%
Flintshire	5,395	6,227	7,153	8,221	9,291	72.22%
Gwynedd	5,052	5,438	5,894	6,498	7,039	39.33%
Isle of Anglesey	3,136	3,492	3,914	4,363	4,763	51.88%
Merthyr Tydfil	1,910	2,131	2,405	2,736	3,087	61.62%
Monmouthshire	3,959	4,545	5,179	5,972	6,743	70.32%
Neath Port Talbot	5,095	5,531	6,143	6,905	7,647	50.09%
Newport	4,673	5,058	5,588	6,271	7,021	50.25%
Pembrokeshire	5,378	6,053	6,770	7,610	8,398	56.15%
Powys	6,228	7,127	8,144	9,342	10,466	68.05%
Rhondda Cynon Taf	7,803	8,591	9,534	10,692	11,875	52.19%
Swansea	8,607	9,445	10,427	11,617	12,821	48.96%
Torfaen	3,286	3,653	4,076	4,615	5,131	56.15%
Vale of Glamorgan	4,765	5,409	6,209	7,147	8,048	68.90%

<b>Local Authority</b>	<b>2015</b>	<b>2020</b>	<b>2025</b>	<b>2030</b>	<b>2035</b>	<b>% change</b>
Wrexham	4,626	5,272	6,024	6,942	7,871	70.15%
<b>Wales</b>	<b>112,887</b>	<b>125,645</b>	<b>140,963</b>	<b>159,599</b>	<b>178,134</b>	<b>57.80%</b>

Source: Welsh Government, Daffodil projections

## Appendix 6: The views of local-authority managers on the effectiveness of partnership arrangements between their local authority and other organisations delivering housing adaptations

Local Authorities	Member of cross-sector group	Regular meeting	Informal contact	Sharing information	Collocated staff	Pooled resources	No partnership arrangements
Care and Repair	5	18	15	15	1	7	1
Housing Associations and/or LSVT Associations that do not manage housing in your area	5	6	13	8	2	1	4
Housing Associations and/or LSVT Associations that manage housing in your area	0	0	3	2	0	0	18
Local authorities	10	14	9	11	1	0	5
Other third sector organisations	1	2	7	4	0	0	12
Users of housing adaptations	0	2	14	8	0	0	5

<b>Local Authorities</b>	<b>Member of cross-sector group</b>	<b>Regular meeting</b>	<b>Informal contact</b>	<b>Sharing information</b>	<b>Collocated staff</b>	<b>Pooled resources</b>	<b>No partnership arrangements</b>
Your Local Health Board – other than Occupational Therapy Services	1	4	6	5	0	3	12
Your Local Health Board – through Occupational Therapy Services	5	8	11	10	7	7	3

Source: Wales Audit Office survey of local-authority housing managers. We received responses from all 22 local authorities. Survey respondents could choose more than one response so totals in rows can add up to more than 22. The final column in red is actual numbers.



## Appendix 7: The views of housing-association managers on the effectiveness of partnership arrangements between their housing association and other organisations delivering housing adaptations

Local Authorities	Member of cross-sector group	Regular meeting	Informal contact	Sharing information	Collocated staff	Pooled resources	No partnership arrangements
Care and Repair	3	6	17	9	0	0	7
Housing Associations and/or LSVT Associations that do not manage housing in your area	7	12	20	19	1	2	1
Housing Associations and/or LSVT Associations that manage housing in your area	0	0	9	4	0	0	12
Local authorities	1	1	8	3	0	0	8
Other third sector organisations	2	4	10	12	0	0	10
Users of housing adaptations	3	4	9	7	0	2	12

Local Authorities	Member of cross-sector group	Regular meeting	Informal contact	Sharing information	Collocated staff	Pooled resources	No partnership arrangements
Your Local Health Board – other than Occupational Therapy Services	0	0	6	2	0	0	14
Your Local Health Board – through Occupational Therapy Services	3	6	17	9	0	0	7

Source: Wales Audit Office survey of housing associations. We received responses from all 33 housing associations which provide adaptations. Survey respondents could choose more than one response so totals can add up to more than 33. The final column in red is actual numbers.

## Appendix 8: The views of Care and Repair managers on the effectiveness of partnership arrangements between their organisation and other organisations delivering housing adaptations

<b>Local Authorities</b>	<b>Member of cross-sector group</b>	<b>Regular meeting</b>	<b>Informal contact</b>	<b>Sharing information</b>	<b>Collocated staff</b>	<b>Pooled resources</b>	<b>No partnership arrangements</b>
Care and Repair	5	11	5	10	3	2	0
Housing Associations and/or LSVT Associations that do not manage housing in your area	1	3	8	6	0	0	1
Housing Associations and/or LSVT Associations that manage housing in your area	4	3	5	4	0	0	3
Local authorities	0	1	4	2	0	0	5
Other third sector organisations	4	7	4	5	0	0	2
Users of housing adaptations	1	3	7	6	0	0	0

Local Authorities	Member of cross-sector group	Regular meeting	Informal contact	Sharing information	Collocated staff	Pooled resources	No partnership arrangements
Your Local Health Board – other than Occupational Therapy Services	2	8	8	7	3	0	0
Your Local Health Board – through Occupational Therapy Services	5	11	5	10	3	2	0

Source: Wales Audit Office survey of Care and Repair managers. We received responses from all 13 Care and Repair agencies. Survey respondents could choose more than one response so row totals can add up to more than 13. The final column in red is actual numbers.

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Welsh Government  
Consultation Document

# Housing Adaptations Service Standards

Date of issue: 26 September 2018  
Action required: Responses by 19 December 2018

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

<b>Overview</b>	<p>The Welsh Government is consulting on Service Standards for Housing Adaptations that support disabled and older people to live more independently in their own home.</p> <p>The aim of the Standards is to ensure greater consistency on the way adaptations are provided regardless of a persons tenure or geographic location.</p>
<b>How to respond</b>	<p>This is a written, electronic consultation. Questions are summarised in a questionnaire at the end of this document. Please use this questionnaire to provide your feedback. Responses can be e-mailed/posted to the contact details below.</p>
<b>Further information and related documents</b>	<p><b>Large print, Braille and alternative language versions of this document are available on request.</b></p> <p>The consultation documents can be accessed from the Welsh Government's website at:  <a href="http://www.gov.wales/consultations">www.gov.wales/consultations</a></p>
<b>Contact details</b>	<p>For further information:</p> <p>Independent Living Team  Housing Policy  Welsh Government  Merthyr Tydfil Office  Rhydycar  Merthyr Tydfil  CF48 1UZ</p> <p>email: <a href="mailto:IndependentLiving@gov.wales">IndependentLiving@gov.wales</a></p>

**Contents**

1. Aim .....5

2. Key Issues.....5

3. Scope.....5

4. Service Standards for the delivery of Housing Adaptations.....6

5. Monitoring of Service Standards.....7

6. Complaints and concerns.....7

Figure 1 Housing Adaptations Service Standards.....8

Figure 2 – Definitions of different types of Housing Adaptations ..... 10

Consultation Response Form ..... 11



## General Data Protection Regulation (GDPR)

The Welsh Government will be data controller for any personal data you provide as part of your response to the consultation. Welsh Ministers have statutory powers they will rely on to process this personal data which will enable them to make informed decisions about how they exercise their public functions. Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about or planning future consultations. Where the Welsh Government undertakes further analysis of consultation responses then this work may be commissioned to be carried out by an accredited third party (e.g. a research organisation or a consultancy company). Any such work will only be undertaken under contract. Welsh Government's standard terms and conditions for such contracts set out strict requirements for the processing and safekeeping of personal data. In order to show that the consultation was carried out properly, the Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. If you do not want your name or address published, please tell us this in writing when you send your response. We will then redact them before publishing.

You should also be aware of our responsibilities under Freedom of Information legislation. If your details are published as part of the consultation response then these published reports will be retained indefinitely. Any of your data held otherwise by Welsh Government will be kept for no more than three years.

### Your rights

Under the data protection legislation, you have the right:  
to be informed of the personal data holds about you and to access it  
to require us to rectify inaccuracies in that data  
to (in certain circumstances) object to or restrict processing  
for (in certain circumstances) your data to be 'erased'  
to (in certain circumstances) data portability  
to lodge a complaint with the Information Commissioner's Office (ICO) who is our independent regulator for data protection.

For further details about the information the Welsh Government holds and its use, or if you want to exercise your rights under the GDPR, please see contact details below:  
Data Protection Officer:  
Welsh Government  
Cathays Park  
CARDIFF  
CF10 3NQ

e-mail:  
Data.ProtectionOfficer@gov.wales

The contact details for the Information Commissioner's Office are:  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Tel: 01625 545 745 or  
0303 123 1113  
Website: <https://ico.org.uk/>

## 1. Aim

The Welsh Government recognises the essential role housing adaptations play in supporting disabled and older people to live safely and independently, improving the health and wellbeing of the individual supported including their families and reducing pressures on frontline services such as health and social care. The preventative work which housing adaptations offer is very much in line with the principles of the Wellbeing of Future Generations Act, and the approach set out in Prosperity for All and Healthier Wales.

The provision of support for housing adaptations in Wales is complex and is a reflection of the multiple partners involved in the care and support arrangements of disabled and older people.

To provide greater consistency of delivery across Wales the Welsh Government plan to publish National Service Standards for the delivery of housing adaptations to support disabled and older people to live independently in their own home. The aim of the standards is to set out the level of service expected for the delivery and installation of a housing adaptation that service users, regardless of their geographic location and tenure, can expect. The Service Standards should ensure service providers deliver housing adaptations in a more consistent manner and inform service users on the level of service to expect when they seek support for a housing adaptation.

## 2. Key Issues

Recent independent reviews have highlighted the complexity of the different ways in which housing adaptations are provided. Examples of reports include:

- A review of Independent Living Adaptations: Welsh Government (2015) <sup>1</sup>
- Housing Adaptations: Wales Audit Office (2018) <sup>2</sup>
- Housing and Disabled People: Equalities and Human Rights Commission (2018) <sup>3</sup>
- Housing Adaptations: Report of the Public Accounts Committee (2018)<sup>4</sup>

Each report has identified issues of funding complexity and the challenging arrangements for accessing services across Wales. The multiple funding programmes in place for providing adaptations in Wales has resulted in service users receiving different levels of service as a result of their tenure and where they live.

## 3. Scope

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<sup>1</sup> <https://gov.wales/statistics-and-research/review-independent-living-adaptations/?lang=en>

<sup>2</sup> <https://www.audit.wales/system/files/publications/housing-adaptations-2018-english.pdf>

<sup>3</sup> <https://www.equalityhumanrights.com/sites/default/files/housing-and-disabled-people-wales-hidden-crisis.pdf>

<sup>4</sup> <http://www.assembly.wales/laid%20documents/cr-ld11703/cr-ld11703-e.pdf>

These standards will be applied to all housing adaptations, and will be relevant to:

- Local Authorities
- Care and Repair Agencies
- Registered Social Landlords
- Large Scale Voluntary Transfer (LSVT) organisations
- Occupational Therapists

In addition to the above, the Service Standards will be relevant for Healthcare and Social Service Professionals.

The Welsh Government will keep the standards under review, and may publish amended standards as appropriate.

Legislation requirements for the delivery of specific types of adaptation overrides any services standards outlined in this document, and service provider should seek their own legal advice where needed.

#### **4. Service Standards for the delivery of Housing Adaptations**

The Service Standards set the expected levels of service for the installation of a Housing Adaptation and can be seen at **Figure 1**.

Setting service levels will help to ensure housing adaptations are delivered in a consistent manner, regardless of a service users location and tenure, whilst giving flexibility to service providers to determine the best way to utilise their own resources to meet the standards.

Due to the complexity of delivering some housing adaptations, especially larger sized adaptations, the process can result in a number of steps that may involve input from wider stakeholders such as the planning department, building control teams and utility companies. These steps have to be taken to ensure that the adaptation will provide the help and assistance needed for the service user and meets broader legislative requirements. As a result, the timeframes for delivering a housing adaptation can vary due to this. The 'Expected Timeframes' service standard in **Figure 1** has been split to reflect the following key phases that can be involved in deciding if a Housing Adaptation should be provided:

- The time it takes from a service user making first contact with a relevant Service Provider (this could be a Local Authority, Care and Repair Agency, Housing Association or from their health or social services contacts) to being assessed by a competent person (such as Occupational Therapist or Trusted Assessor) and;
- The timescale for an Occupational Therapist (or another suitably competent person) report/referral/recommendation being provided to the service provider outlining the adaptation works required.

- The date of referral (or decision, recommendation, report) made by the competent person when the adaptation is confirmed as needed to installation. This is to ensure that alternative forms of assistance (e.g. re-ablement) are considered before deciding a housing adaptation is needed.

The Welsh Government expect the service provider to work in collaboration with Occupational Therapists (or other competent persons who can advise and identify the required adaptation) as well as the service users to determine the best possible outcome is achieved, while still reflecting the principles of all work being necessary and appropriate, reasonable and practicable.

Definitions of the different types of housing adaptations (Small, Medium or Large) are listed in **Figure 2**. These are included to provide a guide for service providers to determine how to record the most appropriate type of adaptation (Small, Medium or Large). The Welsh Government recognises there may be situations or individual cases which do not fit within the categories of Figure 2. In these cases, service providers should use their professional judgement to decide the most appropriate category to use, based on sound judgement and evidence.

The definitions in **Figure 2** also aims to help service users understand the different types of adaptations and what they can expect in how they are delivered by the service provider.

## **5. Monitoring of Service Standards**

Performance monitoring data will be submitted to the Welsh Government using existing data collection methodology for the ENABLE data; national performance data for each organisation will be published on an annual basis.

## **6. Complaints and concerns**

If a service user is not satisfied with the level of service received, they have the right to make a complaint. Any complaints should be directed to the Service Provider and handled in accordance with their organisational complaints procedure.

**Figure 1 Housing Adaptations Service Standards**

Service Standard	Level of Service Expected
<b>Standard 1: Purpose</b>	The purpose of a housing adaptation is to help disabled and/or older people to remain or become more independent within their own home. The adaptation provided should be necessary and appropriate, as well as reasonable and practicable.
<b>Standard 2: Equality and Diversity</b>	Disabled and/or older people can expect that they will be treated fairly and respectfully. Service providers will ensure they have equality and diversity policies in place to ensure this.
<b>Standard 3: Communication</b>	Information and communication will be in a format which most effectively meets a service users needs, such as Welsh and English, and accessible formats including braille, large fonts, audio versions and other languages. At the start of the process the service user (or their representative) will be informed of the key steps to install an adaption, be included in the decision making process, informed of the expected timeframes, be regularly updated on progress and invited to provide feedback at the end of installation.
<b>Standard 4: Quality of Service</b>	The work will be completed by a suitably competent person, either an employee of the Service Provider or someone from their approved contractors list which is regularly monitored by the Service Provider. If a service user decides to use their own contractor to carry out the work it will be the service users responsibility to deal with and resolve any issues.
<b>Standard 5: Quality of Equipment</b>	Any equipment installed will be compliant with relevant health and safety requirements, technical specifications and be appropriate for the purpose which they were intended. service user should also be informed of any warranty information, service charges and maintenance requirements where it is appropriate to do so.

<b>Standard 6: Expected Timeframes</b>	<p><b>For Small Adaptations:</b> The solution will usually be installed within 2 weeks from date of first contact with the Service Provider who have deemed it necessary for the adaptation to be installed.</p>
	<p><b>For Medium Adaptations:</b></p> <ul style="list-style-type: none"> <li>- From first point of contact with the Service Provider, the service user can expect to be assessed within 2 months by a competent person e.g. an Occupational Therapist, or Trusted Assessor.</li> <li>- Once the adaptation is confirmed as necessary the Occupational Therapist or Trusted Assessor will provide a report/referral/recommendation to the service provider within 2 weeks of the decision.</li> <li>- Solution usually installed within 4 months (or in line with legislative requirements) from date of referral/recommendation from a competent person.</li> </ul>
	<p><b>For Large Adaptations:</b></p> <ul style="list-style-type: none"> <li>-From first point of contact with the Service Provider, the service user can expect to be assessed within 2 months by a competent person e.g. an Occupational Therapist.</li> <li>- Once the adaptation is confirmed as necessary the Occupational Therapist will provide a report/referral/recommendation to the service provider within 2 weeks of the decision.</li> <li>- Solution usually installed within 15 months (or in line with legislative requirements) from date of referral from a competent person, to reflect steps taken in some cases, e.g. planning permission.</li> </ul>
<b>Standard 7: Eligibility Checks</b>	<p><b>For Small Adaptations:</b></p> <ul style="list-style-type: none"> <li>- Means Test is not required.</li> <li>- Occupational Therapist assessment not required.</li> <li>- Trusted Assessor assessment may be required.</li> </ul>
	<p><b>For Medium Adaptations:</b></p> <ul style="list-style-type: none"> <li>- Means Test may be required.</li> <li>- Occupational Therapist Assessment may be required.</li> <li>- Trusted Assessor assessment will be required.</li> </ul>
	<p><b>For Large Adaptations:</b></p> <ul style="list-style-type: none"> <li>- Means Test may be required.</li> <li>- Occupational Therapist Assessment will be required.</li> <li>- Trusted Assessor assessment would not be appropriate in these cases.</li> </ul>

**Figure 2 – Definitions of different types of Housing Adaptations**

Category	Nature of Work Required	Example of Work	Funding Source
<p><b>Small Adaptions</b>                      adaptations are inexpensive items, which can be provided very quickly. It would generally fit into the description of 'immediate falls prevention' or 'urgent for hospital discharge' and can be assessed and installed within days or the same day if urgent. It can be identified by a number of health/ social services/ other appropriately trained staff e.g. RSL staff, Care and Repair Staff.</p>	<ul style="list-style-type: none"> <li>• Minor home modification required</li> <li>• Not a specialised solution</li> <li>• No building/planning approval required</li> <li>• Adjustable / Flexible</li> <li>• Simple &amp; Intuitive</li> <li>• Minimal maintenance and/or servicing</li> </ul>	<ul style="list-style-type: none"> <li>• Grab rails</li> <li>• Stair rails</li> <li>• Small ramps</li> <li>• Accessible taps</li> <li>• Key safes</li> <li>• Mop stick hand rails</li> <li>• Outdoor rails</li> <li>• External / staircase lights</li> <li>• Additional electrical sockets.</li> </ul>	<ul style="list-style-type: none"> <li>• ENABLE</li> <li>• RRAP</li> <li>• RSL Funds</li> <li>• LA own funds</li> <li>• Self funded</li> </ul>
<p><b>Medium Adaptations</b>                      anything which is not classed as small or large.</p>	<ul style="list-style-type: none"> <li>• Major home modification may be required, but building/planning approval not required.</li> </ul>	<ul style="list-style-type: none"> <li>• Walk in shower</li> <li>• Stair lifts</li> <li>• Large ramps</li> <li>• A combination of adaptations installed as one job</li> </ul>	<ul style="list-style-type: none"> <li>• ENABLE</li> <li>• RSL Funds</li> <li>• LA own funds</li> <li>• Physical Adaptation Grants (PAG)</li> <li>• Disabled Facility Grant (DFG)s</li> <li>• Self funded</li> </ul>
<p><b>Large Adaptations</b>                      these are works which will require specialist assessments and major adaptations to a property such as extensions and through floor lifts. An Occupational Therapists assessment will be required and planning permission may be needed.</p>	<ul style="list-style-type: none"> <li>• Major home modification / structural change required</li> <li>• Specialised / Innovative solutions required</li> <li>• Building / planning approval required</li> <li>• Fixed / permanent / long term</li> <li>• Complex / unfamiliar / requires training &amp; supervision</li> <li>• Solution requires expertise for installation and maintenance</li> </ul>	<ul style="list-style-type: none"> <li>• Building an extension to provide a downstairs bedroom and/or bathroom</li> <li>• Through floor lift</li> <li>• Significant internal structural modifications e.g. relocate bathroom or kitchen</li> </ul>	<ul style="list-style-type: none"> <li>• Disabled Facilities Grant</li> <li>• Physical Adaptations Grants</li> <li>• RSL Funds</li> <li>• LA own funds</li> <li>• Self funded</li> </ul>

**Consultation  
Response Form**

Your name:

Organisation (if applicable):

email / telephone number:

Your address:

**Housing Adaptation Service Standards**

**Question 1:** Will the proposed service standards improve the way housing adaptations are delivered in Wales? If not, are there further service standards which should be included?

**Question 2:** Are the proposed service standards on the 'Expected Timeframes' (Service Standard 6) challenging enough?

**Question 3:** Are the definitions for a small, medium and/or large adaptation sufficiently clear? If not, how could they be clarified?

**Question 4:** Are there any issues relating to impact on the Welsh language, equalities or children's rights in relation to this draft guidance that you wish to highlight?

**Question 5:** Do you have any further comments to add?

Please enter here:

Responses to consultations are likely to be made public, on the internet or in a report. If you would prefer your response to remain anonymous, please tick here:



Ref	REPORT	RECOMMENDATION Reference	Recommendation	LEAD	Achievements to date	NEXT STEPS	Support Officer
	Housing Adaptations - Feb 18	R1	There are many sources of funding and policies for adaptations, which results in disabled and older people receiving very different standards of service (paragraphs 1.5 to 1.9). To address these discrepancies <b>we recommend that the Welsh Government set standards for all adaptations to ensure disabled and older people receive the same standard of service irrespective of where they live, who their landlord is and whether they own their own home.</b>	Darren Williams	<b>Mar-19</b> Welsh Government issued consultation document for Housing Adaptation Service Standards in Sep 18 for public bodies response by Dec 18. Swansea Council submitted response to Welsh Government, providing feedback on viability of timescales proposed.	Await response by Welsh Government to results of consultation with public bodies to Adaptations Service standards proposed.	Steve King & Leanne John
Page 19	Housing Adaptations - Feb 18	R2	Most public bodies are clear on how their work on adaptations can positively impact on disabled and older people, and have set suitable aims that provide focus for action. For adaptations, having the right strategic goals also establishes a clear basis for decisionmaking on who should be prioritised for services and how and where to use resources. However, we found that current policy arrangements have a number of deficiencies and public bodies are not maximising the benefit of their investment (paragraphs 3.8 to 3.15).  <b>We recommend that local authorities work with partner agencies (health bodies, housing associations and Care and Repair) to strengthen their strategic focus for the provision of adaptations by:</b> <ul style="list-style-type: none"> <li>• setting appropriate strategic objectives for adaptations that focus on wellbeing and independence;</li> <li>• improving the quality of information on the demand for adaptations by using a wide range of data to assess need including drawing on and using information from partners who work in the local-authority area; and</li> <li>• linking the system for managing and delivering adaptations with adapted housing policies and registers to make best use of already adapted homes.</li> </ul>	Darren Williams	The Council have a set policy to provide assistance for Disabled Adaptations, in the form of Disabled Facilities Grants and Council House Adaptations. This policy sets the standards and details of the assistance available, for example eligibility criteria, grants value limits. We are working strategically with local partners both internal within the organisation including Social Services, and externally including local Housing Associations and close links with Western Bay Care and Repair to improve the delivery of housing adaptations locally. Continue to work with other housing delivery organisations locally to support a local adapted housing register, the Adapt scheme managed and maintained by Coastal Housing Association.	Welsh Government have set up a National Adaptations Steering Group made up of multi-agency officers, with the im of implementing the recommendations of the WAO Housing Adaptations in Wales review. Working groups being set up to look at the following : <b>Collaboration / Integration</b> - remit to improve strategic focus locally and regionally through RPBs, streamline application process, use home improvement agency services, integrated delivery teams, maximising use of accessible housing registers. <b>Operational Delivery</b> - remit to fast track planning processes, use of trusted assessors, contractor accreditation scheme, accessible information. <b>Performance Monitoring</b> - remit to uniform Pls cross tenure and revise NPI <b>Policy</b> - remit to look at service standards, review DFG means test, streamline RSL PAGs. <b>Procurement / Contract Management</b> - remit to look at framework agreements, contractor performance management. Await further guidance from this group.	Steve King & Leanne John
	Housing Adaptations - Feb 18	R3	Ensuring that all those who might need an adaptation have all the information they need in order to apply for and receive an adaptation is important. Good-quality and accessible information is therefore essential for delivery organisations to demonstrate fair access and transparency. However, we identified weaknesses in the quality and coverage of public information relating to housing adaptations (paragraphs 2.6 to 2.15).  <b>We recommend that delivery organisations provide information on housing adaptations in both Welsh and English, and accessible formats including braille, large fonts, audio versions and other languages. Information should be promoted widely via a range of media including social media, websites and published information, and also through key partners. Preferably, information should be produced jointly and policies aligned between delivery bodies to improve coverage and usage.</b>	Darren Williams	The Housing Service provide information on housing adaptations in a variety of formats, and is advertised on a variety of media including websites, facebook, twitter, and published information leaflets and posters placed in a variety of public information areas such as civic centre reception, libraries, GP surgeries.	Information limited to services the Council provide including Disabled Facilities Grants, Council House Adaptations, and Care and Repair Mini Adaptation Grant handyperson scheme. Await guidance from National Adaptations Steering Group and working groups on local and regional strategic focus to create streamlined and joined up applications and information.	Steve King & Leanne John
	Housing Adaptations - Feb 18	R4	Given the wide number of routes into services, delivery organisations need to ensure they have robust systems to deal effectively and quickly with applications. However, we found that the processes used by delivery organisations vary widely and often create difficulties for disabled and older people seeking assistance (paragraphs 2.16 to 2.19).  <b>We recommend that delivery organisations streamline applications by creating single comprehensive application forms covering all organisations within a local authority area that are available via partners and online.</b>	Darren Williams	The Housing Service look to deal with applications for Disabled Adaptations efficiently and quickly, with robust housekeeping systems in place, applications for Disabled Facilities Grants follow the prescribed processes detailed through current Housing legislation. In-house Caseworkers undertake home visits to complete applications quickly.	Await guidance from National Adaptations Steering Group and working groups on local and regional strategic focus to create streamlined and joined up applications and information.	Steve King & Leanne John

Ref	REPORT	RECOMMENDATION Reference	Recommendation	LEAD	Achievements to date Mar-19	NEXT STEPS	Support Officer
	Housing Adaptations - Feb 18	R5	<p>Delivery of adaptations can be delayed by a variety of factors (paragraphs 2.20 to 2.33).</p> <p><b>To improve timeliness in delivery we recommend that:</b></p> <ul style="list-style-type: none"> <li>the Welsh Government reviews whether local authorities should continue to use the means test for Disabled Facilities Grants (DFGs);</li> <li>local authorities provide or use home improvement agency services to support disabled and older people to progress their DFG applications efficiently;</li> <li>delivery organisations work with planning authorities to fast track and streamline adaptations that require approvals;</li> <li>delivery organisations use Trusted Assessors to undertake less complex adaptation assessments; and</li> <li>the Welsh Government streamlines its approval processes for Physical Adaptation Grants (PAGs).</li> </ul>	Darren Williams	<p>The Housing service have a mandatory obligation to means test all Disabled Facilities Grants applications as prescribed through current Housing legislation. The Housing Service have operated successfully for a number of years an in-house home improvement grant agency service to manage housing adaptations applications from commencement through to completion, with the majority of applicants opting to use this service, and provide a Caseworker service to visit applicants to help them complete their application and give welfare benefits advice. The Housing Service also employ in-house Occupational therapists to deliver assessments quickly, effectively and efficiently. Continue our current dialogue with planners and utilities to process applications quicker to prevent delays and improve timescales on delivering larger extension type adaptations.</p>	<p>Await guidance from National Adaptations Steering Group and working groups on continued use of DFG means test, use of trusted assessors, fast tracking planning applications and developing home improvement agency services.</p>	Steve King & Leanne John
Page 120	Housing Adaptations - Feb 18	R6	<p>Most local authorities, housing associations and Care and Repair agencies have established processes to appoint, oversee and manage builder and/or contractor performance. However, we found wide variations in how delivery organisations arrange, contract and deliver building works (paragraphs 2.37 to 2.44).</p> <p>We recommend that delivery organisations:</p> <ul style="list-style-type: none"> <li>introduce formal systems for accrediting contractors to undertake adaptations. These should include: <ul style="list-style-type: none"> <li>standards of customer care such as keeping to appointments, keeping the site tidy, controlling noise etc;</li> <li>vetting of financial standing, tax and VAT status;</li> <li>promoting good health and safety practices;</li> <li>requiring the use of warranty schemes;</li> <li>ensuring that adequate insurance is held; and</li> <li>requiring references.</li> </ul> </li> <li>use framework agreements and partnered contracts to deliver adaptations.</li> <li>address weaknesses in the contracting of adaptations, updating Schedule of Rates used to tender work and undertaking competitive tendering to support value for money in contracting.</li> <li>develop effective systems to manage and evaluate contractor performance by: <ul style="list-style-type: none"> <li>setting an appropriate range of information to judge performance and delivery of works covering timeliness of work; quality of work; applicant/tenant feedback; cost of work (including variations); health and safety record; and customer feedback;</li> <li>regularly reporting and evaluating performance to identify opportunities to improve services; and</li> <li>providing formal feedback to contractors on their performance covering key issues such as client satisfaction, level and acceptability of variations, right first-time work, post-inspection assessment and completion within budget and on time.</li> </ul> </li> </ul>	Darren Williams	<p>We have operated a Contractor Framework for delivery of housing adaptation works for a number of years. Contractors selected for this framework are subject to a robust application, evaluation and vetting assessment prior to selection. The framework includes detailed customer care obligations for contractors to follow on matters such as courtesy, health and safety, housekeeping and customer satisfaction. Contractors performance is monitored and scored, and feedback provided. The Housing Service operate a schedule of rates for housing adaptation works to ensure value for money, the rates to be updated on an annual basis. Evaluate service performance by provision of Customer Satisfaction Questionnaires, look to review and improve services from feedback provided.</p>	<p>Await guidance from National Adaptations Steering Group and working groups on use of contractor frameworks and monitoring performance.</p>	Steve King & Leanne John
	Housing Adaptations - Feb 18	R7	<p>Maximising impact and value for money in provision of adaptations requires effective joint working between housing organisations and health and social care services to ensure the needs of often very vulnerable people can be met, and their quality of life improved. However, our findings highlight that delivery organisations continue to have a limited strategic focus on adaptations, concentrating on organisational specific responses rather than how best collectively to meet the needs of disabled or older people (paragraphs 3.16 to 3.21).</p> <p><b>We recommend that local authorities work with partner agencies (health bodies, housing associations and Care and Repair) to develop and improve joint working to maximise both take-up and the benefits of adaptations in supporting independence by pooling of resources, co-locating staff and creating integrated delivery teams.</b></p>	Darren Williams	<p>The Housing Service employ in-house Occupational Therapists to undertake assessments quickly and effectively. The Housing service also work closely with Western Bay Care and Repair, funding the Mini Adaptation Grant Handyperson scheme that provides lower value minor adaptations.</p>	<p>Await guidance from National Adaptations Steering Group and working groups on local and regional strategic collaboration and integration of public bodies providing adaptations..</p>	Steve King & Leanne John

Ref	REPORT	RECOMMENDATION Reference	Recommendation	LEAD	Achievements to date Mar-19	NEXT STEPS	Support Officer
	Housing Adaptations - Feb 18	R8	<p>Most public bodies recognise the value of adaptations in reducing the risk of falls, preventing hospital admissions and speeding up discharge from hospital. However, the importance of adaptations is not always reflected in local partnership arrangements and outside of Occupational Therapists, health professionals noted that the different local-authority and housing-association systems for administering, approving and delivering adaptations are difficult to navigate (paragraphs 3.22 to 3.24).</p> <p><b>To enhance take-up and usage of adaptations with health bodies we recommend that delivery organisations jointly agree and publish joint service standards for delivery of adaptations within each local-authority area. The service standards should clearly set out how each agency approaches delivery of adaptations and how they will provide services to ensure people know what they are entitled to receive. Service Standards should:</b></p> <ul style="list-style-type: none"> <li>• be written in plain accessible language;</li> <li>• be precise about what people can and cannot expect to receive;</li> <li>• be produced collaboratively to cover all adaptations services within an area;</li> <li>• set out the eligibility for the different funding streams, application and assessment processes, timescales and review processes; and</li> <li>• offer the viable options and alternatives for adaptations including linking with adapted housing registers to maximise use of already adapted homes.</li> </ul>	Darren Williams	Housing service policy to provide assistance for Disabled Adaptations sets the standards and details of the assistance available from the Council, with published information leaflets and posters placed in a variety of public information areas such as civic centre reception, libraries, GP surgeries.	Await guidance from National Adaptations Steering Group on adaptation service standards.	Steve King & Leanne John
	Housing Adaptations - Feb 18	R9	<p>Having the right performance indicators and regularly reporting performance against these are important for public bodies to manage operational performance, identify areas of improvement and evaluating the positive impact of services. We found that the current range of performance indicator data is extremely limited and not sufficient to enable a full evaluation of performance (paragraphs 4.5 to 4.20).</p> <p><b>To effectively manage performance and be able to judge the impact of adaptations, we recommend that the Welsh Government and delivery organisations:</b></p> <ul style="list-style-type: none"> <li>• set appropriate measures to judge both the effectiveness and efficiency of the different systems for delivering adaptations and the impact on wellbeing and independence of those who receive adaptations;</li> <li>• ensure delivery organisations report against their responsibilities in respect of the Equalities Act 2010;</li> <li>• ensure performance information captures the work of all delivery organisations – local authorities, housing associations and Care and Repair agencies; and</li> <li>• annually publish performance for all delivery organisations to enable a whole systems view of delivery and impact to support improvement to be taken.</li> </ul>	Darren Williams	Housing Service report to WG on the current Disabled Facilities national performance indicator.	Await guidance from National Adaptations Steering Group and working groups on development of performance standards and indicators..	Steve King & Leanne John

# Agenda Item 8

## Adult Services Scrutiny Performance Panel Summary of the Year 2018/19

Could Panel members have a think about the following questions in relation to their year on the Adult Services Scrutiny Performance Panel in readiness for the discussion at the Panel?

<b>1. What has gone well?</b>	
<b>2. What has not gone so well?</b>	
<b>3. Has the Panels work programme been focused on the right things?</b>	
<b>4. What have we learned that will help us with future AS scrutiny?</b>	

## Summary of the Year 2018 – 2019

*See below a summary of the year of activity carried out by the Adult Services Scrutiny Performance Panel*

### **1. Work of the Panel this year**

Topics suggested for scrutiny by Councillors, the public and officers for the year 2018/19 and whether they were completed by the panel are detailed as follows:

- ✓ Community Mental Health Team (Swansea Central) Inspection Report and Improvement Plan
- ✓ Review of the year 2017/18
- ✓ Update on Local Area Coordination
- ✓ Performance Monitoring
- ✓ Pre decision scrutiny on Outcomes of Residential Care and Day Services for Older People Consultation
- ✓ Overview of Western Bay Programme
- ✓ Overview of Supporting People
- ✓ Update on how Council's policy commitments translate to Adult Services
- ✓ Deprivation of Liberty Safeguards
- ✓ Wales Audit Office Report on Strategic Commissioning of Accommodation Services for People with Learning Disabilities

- ✓ Briefing on Annual Review of Charges (Social Services) 2018-19
- ✓ Update on Social Work Practice Framework
- ✓ Draft Budget proposals for Adult Services
- ✓ Adult Services Complaints Annual Report 2017/18
- ✓ Update on Commissioning Review - Domiciliary Care and Procurement
- ✓ Safeguarding Arrangements update (including Modern Slavery and Human Trafficking)
- ✓ CIW Inspection Report Swansea Council Domiciliary Support Services
- ✓ Presentation and Q&A Session with Chairman and Chief Executive of ABMU
- ✓ Update on Adult Services Improvement Plan
- ✓ WAO report on Commissioning of Accommodation Services for People with Learning Disabilities - Follow up on recommendations

## **2. Data monitoring in 2018/19**

Item monitored over the year:

- ✓ Monthly performance report May/June 2018
- ✓ Monthly performance report August/September 2018
- ✓ Monthly performance report December 2018/January 2019
- ✓ Complaints Annual Report for Adult Services 2017/18

## **Planning for the year ahead 2019/20**

*See below some items that can be scheduled for the coming year:*

### **1. Some issues the panel identified but did not get a chance to look at or require ongoing monitoring at present. These can be referred onto the new municipal year**

- Wales Audit Office report on Housing Adaptations (June 2019)
- Panel Review of the year 2018/19 (June 2019)
- Review of budget savings (October 2019)
- Update on how the Council's policy commitments translate to Adult Services (January/February 2020)
- Update on Western Bay arrangements following the review (date to be agreed early in next municipal year)
- Procurement Practice and Assurance in Social Care (Peter Fields) (date to be arranged)
- Outcomes of Re-Procurement Process – Domiciliary Care and Respite at Home (date to be agreed)
- Supported living developments for Mental Health and Learning Disability Services (date to be agreed)
- Workforce Development Plan (date to be agreed)
- Review of Community Alarms pre decision scrutiny (date to be arranged)
- Wales Audit Office reports (dates to be confirmed) –
  - First Point of Contact Assessments under the Social Services and Well-being (Wales) Act 2014 (Joint Adult Services and CFS)
  - Tackling Violence against Women, Domestic (includes fieldwork in Swansea amongst others)
  - Integrated Care Fund (Joint Adult Services and CFS)

**2. Annual items to be scheduled for the new municipal year**

- Monthly performance reports for Adult Services
- Scrutiny of annual budget as it relates to Adult Services matters (Feb 20)
- Corporate Complaints Annual Report for Adult Services 2018/19 (Feb 20)

**3. Upcoming items for Cabinet / Council that may need to be scheduled for the new municipal year**

- Contract Award Report – Award for framework agreement for the provision of Domiciliary Care and Respite at Home Services for older people and younger adults with physical disabilities (Cabinet 18 July 2019)
- Annual Report 2018/19 – Director of Social Services (Council 25 July 2019).

**4. The Scrutiny Work Planning Conference is being held on 10 June. There may be some suggestions of items for this Panel for the new municipal year.**

**5. Other background information**

- Number of times the Adult Services Scrutiny Performance Panel has met = 13
- Number of Adult Services related Conveners letters = 8
- Councillor attendance across the Panel on average = 58%

**ADULT SERVICES SCRUTINY PERFORMANCE PANEL  
WORK PROGRAMME 2019/20**

<b>Meeting Date</b>	<b>Items to be discussed</b>
<b>Meeting 1</b> Thursday 20 June 2019  <b>4.00pm</b>	<b>Wales Audit Office report on Housing Adaptions</b> <i>Andrea Lewis, Cabinet Member for Homes and Energy</i>  <b>Panel Review of the year 2018/19 and draft Work Programme 2019/20</b>
<b>Meeting 2</b> Tuesday 30 July 2019  4.00pm	<b>Performance Monitoring</b> <i>Deborah Reed, Interim Head of Adult Services</i>  <b>Update on West Glamorgan Transformation Programme arrangements following review</b> <i>Kelly Gillings, Director / Nicola Trotman</i>  <b>Review of Final Budget Outturn</b> <i>Deborah Reed, Interim Head of Adult Services</i>
<b>Meeting 3</b> Tuesday 20 August 2018  4.00pm	<b>Outcomes of Re-procurement Process - Domiciliary Care and Respite at Home</b>  <b>Workforce Development Plan</b>
<b>Meeting 4</b> Tuesday 24 September 2019  4.00pm	<b>Supported Living Developments for Mental Health and Learning Disability Services</b>  <b>Procurement Practice and Assurance in Social Care</b> <i>Peter Fields, Principal Officer Prevention, Well-being and Commissioning</i>
<b>Meeting 5</b> Tuesday 29 October 2019  4.00pm	<b>Performance Monitoring</b>  <b>Update on Transformation Programme</b> <i>Deborah Reed, Interim Head of Adult Services</i>
<b>Meeting 6</b> Tuesday 19 November 2019  4.00pm	<b>Telecare and Community Alarms mini commissioning review</b>
<b>Meeting 7</b> Tuesday 17 December 2019  4.00pm	<b>Annual Review of Charges (Social Services) 2019-20</b> <i>Dave Howes, Director of Social Services</i>  <b>Update on Local Area Coordination</b>
<b>Meeting 8</b>	<b>Performance Monitoring</b>

Tuesday 28 January 2020 4.00pm	<b>Update on how Council's Policy Commitments translate to Adult Services</b> <i>Mark Child, Cabinet Member for Care, Health and Ageing Well</i> <i>Dave Howes, Director of Social Services</i>
<b>Additional meeting</b> ? February 2020	<b>Draft budget proposals for Adult Services</b>
<b>Meeting 9</b> Tuesday 25 February 2020 4.00pm	<b>Adult Services Complaints Annual Report 2018-19</b> <i>Julie Nicholas-Humphreys, Corporate Complaints Manager</i>
<b>Meeting 10</b> Tuesday 17 March 2020 4.00pm	
<b>Meeting 11</b> Tuesday 28 April 2020 4.00pm	
<b>Meeting 12</b> Tuesday 19 May 2020 4.00pm	<b>Performance Monitoring</b>  <b>Update on Transformation Programme</b> <i>Deborah Reed, Interim Head of Adult Services</i>

Future Work Programme items:

- Wales Audit Office Reports (dates to be confirmed):
  - First Point of Contact Assessments under the Social Services and Well-being (Wales) Act 2014 (Joint Adult Services and CFS)
  - Integrated Care Fund (Joint Adult Services and CFS)
  - Tackling Violence Against Women, Domestic (includes fieldwork in Swansea amongst others) (check if Adult Services or CFS?)



# Agenda Item 9

**Sent:** 05 June 2019 14:26

**Subject:** Council contract termination that will have severe consequences for blind and partially sighted people living in Swansea

Dear Councillor,

I am writing to inform you of a contract termination by Swansea Council that will have devastating consequences for people who have and will develop significant sight loss, which will also quickly lead to increased demand on already stretched council resources.

We have been contracted by Swansea Council to deliver essential services to blind and partially sighted people since 2014 but received 3 months' termination notice via a short letter sent on 15 May. This came as a complete surprise for a number of reasons, which include:

- > We had a contract extension until the end of September.
- > A review of sensory services (internal and commissioned) has been due for around a year and a half and we were assured this would be completed before decisions on contracts were made.
- > This review has not taken place and we have outlined a new working model to the commissioning officer and sensory services team leader that should reduce the council's overall cost and at least maintain and probably increase outcomes for blind and partially sighted people. The commissioning officer said she would make sure we were involved in the review and seemed to understand the value of what we were proposing.
- > There have been no issues with our contract delivery as far as we are aware and no rationale has been provided in the notice letter despite a request for that.
- > We are not aware that an equality impact assessment has been undertaken as part of this decision, which I hope is not the case given the significant impact it will have and that it is a requirement of the Public Sector Equality Duty.

We highlighted these points to the Principal Officer for Prevention, Wellbeing and Commissioning when we first received verbal notice of the termination and asked for him to provide the rationale and equality impact assessment if they decided to continue with it. We have not received that as part of the written notice, which is merely a paragraph long.

It is really disappointing, particularly given the financial cost is so low, that the contract has been terminated early and before a review of sensory services has taken place. The way it has been terminated; with no reasons given, no thanks for the work we have been doing on behalf of the council for the last six years and no information about if or how they would like to work with us in future; is also very disappointing.

The people we support, over 800 each year, are a group defined as at risk in the Welsh Government's Social Services and Well-being Act. This Act, as you know, creates both a strategic and a practical duty in relation to preventative services. At the practical level, local authorities are required to provide or arrange for the provision of services that will contribute towards preventing/delaying/reducing the development of needs for care and support; minimising the effect on disabled people of their disabilities; helping to prevent people from suffering abuse or neglect and enabling people to live their lives as independently as possible.

We know our services prevent or reduce people's need for statutory services. We also provide crucial early intervention work when people first develop a significant sight condition, which again lowers the demand on local authority services. In our last outcome monitoring survey, 25% of people said they needed less support from their local authority and 14% of people said they needed less support from their health board since getting help from us. There is already a waiting list for council rehabilitation services and this will undoubtedly grow with the Council's decision to terminate our contract. The support people will require when finally seen will also be more complex and resource heavy in our absence.

We appreciate the difficult decisions authorities need to make in the current financial climate but we believe this will end up costing the authority more and things should have been done differently with regard to this process, which has potentially been unlawful.

The change we are seeking is for the contract notice to be put on hold until the review of sensory services has taken place. I am confident, as we have been doing with other authorities with great success, that we can suggest a different and better way for the authority and the third sector to deliver essential services for people who can be very vulnerable. I have already had productive discussions with Sense Cymru (who support people with dual sensory loss and complex disabilities) and they are keen to explore a better, more collaborative model with the Council. Like us, before our contract notice, they have been on six month extension contracts for quite a while, which is very difficult to resource as it provides little job security.

Our ask to you please, is that you raise the question of whether proper process has taken place on this and whether a different approach should be taken to balance the council's needs to reduce budget whilst providing key services to people with protected characteristics under the Equality Act and Social Services and Wellbeing Act.

For information, the contract is with RNIB but subcontracted to Cardiff Institute for the Blind as the Principal Officer at the time the contract started was understandably not keen to use our Cardiff Institute for the Blind name in Swansea. As we have an association agreement with RNIB and work very closely with them, it was agreed the contract would be under the RNIB name but delivered by my staff. The likelihood is that we will need to make at least one redundancy as part of this decision

and reduce the number of volunteers we have. Many of these volunteers have sight loss themselves and find the confidence and feeling of self-worth they get from volunteering life changing.

Also for information, a formal complaint was made by Vision Impaired West Glamorgan (a voluntary body that acts as a voice for blind and partially sighted people) to the Council in January of this year related to the timing and accessibility of the Council's consultation on Social Services Commissioning Strategies. The response from the Council on that was: "If and when the Strategies are agreed, full service reviews will be undertaken which may lead to proposals for specific change. We would of course fully consult on any such proposals in a specific consultation, allowing adequate time for all interested parties to respond".

Again, we do not believe a review has been carried out and there has been no consultation with interested parties such as us or blind and partially sighted people.

# Agenda Item 10



**To:**  
**Councillor Mark Child**  
**Cabinet Member for Care, Health & Ageing**  
**Well**

*Please ask for:* Scrutiny  
*Gofynnwch am:*  
*Scrutiny Office* 01792 637314  
*Line:*  
*Llinell*  
*Uniongyrochol:*  
*e-Mail* [scrutiny@swansea.gov.uk](mailto:scrutiny@swansea.gov.uk)  
*e-Bost:*  
*Date* 13 May 2019  
*Dyddiad:*

**Summary:** This is a letter from the Adult Services Scrutiny Performance Panel to the Cabinet Member for Care, Health and Ageing Well following the meeting of the Panel on 16 April 2019. It covers the Adult Services Improvement Plan and the follow up on progress with recommendations from WAO report.

Dear Cllr Child

The Panel met on 16 April to discuss the Adult Services Improvement Plan and follow up on progress with recommendations from the WAO report on commissioning of accommodation services for people with learning disabilities. We would like to thank you, Deb Reed and Peter Field for attending to present the items and answer the Panel's questions. We appreciate your engagement and input.

We are writing to you to reflect on what we learnt from the discussion, share the views of the Panel, and, where necessary, raise any issues or recommendations for your consideration and response. The main issues discussed are summarised below:

## **Adult Services Improvement Plan**

We were updated on progress to date and the associated savings. We informed you that we do not agree with the savings methodology used and are concerned that savings are being classed as income rather than deferred costs.

We were informed that a bid has been submitted to support another five Local Area Coordinators (LACs) and a deputy team leader and that three would be appointed as soon as possible and another two later in the year. We were pleased to hear this but are concerned about the uncertainty of future funding for these posts.

### **OVERVIEW & SCRUTINY / TROSOLWG A CHRAFFU**

SWANSEA COUNCIL / CYNGOR ABERTAWE

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We informed you that we would like to see performance indicators that show the value of Local Area Coordinators and the value they are adding. We heard that the Authority is going to see if it can import the 'Wiltshire tool' to enable it to do this. You also agreed to provide academic reports to evidence that LACs are saving twice as much as they cost.

### **Progress addressing WAO Recommendations relating to Strategic Commissioning of Accommodation Services for Adults with Learning Disabilities**

We heard that the re-tendering process was open to all providers but no new ones applied.

We informed you that we feel a simple route map (diagram) is needed on the range of services available to support people with learning disabilities.

We were informed that the Authority tried to involve 'hard to reach' service users in the consultation. We heard that all service users were contacted and invited to participate in the consultation, and that independent advocates were involved.

The Panel would like to know what the Authority is currently commissioning and requested further information on this.

We asked about engagement with carers. We informed you that an Equalities Scrutiny Inquiry is currently underway and members of that Panel were informed by the Carers Centre that carers and parents are concerned about engagement with social workers. We look forward to seeing the report when completed and will then decide if we require further briefing on this area.

### **Your Response**

We hope you find this letter useful and informative. We would welcome your comments on any of the issues raised but please provide a written response by Wednesday 12 June 2019 to the following:

1. Provide academic reports to evidence LACs are saving twice as much as they cost.
2. Provide further information on what the Authority is currently commissioning.

Yours sincerely



**PETER BLACK**

**CONVENER, ADULT SERVICES SCRUTINY PANEL**  
**CLLR.PETER.BLACK@SWANSEA.GOV.UK**

**Cllr Peter Black**  
**Convener, Adult Services Scrutiny Panel**

*Please ask for:* Councillor Mark Child  
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*Our Ref:* MC/KH  
*Your Ref:*  
*Date:* 22 May 2019

**BY EMAIL**

Dear Councillor Black

Thank you for your letter dated 13 May 2019 please find response below.

1. Provide academic reports to evidence LACs are saving twice as much as they cost.  
Please note the following:

Swansea University Formative Evaluation Summary published in December 2016 at page 4 reports

“LAC implementation in Swansea demonstrated benefits in the range of £800k-£1.2m during this brief period (July 2015 – April 2016). This represents a benefit/cost ratio of between 2:1 and 3:1 using the core range assumptions and under the most conservative parameters. Sustained LAC/LCC activity would see the benefit/cost ratio improve further rising to between 3:1 and 4:1 with a net return of £1.2m-£1.8m.”

A copy of the full report is attached.

The Evaluation of Leicestershire County Council Local Area Coordination Report published in October 2016 at page 5 provides...

“The SROI findings provide positive evidence of measurable outcomes for LAC, demonstrating positive SROI ratio of £4.10 in accumulated benefit for every £1 spent (based on 15 months’ worth of input and activity from the end June 2015 to end September 2016) . Additionally, Coordinators estimate that 53 prospective future critical incidents have been avoided as a result of LAC’s work and these are likely to result in substantial further benefits over and above those calculated for the SROI. We provide an indicative order-of-magnitude estimate for the additional benefits gained from avoidance of critical incidents in the main report.”

Learning Outcomes from Thurrock Council and Derby City Council Social Return on Investment Analyses Report published in March 2016 at page 9 states...

“This (evaluation) demonstrates that in both authorities for every £1 invested in Local Area Coordination, up to £4 of social value is created with significant benefits to the

Local Community. There is potential for this to increase further with additional coordinators and other outcomes that could be realised. This is primarily for the individuals receiving the service through their enhanced health and wellbeing.

A copy of these reports is available to download from <https://lacnetwork.org/local-area-coordination/evidence-base/>

2. Please provide further information on what the authority is currently commissioning.

Assuming this request relates to Learning Disabilities Supported Living Services the range of services currently commissioned is outlined in the table below.

TYPE OF SUPPORTED LIVING SERVICE	NUMBER OF SERVICE USERS	NAMES OF PROVIDERS	TOTAL NET COST TO AUTHORITY PER CATEGORY FOR 18/19
Permanent Supported Living.	234	CLC Walsingham Accomplish Cartrefi Cymru Dimensions UK Drive GRS Lifeways Perthyn Care Management Group Maesteilo/Swanton Fieldbay TLC (Wales) Fostering	£10,387,148
Floating Support (funded via Supporting People Grant)	50	1 Internal service and Coastal Housing	£133 564
Floating Support (funded by Core Budget).	25	M&D, Lifeways, Gwalia, CLC,Walsingham	£120,000
Shared Lives Long Term Family Placements Management Charges Short Term Placements	54 N/A 85	Ategi	£730,032 £86,000 £59,098

Yours sincerely

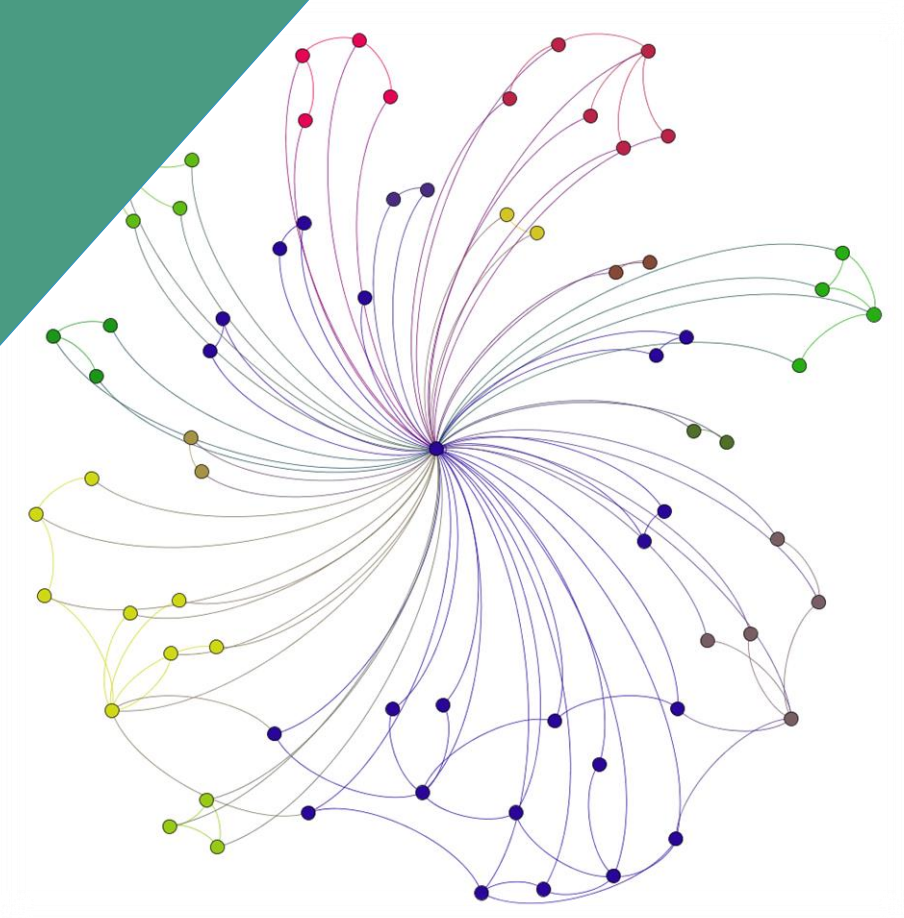


**Councillor Mark Child**  
**CABINET MEMBER FOR HEALTH & WELLBEING**



**Formative Evaluation  
Summary  
Report**

# Local Community Initiatives in Western Bay



**Caring Together  
Western Bay**  
*Health and Social Care Programme*  
**Gofalu Gyda'n Gilydd  
Bae'r Gorllewin**  
*Rhaglen Gofal Iechyd a Chymdeithasol*



**Prifysgol Abertawe  
Swansea University**

**December 2016**

## Foreword

The Western Bay Programme has recently overseen the implementation of Local Area Co-ordination (LAC) across sites in Swansea and Neath Port Talbot and Local Community Coordination (LCC) across sites in Bridgend. These novel approaches aim to support communities with a focus upon local relationships and assistance rather than use of statutory services. To support this work, and inform key stakeholders of progress and early outcomes a formative evaluation has been undertaken. This report provides the first formal feedback from this evaluation process, with focus upon the setup activities and initial activities of Local Area Co-ordination and Local Community Coordination across the Western Bay Region.

This early phase evaluation gives particular focus to the emerging outcomes for individuals, Coordinators and communities, early indications of financial cost/benefit and the establishment of networks within communities.

It is hoped that the evaluation process continues beyond this formative stage and that ongoing monitoring and longer-term summative evaluations give further insight into the impact of both Local Area Coordination and Local Community Coordination. This work is intended to support both practitioners in optimising delivery, and policy makers in potential future use of Local Area Coordination and Local Community Coordination in the Western Bay region and beyond.

## Contents

Executive Summary.....	2
Overview .....	3
Local Community Coordination overview .....	4
1. Local Area Coordination .....	5
Development and Context.....	5
2. Local Community Coordination (Bridgend) .....	6
Development .....	6
3. The Inception of Co-ordination Initiatives for Western Bay .....	6
Swansea implementation areas.....	7
Neath Port Talbot Implementation Areas .....	7
The Bridgend Implementation Area .....	7
4. The Formative Evaluation Framework.....	8
5. Emerging stories .....	9
6. The findings to date: Networks and Relationships.....	16
Western Bay LAC Implementation Network & Relationship Approach .....	17
7. Financial Perspective .....	21
The Approach to Financial Evaluation .....	21
Profiling of Co-ordinator portfolios .....	21
Development and mapping of generic cases.....	23
Generic cases by optimistic, base and pessimistic outcome scenarios .....	23
Review of Results.....	24
8. Findings & Recommendations .....	28
Findings and Recommendations by Theme.....	28
Acknowledgements .....	34
References .....	35

# Executive Summary

## Context

Traditional approaches to health and social care across the UK and Wales are struggling to address growing demand, exacerbated by the challenges of an ageing population, chronic disease and economic hardship, all set within a context of public sector austerity. The Western Bay region faces some acute manifestations of this challenge, particularly in its Communities First Clusters where socio-economic deprivation is greatest. The continued pressure upon public services makes it a challenge to embrace opportunities to adopt new practice, especially whilst maintaining quality and safeguarding obligations for services upon which users are highly dependent. This apparent paradox makes innovation most intriguing, particularly where further resource is unavailable, demand is growing, and change difficult. These challenges, and efforts to address them are not unique to Wales or the Western Bay region, and Welsh Government through the Social Services and Wellbeing (Wales) Act 2014 (1) sets new obligations on organisations to work collaboratively in supporting individuals. The identification, appraisal, tailoring and adoption of relevant effective approaches to collaboration is itself a challenge for organisations balancing concurrent priorities. It is with this in mind that Western Bay has coordinated the implementation of two initiatives designed to address some of these challenges – Local Area Coordination (Swansea and Neath Port Talbot) and Local Community Coordination (Bridgend). Previous implementations and subsequent evaluations of Local Area Coordination (LAC), including within the UK, have validated the effectiveness of the approach for individuals and communities, together with potential short and longer-term financial benefits for stakeholders. However, Local Community Coordination (LCC) has been developed by Bridgend County Borough Council (BCBC) based on key components of the Local Areas Coordination model.

A formative evaluation undertaken by researchers at Swansea University commenced in June 2015 and began with Local Area Coordination in Swansea, this was followed by Local Community Coordination in Bridgend (October 2015) and finally Local Area Coordination in Neath Port Talbot (February 2016). Data collection was completed in April 2016.

This formative evaluation, aims to assist Western Bay support implementation delivery and inform stakeholders of progress and implementation across all three Local Authority areas. These are the formative findings and recommendations from both LAC and LCC initiatives.

## Overview

Local Area Coordination (LAC) and Local Community Coordination (LCC) are a person-centered approach aligned with the prevention agenda of Western Bay and the ethos of co-production to help individuals lead lives with greater control and independence (Social Services and Wellbeing (Wales) Act (2014)).

Coordinators are embedded in the community and come alongside people of all ages, disabilities and backgrounds. Both LAC and LCC Coordinators are a local single point of contact working to reduce dependence on services and creating conditions for long-term resilience. Interventions are not time-bound. There is an emphasis on nurturing trusting and supportive relationships with individuals and families which can take time to develop, building reliance and supportive connections to reduce the risk of future crisis and service dependency.

This initiation report provides the first formal insight from the recruitment and initial delivery activities of Local Area Coordination across areas of Swansea and Neath Port Talbot and Local Community Coordination across areas of Bridgend.

Initial activity undertaken over the past 3-11 months (depending on area) has been progressing well in both LAC and LCC areas, including community engagement, identifying community assets and individuals for support.

LAC and LCC complement and seek to add value to existing support services and must be understood as a medium-long term community resilience effort and not a rebranding of Social Services or Community Development.

Both LAC and LCC fulfils the prevention and wellbeing part of the Social Services and Wellbeing (Wales) Act (2014) with co-production at its core. Furthermore, both models align with the ambition of the Future Generation Act (Wales).

In line with LAC benchmarking, the Swansea and Neath Port Talbot learning sites have implemented Local Area Coordination effectively and all Coordinators are making good progress. The complexity and size of caseload as well as the expansion of Coordinator networks supports this finding.

Implementation of Local Community Coordination (LCC) has been difficult to benchmark at this early stage due to it being a new approach. It has no established evidence base. However, LCC has recruited effectively both in terms of the Local Community Coordinator, Arts Connector and Project Manager which has enabled rapid deployment of LCC. Coordinators are making good progress across a broad range of complex cases and networks.

All teams are extremely committed, passionate and driven in their approaches to their respective initiatives. Success of the formative stage has been driven by highly agile and dedicated Management teams and Coordinators. Furthermore, all sites report that the level of autonomy awarded to them by their respective Local Authorities has played a significant role in the successful pace and scope of set-up.

Successful co-produced recruitment of high caliber Coordinators has ensured early impact in all sites and these teams are supported at senior level and throughout the Local Authorities.

Both LAC and LCC fulfil the needs of the different contexts. Researchers deem the adoption of two models as a feature and not a fault as there is a unique opportunity for both 'models' to inform one another.

Whilst LCC continues to develop for Bridgend's context and purposes, the LAC model should maintain design integrity in order to build on outcomes and evidence-base. As LCC develops, it should establish and grow it's own evidence-base in order to inform effective strategic and operational direction.

Whilst population figures for Co-ordinators were originally recommended to cover 10,000-15,000. The complexity of cases reflected in this report and supported by UK LAC Managers feedback, would support a revised recommendation of 9,000-12,000 people. This would provide the basis to maximize outcomes and maintain core aspects of each approach.

Coordinators have established extensive networks of resources and supported individuals across sites with links between sites already starting to emerge involving over 305 individuals and over 1,200 connections. Furthermore, evidence of community resilience is also emerging at this early stage.

LAC implementation in Swansea demonstrated benefits in the range of £800k-£1.2m during this brief period (July 2015 – April 2016). This represents a benefit/cost ratio of between 2:1 and 3:1 using the core range assumptions and under the most conservative parameters. Sustained LAC/LCC activity would see the benefit/cost ratio improve further rising to between 3:1 and 4:1 with a net return of £1.2m-£1.8m.

Therefore, both LAC and LCC require longer-term evaluation and a commitment to the approach in order to continue with the building of trusting relationships and forge meaningful engagement which ultimately underpin resilience and optimise the longer-term impact. Further support for LAC evaluation and learning can be accessed via the growing Local Area Coordination Network Research Group. The group consists of a number of researchers and managers from across the UK seeking to progress the knowledge-base of LAC and share learning for better outcomes. LCC is an interesting research proposition to universities involved in social and health sciences and could gain additional evidence through project work with these institutions.

#### Local Community Coordination overview

LCC is supported and driven by a small but passionate and committed team with 'buy in' reported at all levels within the organisation. Early communication challenges between partners was evident during this formative stage and interviews gave the sense that more frequent and open communication, inclusion and an acknowledgement of existing experience and skills may build trust and encourage and grow the relationship.

The LCC's case load grew rapidly with much of it classed as Tier 2 level <sup>1</sup>. Emerging cases via self-referrals

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<sup>1</sup> Those who need a light touch approach are 'Tier 1' cases, through to more complex and longer-term cases 'Tier 2'

suggest LCC is already being effectively communicated to the Llynfi population. There is a risk of the Coordinator reaching not only caseload capacity shortly but being impacted by the additional task of working on the development the LCC model and being involved in the establishment of groups.

LCC is still being developed and shaped, it is therefore very fluid in nature and has emerging boundaries. It will take time to develop relationships, trust with external organisations and develop an effective evidence base.

## 1. Local Area Coordination

### Development and Context

Developed in 1988 in Australia, Local Area Coordination (LAC) was formed in response to the urgent need to find new and innovative approaches for supporting people with learning disabilities and their families. Given the large rural expanse of Australia, supporting people to remain with their families and in their communities was for many integral to their vision of 'good life'. Since then Local Area Coordination form a key pillar of national service and funding reform across Australia (as part of the National Disability Insurance Scheme) and has been adopted by areas of New Zealand, Ireland and the UK. To date, operating sites are Derby City, Thurrock, Suffolk, Isle of Wight, Leicestershire, Derbyshire, Swansea and Neath Port Talbot.

These sites have implemented Local Area Coordination to address not only the needs of people with learning disabilities and their families, but people facing challenges in a multitude of ways. The approach involves a strong person-centred value base and operates as a single point of contact for those individuals and their families in the community. It has a 'slow-build' approach, investing in forging strong relationships with individuals, families, community and networks of stakeholders. It works to develop and enhance the capacity of communities for inclusion and resilience. It draws support from the community with the aim of enabling people to live a good life with increased choice and control. Furthermore, Local Area Coordination is attempting to drive system reform using '*small scale levers to create large scale change*' (Richie, 1999 as cited in Hunter and Ritchie, 2007, p.20).

Perhaps the mission is best summarized by the founder of Local Area Coordination – Eddie Bartnik - "The essence of the reform was to make disability services and supports more personal, local and accountable, and thereby to build and strengthen informal support and community self-sufficiency. Consistent with the values of co-production, the reform was built on an assumption that people with disabilities are not just passive recipients of services. Along with their families, friends and local communities, they have expertise, natural authority and assets that can maximize the impact of resources and improve outcomes. The reform also emphasizes the transformative effects of shifting power. Resources and accountability for outcomes to a partnership between government and people, where together problems are defined and solutions designed and implemented" (Eddie Bartnik, 2008 as cited in Gregg and Cooks, 2008).

Having been subject to numerous evaluations and reviews, the evidence base stemming from these implementations indicates that LAC can achieve significant impact for the individuals, families, communities and at wider service and reform level.

## 2. Local Community Coordination (Bridgend)

### Development

Based on components of Local Area Coordination, Local Community Coordination has been formed by a small team working within the Directorate of Social Services & Wellbeing (Adult Social Care) at Bridgend County Borough Council (BCBC). It is an emerging framework being shaped as it becomes embedded within the Local Authority. LCC shares its principles with LAC but does not fully implement all core design features. There are differences in the way LCC recruits, implements and supports the role of the Coordinator. This has resulted in the rapid acquisition of cases and caseload.

LCC is a framework being built from the ground up and is driven heavily by the context within which it is operating at present. It does not rely on the presence of a dedicated 'leadership group' per se but instead places high autonomy on the Coordinator to shape and develop the working model and feed into the supporting team. It is fortunate enough to have multilevel 'buy in' of members throughout the Local Authority.

Reflecting LAC, LCC has no specific 'client' categories. As with Local Area Coordination, it offers to come alongside those who need a light touch approach (Tier 1 cases) through to more complex and longer-term cases (Tier 2). It is not time bound or exclusive to the individual but also helps to support families and communities find self-sustaining solutions to the challenges they face. Furthermore, it also involves a strong person-centred value base, operates as a single point of contact for individuals and families. It also has a 'slow-build' approach, forging strong relationships with individuals, families, community and networks of stakeholders. It works to develop and enhance the capacity of communities for inclusion and resilience. It draws support from the community with the aim of enabling people to regain control of their lives.

## 3. The Inception of Co-ordination Initiatives for Western Bay

Western Bay's mission is to progress social care and health integration and encourages collaboration where there is value to be added. It aims to identify programmes of change, priorities for the sector and opportunities for joint working. It currently has three key areas it oversees:-

- Services for older people
- Prevention and wellbeing
- Contracting and procurement

Western Bay identifies service improvements, better outcomes as a result of collaborations across Social care and health agendas.

The prevention and wellbeing agenda was already identified as a priority for Western Bay as well as services for older people with complex needs. It was evident there needed to be early intervention



across these areas before individuals reached crisis point. This was further reinforced by the emergence of the new Social Services and Wellbeing (Wales) Act 2014 which placed a lens on prevention and highlighted co-production and community resilience as a solution. Local Area Co-ordination (LAC) was an approach which fitted with the prevention and wellbeing agenda and had come to the attention of the Local Authority after staff members attended a conference which discussed the LAC model and its impact. Swansea Council and Neath Port Talbot proposed the adoption of the model to the Western Bay Programme and subsequently secured funding for the approach to be implemented across the three Western Bay areas. Bridgend considered the LAC model but decided to adopt key elements of the LAC model and create Local Community Coordination (LCC) to serve their context and mission.

## Swansea implementation areas

### Three areas were agreed upon:

- Gorseinon (Swansea North) and also covers the communities of Loughor, Kingsbridge and Garden Village – *Population 15,420*
- St. Thomas and Bonymaen (Swansea East and a 'Communities First' area) this area also covers the communities of Port Tennant, Danygraig, Pentrechwyth, and SA1 Waterfront - *Population of 14,410*
- Sketty (Swansea West) and includes the communities of Sketty Park, Derwen Fawr and Tycoch - *Population of 15,420*

## Neath Port Talbot Implementation Areas

### Three areas were agreed upon:

- Ystalyfera, including the communities of Godre'r Graig, Cwmllynfell, Lower Brynamman, and Gwaun Cae Gurwen - *Population 10,014*
- Skewen, including the communities of Longford/Neath Abbey – *Population 11,559*
- Glyncorwg, including the communities of Cymmer, and Gwinfi – *Population 15,214*

## The Bridgend Implementation Area

The Llynfi Valley was identified for Local Community Coordination (LCC) implementation.

The criteria for selecting the first areas were as follows:

- High levels of socio-economic deprivation
- High levels of unemployment
- Poor levels of health and wellbeing
- A population of between 10—15,000

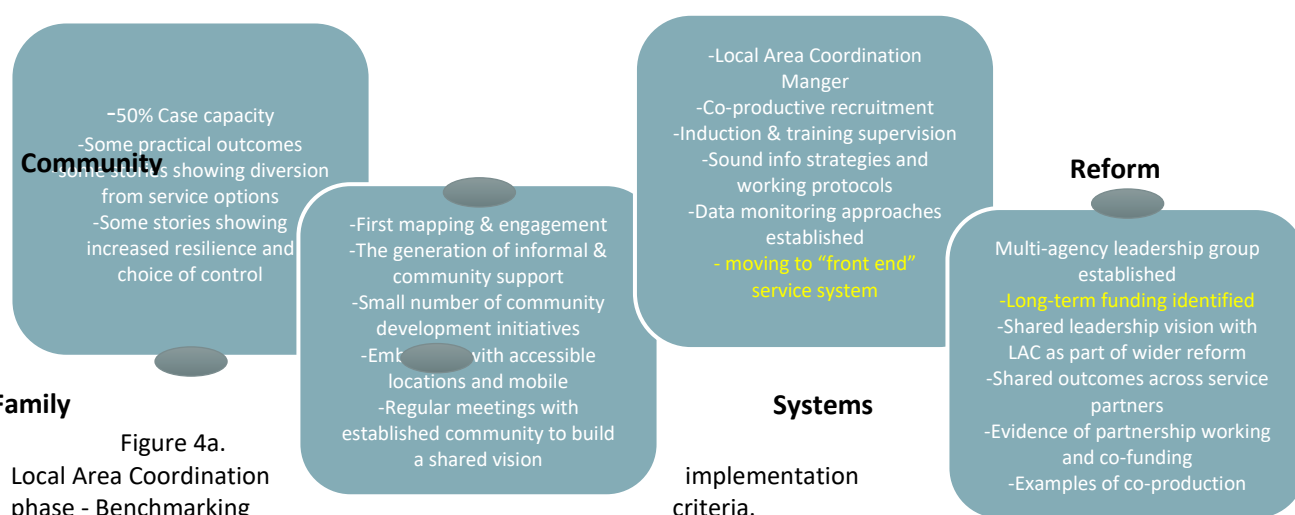
A Group Manager based in the Social Services and Wellbeing Directorate discussed the initial location with colleagues and said “we looked at the whole area of Bridgend and saw that the Llynfi Valley had

*the right ingredients. We had to give LCC the best start to secure its future, we cannot afford for it not to work and Llynfi jumped off the page”.*

## 4. The Formative Evaluation Framework

Previous evaluations of LAC have followed the transfer of the approach to a UK context both at national/regional level in evaluation of its implementation in Scotland together with more recent reviews of implementation in the English local authorities of Thurrock and Middleborough. The Western Bay LAC and LCC Implementation Evaluation has been developed as a partnership between Western Bay, researchers from Swansea University, and the local authority partners delivering the activity. The formative evaluation key components and aims are assessment of:

- Project design and implementation
- Outcomes at the level of individuals, families, community and system
- Benchmarking processes and achievements (LAC) (see figure 4a)
- Recommendations for future development and expansion



When benchmarking processes and achievements for Local Area Coordination against the original implementation framework, all of the criteria have been successfully met and many exceeded by Swansea and Neath Port Talbot with the exception of those aims highlighted in yellow. At the time of writing, it was too early to determine whether Neath Port Talbot had yet to achieve or exceeded these markers. Swansea is working towards becoming a front end service system but acknowledge this is an ongoing process. Swansea has also identified potential funding streams to support the ongoing development of Local Area Coordination. Local Community Coordination is new and therefore does not have established benchmarking measures at the time of writing, this initiative continues to be shaped and build from a 'bottom up' approach.

The LAC formative evaluation study commenced on 1<sup>st</sup> April 2015 and data capture began at the end of June 2015 and continued through to April, 2016. This report presents findings in each of the three Western Bay Local Authority areas (see figure 5).

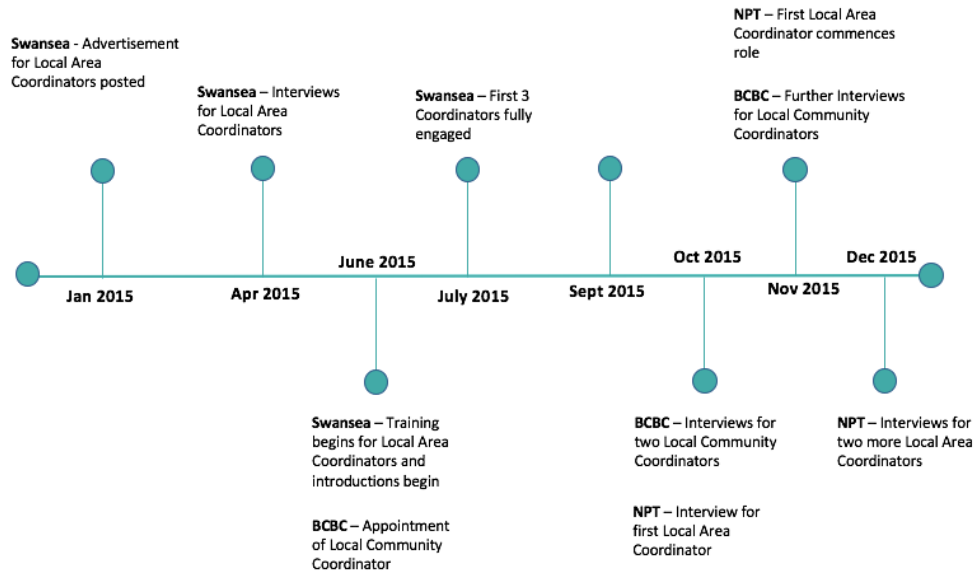


Figure 5. The timeline of implementation of Local Area Coordination and Local Community Coordination over a 12 month period.

## 5. Emerging stories

A small sample of stories starting to emerge across each of the three regions. Names have been changed and some details edited to protect the identity of the individual.

### Dennis' Story

“I feel alone, I have nobody to turn to”

**Introduction:** Dennis is a 76 year old father with one child (who lives in England). He is isolated and lonely and lives in a three bedroom house by himself. Dennis’ health is deteriorating and has realised he needs to make changes for a better life but is unsure where to start.

**Dennis’s Situation:** The Local Area coordinator was introduced to Dennis by the supervisor of the local community centre who was concerned about his well-being. Dennis visits the community centre a few times per week where he rents a room upstairs to paint and draw which is his passion. Dennis suffers from depression and doesn’t have any support from neighbours or family. When he feels sad and lonely he stops doing the things he loves and stays at home. Dennis showed concern about his health and confessed that he can struggle breathing because he is overweight and it is something he needs to change. There are a few issues with Dennis’ house which he highlighted he would like to change but either can’t because it is too physical, or because it gets him angry which then hurts his chest. Dennis loves talking to people however has lost contact with friends and since becoming a divorcee has become lonely. He struggles with his hearing and wears an aid so sometimes can’t fully understand a conversation from someone he doesn’t know. Dennis uses a stick to get around and cannot walk far, which can stop him doing the things he wants. Dennis has a mobile phone but was unsure how to use it and was concerned as this was a way of contacting his daughter who lives in England.

#### **What happened?**

The coordinator spent time getting to know Dennis and building a relationship with him. Dennis has booked an appointment with the GP to ask for his options regarding exercise referral and his eligibility. Alongside Dennis the local area coordinator contacted a builder who did not fulfill their guarantee on the work completed on the house. The Local Area Coordinator and a local councillor met with the builder to advocate on Dennis’s behalf and the situation is currently being reviewed. Dennis has started painting again and is considering attending a local art group with the aim of teaching painting. Supported by the Local Area Coordinator Dennis is able to use his mobile phone to contact his daughter on a regular basis which has eased his feelings of isolation.

**Follow up and next steps:** The local area coordinator is going to support Dennis to address his health issues as this was a key priority for Dennis. When Dennis’ health begins to improve he would like to visit and connect more with this family. At present Dennis does not want to bother his family when he is unwell however confides in the local area coordinator for advice.

## **Andrea’s Story**

“I want to have the confidence to leave my home”

**Introduction:** Andrea is in her 80s and lives alone. She has family but they do not live close to her. Andrea has had two strokes and suffers with Osteoporosis. These illnesses have contributed to Andrea's fear of leaving the house and the anxiety of being alone. For 12 years Andrea has lived with this fear and has stayed in her home and relied on neighbours to do her shopping.

**Source of referral:** Introduced by the Gateway Team as Andrea did not meet their criteria

**Andrea's Situation:** Andrea spent her life travelling around the UK as a solo singer from the 1940s for twenty years, being invited to grand openings and then asked to travel to different parts of the world with a band and never let her osteoporosis get in her way. She later settled to have a family, but the marriage broke down and she moved to set up her own home and live independently. Andrea was very active and still enjoyed travelling, meeting up with friends and gardening.

Later in Life Andrea suffered a mild stroke and she was determined to live life and travel further afield and set up her own business. A few years later Andrea suffered a severe stroke and had a long recovery time in hospital where she picked up further illnesses, suffered with depression and panic attacks in fear of not being able to do anything and didn't want to chance anything else happening to her. After hospital discharge Andrea left her house on a few occasions but became anxious and had a few falls, which led to Andrea being too afraid leave her home again.

**What happened?** The Local Area Coordinator took time to get to know Andrea and to find out what was important to her, exploring what a good life would look like for her. Andrea's key priority was to leave her home and start gardening again. She also expressed her desire to learn how to use her laptop, in order that she could Skype her family who lived away and to be able to shop online. The Local Area Coordinator supported Andrea to become familiar with the internet, which enabled her to see her family for the first time in years via Skype. Andrea was so overwhelmed by this experience that she was motivated to leave her house and visit them.

The Local Area Coordinator supported Andrea to set small but realistic goals to work towards leaving the house. Initially Andrea went into the garden, then out for a short drive supported by the Local Area Coordinator and finally on her own, she walked to the coffee shop. The sense of accomplishment was huge for Andrea, and she has gone on longer bus journeys and no longer feels isolated, anxious/worried about leaving her house.

**Follow up and next steps:** Andrea continues to go out and about and in June 2016 she will be travelling to London to visit her family for the first time in 12 years. Andrea has also been connected via the Local Area Coordinator to another lady who was in a similar situation to Andrea, and they now support each other. Andrea has recently joined a computer course at the local training centre, which begins in September 2016 and is looking forward to a more positive future.

## Ruth's Story

**Introduction:** I was originally introduced to Ruth's daughter. Ruth is a carer for both her adult children. Ruth doesn't have much time for herself and her mental health suffers because of this.

**Ruth's Situation:** I have known Ruth for about 6 months now. We have spent a lot of time together, along with her daughter. At the start, the focus was on supporting her daughter to get involved in the community and finding out what her strengths and talents were. However, as time developed, the focus would move between her daughter and herself. One of the overarching issues for the family was the loss of Ruth's second son 3 years previously. He died suddenly and the family have found it hard to come to terms with, having never received counselling. Ruth also calls with her elderly parents: her step dad has dementia and her mum has had periods of being unwell also.

**What happened?** One of the first things I did was to connect Ruth up with the Carer's Centre. She now gets their newsletter through the post and is quite interested by a number of things they put on, although hasn't been able to attend anything yet.

I was concerned about the amount of clutter in the home and whether they had all the fire safety equipment that they needed, so I asked Ruth if she would like a fire safety check which she agreed to. The fire safety officer checked the home, gave the family some advice and installed a smoke alarm, heat alarm and co2 alarm. Ruth asked him if he would call to her parent's house also, which they did.

I supported Ruth and her daughter to attend a local coffee morning which they enjoyed. Ruth met one of her old friends who she hadn't seen in years while she was there.

I made a referral to CRUSE bereavement support for the family. There was a 6 month waiting list.

Ruth regularly takes her daughter to a disco for adults with learning disabilities that I told them about. Her daughter met her boyfriend at this.

Recently I have met another lady, Angie, who doesn't live far from Ruth. Angie is an artist and also a full time Carer for her son who is on the autistic spectrum. Her daughter died suddenly 7 years previously when she was in her teens. Angie has been learning how to cope and get herself involved in the community ever since. She has been through a very difficult time but feels she has a lot to offer other people now. I mentioned there was a lady I knew who was going through a lot of similar experiences but wasn't as far on the journey and it was still having a major impact on her life, Angie offered to meet up with her and talk with her about it. I went back to Ruth with this offer and she said she would like that. Ruth's daughter also thought this would be a great idea and might provide her mum with a friend as well as having someone she can talk to about shared experiences such as being a parent carer and suffering through the loss of a child

**Follow up and next steps:** The next step will be to arrange Ruth meeting with Angie. We might tie it in with one of my visits so that I can stay home with Ruth's daughter for an hour while Ruth and Angie visit a café. I will continue supporting and meeting with the family. Ruth's daughter will hopefully be starting on a direct payment shortly and I will work with them through the interview process for a PA and then work together to look at community activities and groups they can access.

## Barbara's Story

*"I appreciate all your help"*

**Introduction:** I first met Barbara in October, having received the introduction from her GP. She is a carer for her adult son who recently was hospitalised. Her husband passed away ten months previously. She was finding it difficult to cope.

**Barbara's Situation:** I spent a long time with Barbara the first time I visited here. She had a lot on her plate that she needed some help with. Since losing her husband she had become extremely isolated. Her son, who is in his 50s, has a learning difficulty and alcohol problems. He had recently been admitted to hospital with a bleed on his brain. She was extremely concerned about him and was in the process of dealing with his empty flat and a lot of his correspondence. Her daughter lives in England and calls down when she can.

**What Happened?** The first thing we did together was go through the pile of mail for her son and I helped her read and understand it. She was having some difficulty reading the mail, even with the aids she had. I discussed this with her and she said her eyesight had gotten worse recently. She also said that she had burned herself while filling a hot water bottle. We decided to make a referral to the Sensory Team who would be able to do an assessment for her and provide her with advice and additional aids to make sure she can see things better and stay safe. She also said that she would contact Spec Savers and ask them for a new eye test with the view to getting a stronger magnifier for reading.

During the course of these tasks, Barbara was talking about herself and her history. She had been a very popular singer and had won the Eisteddfod three times when she was a young girl. She always enjoyed working and was a very keen Welsh speaker. She really enjoyed attending her local Church but hadn't been in a long time as she had so much on her mind. She missed her husband a lot since he passed away.

I made a referral for Barbara to the counselling service at the Carer's Centre after she told me what a relief it was to have someone to talk to about her problems with her son and how much it was benefiting her. I thought that someone with counselling expertise would be able to provide a great service for her, which would have an immediate benefit. She reported that the counsellor had helped her a lot.

In January, it was time for Barbara's son to move into supported living from the hospital. I spoke with Barbara's daughter when there were concerns around this. His mood was fluctuating and it was hard to tell if it was what he wanted or not and whether it suited him. They didn't feel they had good lines of communication with his social worker, and Barbara in particular felt that she wasn't always kept up to date with what was happening. I contacted the social worker and talked with him about how Barbara was feeling and he said he hadn't realised. He contacted her straight away and talked through some things with her. I also visited her son in hospital which he was extremely pleased about as he wasn't getting any visitors. The move happened and so far has been ok, with a few minor concerns coming to light. Knowing that her son is living somewhere safe and where he is happy will be a big weight off for Barbara.

## Anita's Story

**Introduction:** Anita was suffering with acute anxiety and depression for more than 17 years. Her husband had to stop working to support and care for her, as she struggled to be in the house alone. Anita struggled to be around people and could not go out and had become isolated, she worried that she would never be able to do the ordinary things in life.

**Referral source:** Working Links Job Club

**Anita's Situation:** Anita has been known to the **Local Community Coordinator** for over a year. She had been signposted to the LCC from Working Links job club. Anita was suffering with acute anxiety and depression for more than 17 years. Her husband had to stop working to support and care for her, as she struggled to be in the house alone. She explained that she could not concentrate on any given task for more than a few seconds, struggled to be around others and could not go out as she felt paranoid about people. She had become isolated and her anxiety dominated her every waking second. Anita had been prescribed medication and specialist help from a local mental health team, but she felt no further forward. Her mother had passed away two years previously and she describes this as, 'losing her rock'. She became further distressed and depressed and worried she would never do ordinary things with her husband such as go for a meal, go for a walk, have a holiday. She cried daily, shook all the time and felt unable to slow her racing thoughts to concentrate.

**What happened?** I've met with Anita over the year on a regular basis. Anita initially discussed her desire to go for a walk with a friend and small goals were identified and set that were important to her. Both Anita and I discussed anxiety management; using the Local Health Board's self-help guides and tips, and mindfulness. I built a relationship with Anita and slowly gained her trust. On the back of meeting her and several others in a similar situation, I organised a free 10 week local Mindfulness course. It was a massive step for Anita to attend, but she made it, and this spurred her on. At the group, she met others who understood her anxiety. For the first time, she felt able to declare that she suffered with anxiety. Following the 10 week mindfulness course, other goals were set, such as walking to her son's house, going shopping, going to the local pharmacy, food shopping without panic – using visualisation etc.

Over a year ago, Anita could not leave her front door and had become a prisoner in her own home, lonely and depressed. She currently attends a weekly 'wellbeing through creativity group', a social prescribing course run in conjunction with the Health Board, Valley and the Vale Arts and LCC. She has become good friends with the other ladies who attend, meeting up outside of the group. Anita is a massive part of running the Wellbeing Group, often escorting the older ladies on the community bus, organising the tea/coffee and helping the group to decide on what they would like to learn next. Using the community bus has been a recent achievement. Anita is helping to set up a walking group each Friday and enrolled herself on a sewing course which she attends each Thursday, independently. She regularly goes out for meals with her husband and they are planning a trip away next year. Anita's husband has also been able to return to work and now they are financially in a much better position.

**Follow up and next steps:** Anita is helping to run a Christmas stall this December to raise money for charity and despite overwhelming feelings at times of anxiety, she says she now feels she has the 'tools' to manage it and have the life she wants. Anita says she would like to help others, which she is already doing in the Wellbeing Group. She can be heard talking in her own words on the LCC website testimonials page. This was recorded some months ago, but she wanted to record her thanks and support for Local Community Coordination as she feels without this, she would not have been able to get her life back on track.



## Paul's Story

**Introduction:** Paul is a 57 year old male who lives alone and has been a wheelchair user for several years due to a knee injury. Paul lost his wife six years ago and in the last two years as suffered two strokes, he has limited movement down the right side of his body. Paul is also diabetic and has a care package to provide his meals and movement in and out of bed. Paul is extremely isolated and craves social interaction.

**Referral source:** Social Services

**Paul's Situation:** Paul is a 57 year old male. He lives alone and has been a wheelchair user for several years after breaking his knee. His knee was not aligned correctly after the fracture and after several falls using crutches he was recommended by his GP to use a wheelchair. Paul lost his wife six years ago and in the last two years as suffered two strokes. The strokes have made him dependant on the wheelchair and he has limited movement down the right side of his body. He is also diabetic and has a care package to provide his meals and movement in and out of bed.

Paul has two grown up children, his only contact with his daughter is when she telephones to arrange his groceries to be delivered. His son was living at home until he was sectioned for drug induced psychotic behaviour and several weapons were removed from the property.

**What happened?** I received Paul's referral to **Local Community Coordination** was through social services and have been working with him since June 2016. Paul was extremely isolated and craved social contact as he enjoyed talking about all manner of subjects, particularly family history. He had not left the house for months other than a trip to the hospital, which he found very stressful after being left in a corridor for several hours after his appointment waiting for his return transport. When I first met Paul his speech was poor but we were able to converse even though he was frustrated about his speech. His speed of thought was clear to see but his speech was lagging behind which annoyed him. I have visited Paul weekly since and have seen him develop more confidence and strength on his right side. His speech has also improved through practising when I visit. I have encouraged Paul to practice his writing with both hands and he has begun writing short stories. He has some sight loss through the strokes and had difficulty recognising letters and words. I provided large print copies of the historical stories he enjoys. He is now able to read short words and we are working on words longer than three letters. I arranged for the library to deliver talking books which he has enjoyed and has been a great source of comfort. I have built a good working relationship with Paul and have built up trust. I read his mail for him and been able to pass on important forms to his son, which was of great concern for Paul as he thought he may lose his benefits if the forms were not completed. After a few months I gained enough trust for him to allow me to take him outside in his chair across the road to local shop. Paul was extremely pleased that he could remember his PIN and was able to buy the goods he wanted. He has a passion for family history and had previously traced his family back centuries and had stories published in heritage society newsletters.

**Follow up and next steps:** Through supporting Paul he has gained confidence and has written another article to be published in the next newsletter. To create a sustainable vehicle for Paul's love of family history and to enable social interaction, we have discussed forming a local history society in which he will support others to trace their family trees. To enable this, I have facilitated adverts requesting expressions of interest for the society. There has been a positive response and we shall look to set up an initial group in the new-year. He now has a sense of purpose and is looking forward to being part of the 'art on prescription' course in January. Paul was so excited about the history society he asked me to find his cousin from Cardiff's phone number so he could let her know. I wrote the number down in large print and when I returned the following week he had called and had had a long chat with his cousin. He has since received a letter from her which I read to him and they are now in regular contact.

## 6. The findings to date: Networks and Relationships

LAC aims to support people in staying strong and safe while contributing within inclusive and supportive communities, with the approach working to foster social networks beyond the formal relationships between public bodies and individuals. In this respect, the effectiveness of the Co-ordinator is only as effective as their work acting as a 'social network engineer'. The scale, nature and strength of the relationships established by the Co-ordinator across the community is critical for successful application of the approach. This is a challenging and complex task as meaningful relationships take time to develop, require ongoing care, and in a social context give significant importance to trust. Furthermore, network structure and local context are critical factors. For example, numerous strong relationships with individuals requiring support are compromised if there are insufficient strong links with appropriate resources. As individuals' situations, communities, and resource availabilities are themselves dynamic, then so too are the network requirements.

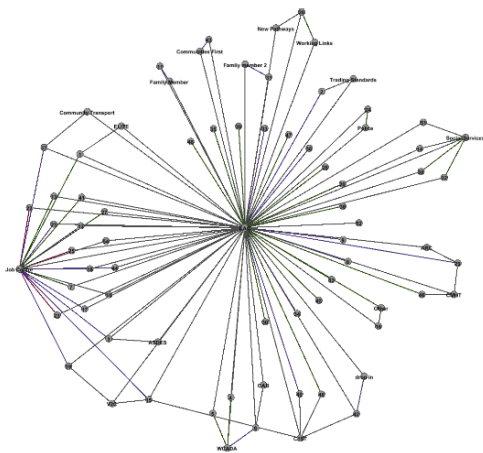
This is the first formative evaluation to map the creation and examine the importance of the network, beginning with Local Area Coordination in Swansea. The analysis examines the Network; the interconnected entities, and the Relationships; the individual and collective bonds between the entities. Visualisations (or mappings) of these networks using coloured or weighted lines to denote the nature of relationships, together with metrics provides useful insight to observe and analyse network development and activity. Analysis of data has shown that all three aspects have been effectively developed during the Implementation, with development of strong, dense and effective networks (see figures 6,7,8,9 and 10).

## Western Bay LAC Implementation Network & Relationship Approach

Each Co-ordinator maintained a log of individuals and resources they identified within their site, together with recording of any interactions. An anonymised version of this was shared with the research team. As the Swansea sites provided the longest duration of data collection, these have been used to test the three areas defined in the opening section.

Network and relationship mapping in the case of LAC, and potentially LCC, allows identification of gaps, bottlenecks and resilience challenges. For example, multiple linkages to a unique critical resource in a community may highlight a risk if its capacity becomes pressured or its existence threatened. The approach identifies assets and individuals, charting the relationships established between them. This is recorded by the Coordinators in field notes and case studies. A simple characterisation and hierarchy of relationships was used to chart their development.

While it is technically possible to collect and overlay specific location data this has been excluded from this analysis in order to preserve anonymity of those receiving support.



**Figure 6** (above). An example of early networks and relationships established from June-August 2015 at one Swansea site.

The progression of relationships shown in Fig.6 to the left (denoted by the range of colours, moving from black with initial engagement through to green for positive outcomes) showed that Co-ordinators had already moved from initial engagement through into active support even at this early stage. While there was a high level of Co-ordinator centrality, the emerging complexities (indirect linkages) demonstrated that denser networks were starting to form. This also allowed logical groupings of individuals for support and key resources within the area to be identified.

The continued work and data collection by the Co-ordinators allowed the three aspects of the Network and Relationships to be tested, building upon the early insight as follows;

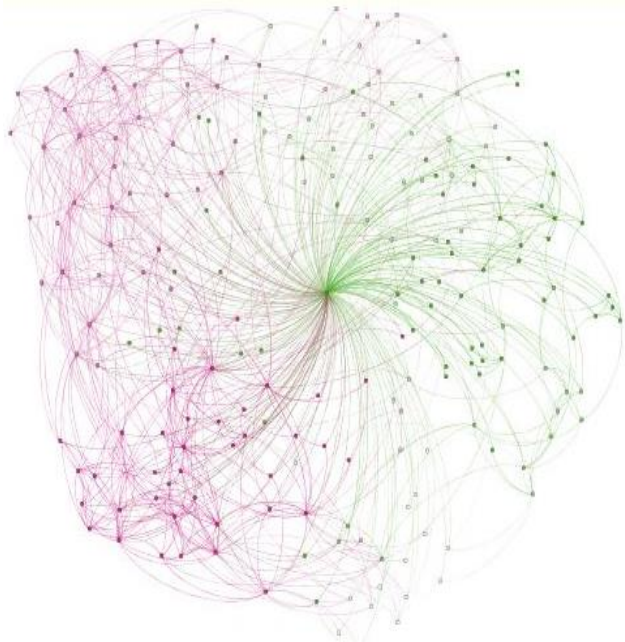


Figure 7: Swansea Co-ordinators' Network

The mapping of the LAC network across just the three initial Swansea Co-ordinators (Figure.7) demonstrates the scale and complexity of work being undertaken. Involving 350 individuals and resources with 1,217 connections, the scope and scale of relationships, each one unique, gives insight to the complex nature of the Co-ordinator role. While a steady case load may be maintained, this complex context is both the challenge and opportunity to support individuals. The rapid progress in engaging and supporting is testament to the implementation, in particular the dedication and efforts of the Co-ordinators and the support of their leadership.

Furthermore, evidence of resilience forming is shown in the network map featured in figure 8.

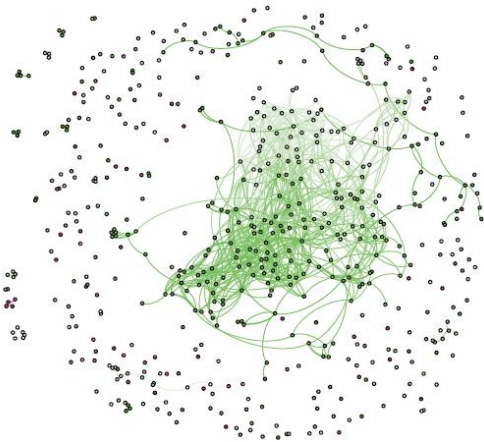


Fig. 8 Network without Co-ordinator Links

Helping create a resilient community network functioning beyond the involvement of the Co-ordinator is critical for scalability and maintaining sustainability of the intervention. As shown in Fig.8, percentage of linkages formed through LAC activity are directly between individuals and resources. However, the significant number of unconnected nodes, represent individuals and resources which are only connected through a Co-ordinator. This observation highlights the clear additionality of the LAC activity, while also showing the deeper contribution to community resilience.

The reach of the networks across and between Co-ordinators is shown in figure 9, resulting in a network of networks. This is to be expected with for example common resources, though demonstrates both the importance and opportunity of knowledge exchange between Co-ordinators and sites to maximise impact and efficiency.

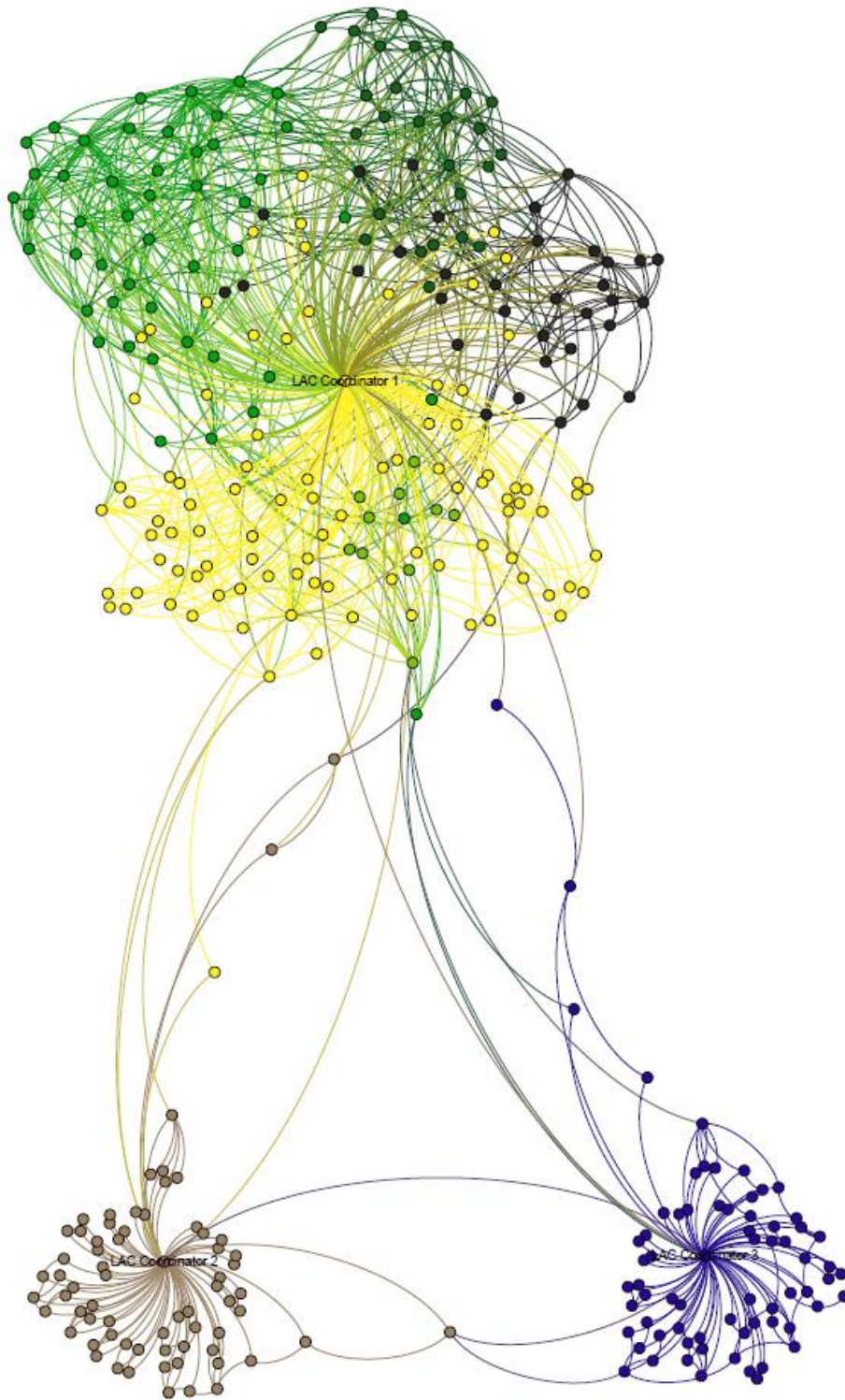
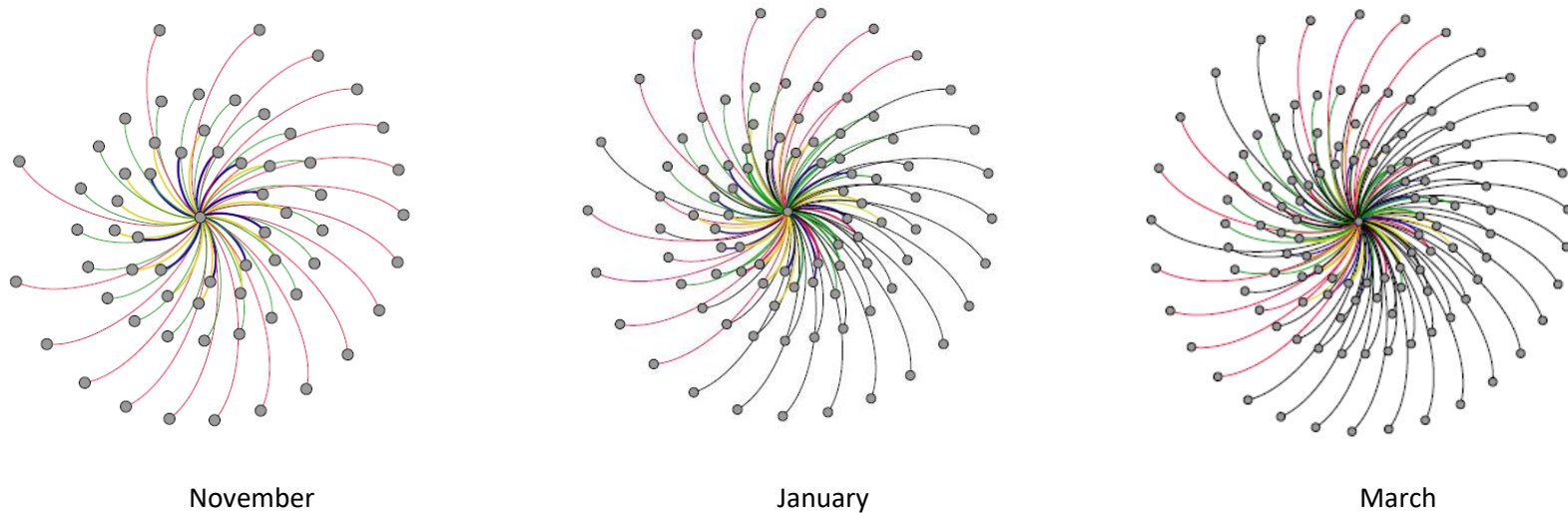


Figure 9. Inter-Co-ordinator Links

Figure 9. Progression of network activity beyond connection into resilient and sustained activity

Examining whether engagements progress to meaningful activity and outcomes, and at scale, is key in determining the success of the LAC Implementation. The following mapping for a representative Swansea site Co-ordinator presents the progression of engagements over a number of months. The outermost layer presents the level of Initial Engagement (1) while increasingly central layer points show linkages at higher levels of engagement through to Resolution (4) and continued activity (5).

Fig.10 Example Swansea Co-ordinator engagement progression



During the Implementation period, the portfolio had developed such that 38% of interactions had progressed to resolution or further activity, supporting that Co-ordinators are providing valued support as well as creating durable networks. The early stage of the activity makes it difficult to examine from network data whether individuals are turning into resources, however the more in-depth perspective of case studies suggest this is indeed occurring.

The increasing volume of cases progressing to resolution, together with the dense networks of individuals and resources both across communities and Co-ordinators demonstrate effective delivery across all three aspects of Networks & Relationships. Furthermore, the above visualisations have demonstrated how individual impacts described in case studies combine and reach across communities. This underscores the contribution of each LAC interaction, not only to individuals but communities as a whole.

In summary, a novel network and relationship mapping approach was applied to this formative stage with data collected across all three Swansea sites. This was because Swansea were the first to be initiated into the implementation phase of LAC and therefore held the most comprehensive database at the time of writing. This captured interactions during the implementation phase with the aim of identifying how LAC was engaging across the community; creating change beyond the direct Coordinator involvement; and how activity was progressing and being sustained.

### **Network analysis revealed the following:**

- The formative nature and start-up phase observed development of new networks and relationships, drawing upon existing and new actors and clusters of activity.
- Coordinators have established extensive networks of resources and supported individuals across sites, with links between sites already starting to emerge involving over 305 individuals and over 1,200 connections.
- Linkages created between resources and supported individuals which are sustained without Coordinator involvement demonstrate capacity building and contribute to community resilience.
- A positive progression of relationships, from initial engagement through to active collaboration, to positive resolutions – demonstrates that Coordinators are having a positive sustainable effect within broadening portfolios.
- Continued data collection, with appropriate privacy safeguards, would support ongoing planning and management of LAC/LCC including identification of resource requirements and performance.

## **7. Financial Perspective**

### **The Approach to Financial Evaluation**

Each individual situation of a LAC or LCC supported person will have an outcome irrespective of LAC/LCC involvement with possible (or in many cases probable) use of public resources. Therefore, this study considers purely the marginal improvements delivered by the approach and the combined value this represents across the case portfolio. This approach protects against the variation in benefit across the portfolio and recognises LAC and LCC are not sole panaceas for all individual and societal challenges.

### **Profiling of Co-ordinator portfolios**

Anonymised case portfolios for each of the seven Co-ordinators (3 from Swansea, 3 from Neath Port Talbot and 1 from Bridgend) with available data were mapped against the standard LAC case categories. While many cases were in early stages of engagement, the comprehensive understanding and record-keeping of the Co-ordinators provided sufficient information for all interactions to be profiled. The profiling involved review of each case (267 in total) between the Co-ordinator and research team, ensuring consistency in categorisation across sites. This resulted in the portfolio profile shown in figure 11 below;

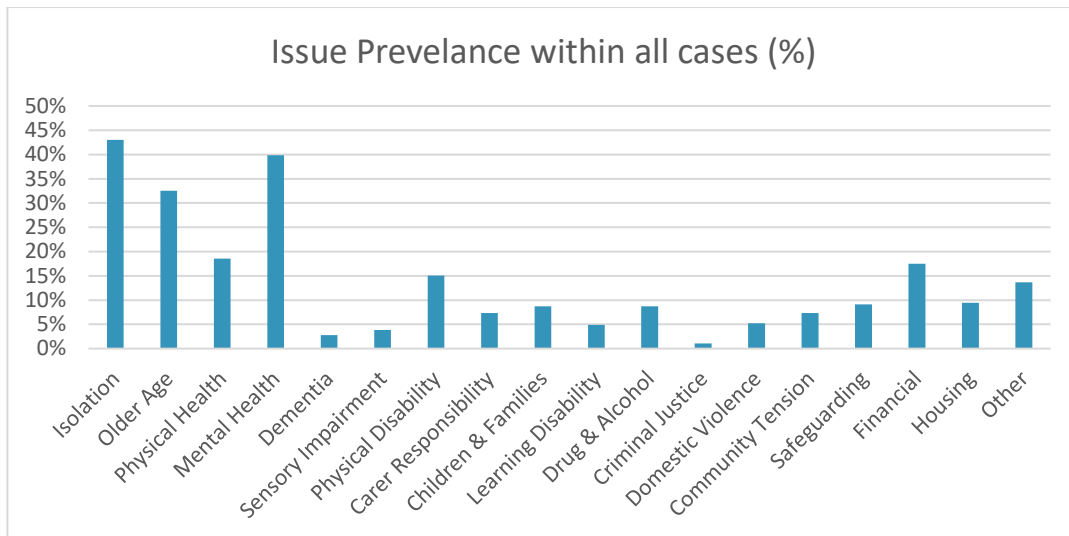


Figure 11. Issue of prevalence within the caseload ( $n=267$ ) of Swansea, Neath Port Talbot and Bridgend's Coordinators ( $n=7$ ). Figures show isolation, mental health and older age are the most common features within cases.

The portfolio indicates a significant prevalence of Isolation, Mental Health and Older Age issues across Western Bay. Loneliness and isolation have been shown to have adverse effects on physical and mental health and ultimately mortality (Public Health Wales, 2015). However, one of the most striking findings is the complexity of cases with the vast majority of cases involving multiple issues. Both LAC and LCC cases often involve a multiplicity issues (figure 12, below), with numerous public services either already or potentially involved in the future where situations deteriorate.

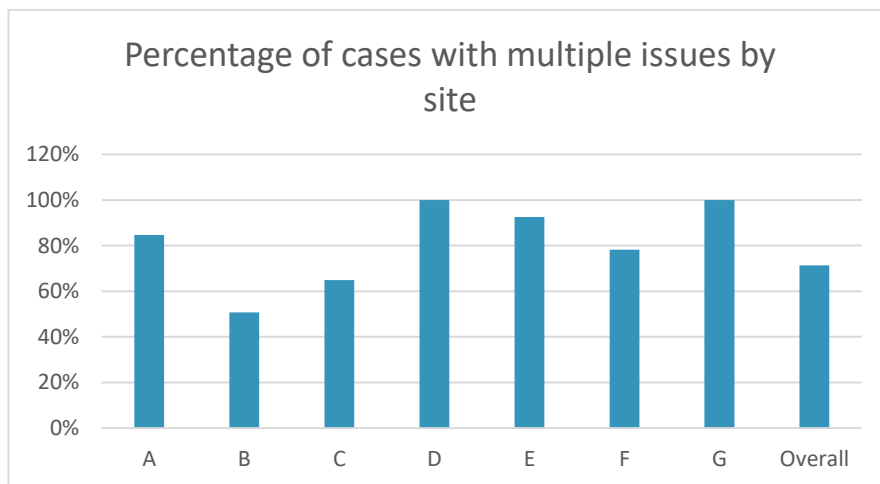


Figure 12. Shows the percentage of cases with multiple issues. All sites show a general high level of complexity but with variation. In particular, area 'D' and area 'G' already face caseloads where 100% of their work involves individuals or families reporting multiple issues.



### Development and mapping of generic cases

The second phase of the process involved development of generic scenarios to group interactions by nature and intensity of services involved and potential outcomes (Table 1, below). These scenarios were based upon a review of issues that were presented within the Coordinators caseload, along with assessment of case Level (Tier 1 or Tier 2).

Generic Case	Number
1: Individual with family caring responsibilities	15
2: Younger/Middle-aged individual with health and financial challenges	38
3: Single parent with former spouse and wider issues	16
4: Isolated single parent with financial challenges	67
5: Younger/Middle-aged individual with social issues	19
6: Older isolated individual with health challenges	112
<b>Total</b>	<b>267</b>

Table 1. Through review of each interaction by the Co-ordinators, the following Generic Cases were produced and a breakdown identified by the researchers.

The frequencies in the above clearly reflect the issues noted in earlier sections, with notable scale of isolation and health issues, particularly amongst older individuals. However, the mapping also echoes the observation of many younger and middle-aged individuals receiving LAC and LCC support.

### Generic cases by optimistic, base and pessimistic outcome scenarios

Each generic case was reviewed against a set of 'impact groupings' to identify the nature and intensity of costs and benefits. This exercise mapped against outcomes drawn from the Western Bay case studies, wider portfolio and benefits from extensive prior research noted in the People, Places, Possibilities report<sup>1</sup> (table 2). For the analysis these were grouped by:

Impact Groupings	Example Costs and Benefits considered
Economic Activity	Unemployment benefits <sup>2</sup> , volunteering/employment contributions
Housing	Temporary Accommodation, repossession /relocation, housing costs
Older Persons Care	Nursing/Residential Care, Home/Day Care Packages
Health Professionals/Services Interventions	GP Visits, A&E Visits, Mental Health services
Social Services Interventions	Social worker involvement, fostering support
Skills and Education	Qualifications gained, truancy/exclusion costs
Safety and Security	Anti-social behaviour costs, police involvement

Table 2. Generic Cases were reviewed against a set of Impact Groupings to identify the nature and intensity of costs and benefits.

<sup>1&2</sup> It is noted that some benefits will relate to local/devolved WG services/responsibilities, while others such as unemployment benefit relate to UK Government expenditure.

Available service unit costs from Government<sup>i</sup> and academic<sup>ii</sup> research, or other appropriate benchmarks for avoided service requirements, together with further quantifiable benefits allow a level of assessment of each Case. These have been related to the relevant benefits grouping as noted above.

The following table presents anticipated costs for each Generic Case based on the optimistic, base and pessimistic scenarios. These were based upon services which would be involved in supporting an individual for each scenario. Also presented in the 'differential benefit' of an improved scenario i.e. progressing from a pessimistic outcome to base scenario etc. and therefore recognises that not all service support use and associated costs will be avoided.

Generic Case	Anticipated Costs			Value of Improvement	
	Optimistic	Base	Pessimistic	Base-Optimistic	Pessimistic-Base
1: Individual with family caring responsibilities	2,441	9,095	22,845	6,654	13,750
2: Younger/Middle-aged individual with health and financial challenges	1,123	3,014	4,030	1,891	1,016
3: Single parent with former spouse and wider issues	12,704	17,481	78,719	4,777	61,238
4: Isolated single parent with financial challenges	1,498	5,129	16,996	3,631	11,867
5: Younger/Middle-aged individual with social issues	2,659	5,787	12,224	3,128	6,437
6: Older isolated individual with health challenges	9,252	27,782	63,622	18,530	35,840

Table 3. Presents anticipated costs for each generic case based on the optimistic, base and pessimistic scenarios. These were based upon services which would be involved in supporting an individual for each scenario. Also presented is the 'differential benefit' or value of improvement i.e. where a case progresses from a pessimistic outcome to base scenario, and moving from a base to optimistic scenario etc.

## Review of Results

The number of Co-ordinator interactions; the multitude of issues confronted and resolved; and the individual cases presented in earlier sections show the direct human value of the activity. Data from the seven Co-ordinators involved in this part of the study (including notably a number still at early stages) have shown activities relating to a broad range of public services and other beneficiaries. The table below (table 4) maps the LAC/LCC portfolio against the generic cases, presenting the respective volumes of cases across the sites. To provide overall portfolio support costs, this is combined with the optimistic, base and pessimistic scenario costings using the individual costs described in the previous section. The complexity of cases further underlines the challenge in making positive individual, societal and financial benefits without the earliest possible interventions.

Generic Case	Number	Combined Costs		
		Optimistic	Base	Pessimistic
1: Individual with family caring responsibilities	15	36,615	136,425	342,675
2: Younger/Middle-aged individual with health and financial challenges	38	42,674	114,532	153,140
3: Single parent with former spouse and wider issues	16	203,264	279,696	1,259,504
4: Isolated single parent with financial challenges	67	100,366	343,643	1,138,732
5: Younger/Middle-aged individual with social issues	19	50,521	109,953	232,256
6: Older isolated individual with health challenges	112	1,036,224	3,111,584	7,125,664
<b>Total</b>	<b>267</b>	<b>1,469,664</b>	<b>4,095,833</b>	<b>10,251,971</b>

Table 4. LAC/LCC portfolio of generic cases, presenting the respective volumes of cases across sites and using the individual costs described in the previous section.

In terms of costs, the Swansea LAC implementation is budgeted as a ~£200k initial investment for twelve months, inclusive of Co-ordinator and other management costs. The collective scale and costs of the Bridgend and Neath Port Talbot implications are taken as being broadly similar, representing combined investment of no more than £400k across the Western Bay region. At this stage comprehensive tracking data are only available for Swansea and Neath Port Talbot sites, which, combined with a staggered start-up, makes comparison across sites both meaningless and inappropriate.

Where complete data sets are available interaction costs per supported individual average at ~£980, though it should be noted that costs during this phase include start-up costs, and cost per interaction should therefore decline as the activity matures, networks are formed, and start-up costs are diluted. For example, with each Co-ordinator establishing a portfolio similar in scale to the most mature, this would see average cost per individual reduce to ~£600. As noted in previous sections, this analysis focuses upon the incremental improvement across the portfolio, acknowledging that LAC/LCC will not fully resolve issues, but forms part of a more integrated approach with individuals, families, communities, and services. Therefore, the financial benefit in improvement between scenarios is only related to 20-30% of interventions, with a range providing consideration to sensitivity in the underpinning assumptions. This is in keeping with levels of additionality noted from previous LAC evaluations.

Based upon this model, this initial implementation data presents a strong performance with financial benefit of between £787k-£1,231k across the mid-range (high-lighted), further reflected in the accompanying benefit/cost figures (Table 5).

LAC Pilot Portfolio - Impact Value	Total Value	20% Outcomes	30% Outcomes
Improvement: Base - Optimistic	2,626,169	525,234	787,851
Improvement: Pessimistic - Base	6,156,138	1,231,228	1,846,841

LAC Pilot Portfolio - Benefit/Cost	Costs	20% Outcomes	30% Outcomes
Improvement: Base - Optimistic B/C	400,000	1.31	1.97
Improvement: Pessimistic - Base B/C	400,000	3.08	4.62

Table 5. Implementation data present a strong performance with financial benefit of between £787k-£1,231k across the mid-range (high-lighted).

While the above provides a relatively broad range it presents, even under the most conservative conditions a positive and meaningful return. However, the formative nature of the implementation where relationships are developing and knowledge/understanding of the role is building, should be noted and therefore progression to steady state should be considered. The increasing rate of introductions observed in the Network section suggests that saturation has not been achieved and there is continued demand for Co-ordinator support. Indeed, this is likely to be compounded by developments such as the growing economic and social tensions caused by the recent Brexit referendum result. Based upon continued momentum to a steady state across Co-ordinators that reflects the most mature site (with case load of ~70 individuals p.a.), together with maintained investment, this would result in ongoing impacts and benefit/costs as indicated in table 6 below;

LAC Ongoing - Impact Value	Total Value	20% Outcomes	30% Outcomes
Improvement: Base - Optimistic	4,037,008	807,402	1,211,102
Improvement: Pessimistic - Base	9,463,359	1,892,672	2,839,008

LAC Pilot Portfllo - Benefit/Cost	Costs	20% Outcomes	30% Outcomes
Improvement: Base - Optimistic B/C	400,000	2.02	3.03
Improvement: Pessimistic - Base B/C	400,000	4.73	7.10

Table 6. Steady state across Co-ordinators that reflects the most mature site (with case load of ~70 individuals p.a.), together with maintained investment, this would result in ongoing impacts and benefit/costs as indicated above.

The steady state across the existing sites would show continued and increased benefit across the range of assumptions, with potential for further improvement via efficiencies of scale and shared learning/resources. The replicability of LAC/LCC and its benefits across the Western Bay region supports its continued rollout, representing a proven, impactful and cost-effective approach to supporting communities within Western Bay. The integrity of both LAC and LCC 'models' should be maintained and by nature embedded in communities and remain out of service settings.

#### **Emerging Benefits**

- Avoided calls upon Social Worker support (Adult Services)
- Avoided General Practitioner visits
- Avoided calls upon mental health services

#### **Anticipated Potential Benefits**

- Potential employment (with associated benefits to UK central government)
- Avoided Community Nurse visits
- Avoided/Delayed transition into residential care or nursing home
- Avoided Home Care Visits

In terms of cost, the Neath Port Talbot LAC implementation is approximately £200k for twelve months, inclusive of Co-ordinator and other management costs. This is comparable with other

benchmarks for delivery and will be tracked against the scale up of delivery and benefits achieved during the further stages of this evaluation.

In Summary, and based solely on Swansea LAC Coordinator activities at three sites (as they were initiated first and therefore have a more developed portfolio), the data revealed the following:

- In line with the findings from previous studies and building upon their approaches, this review found LAC/LCC to be tackling a broad range of social and personal issues.
- The data demonstrates a positive return on investment across the portfolio of 267 individuals supported and reviewed for financial benefit.
- The cost per supported individual were on average £980, though trending to circa £600 per individual as set-up costs were absorbed into portfolios reaching steady state.
- High levels of complexity within the portfolio, with positive outcomes noted in other sections, suggest that Coordinators are adding value across a range of public service pressures.
- Mapping of the portfolio across representative generic cases allowed incremental improvements to be considered, with sensitivity analysis using defined parameters.
- LAC/LCC implementation, as reviewed, involved costs of circa £400k with benefits in the range of £800k-£1.2m. This represents a benefit/cost ratio of between 2:1 and 3:1 using the core range assumptions, whilst continuing to provide returns even under the most conservative parameters.
- Sustained LAC/LCC activity for the implementation sites alone would see the benefit/cost ratio improve further, rising to between 3:1 and 4:1 with a net return of £1.2m-£1.8m. This would also benefit from economies of scale and operational synergies with wider rollout of the approach.
- To develop upon insight drawn from previous LAC evaluations, the study uses an original approach which aggregates cases into a combined effect with a sensitivity analysis to provide an outline of the financial benefits. However, continued evaluation and recording of data is required to monitor progress on multiple levels.

Clearly the complexity and diversity of the LAC case portfolio creates uncertainty as to the extent to which LAC is contributing to improvements and not all interactions will be effective. Indeed, some cases may improve on their own and others may be beyond unreceptive or unaffected by the LAC support. The relatively early stage of interactions makes it challenging to quantify benefits as limited data are available. However, interim case studies developing around individual interactions allowed identification of the nature of service use already avoided through LAC/LCC interventions (along with anticipated outcomes). Encouragingly, even at early stages these already demonstrated both emerging and planned benefits for individuals, together with interventions targeting wider groups within communities.

## 8. Findings & Recommendations

### Findings and Recommendations by Theme

#### Strategy

**Finding:** The implementation phase of LAC/LCC was characterised by a lack of understanding of certain aspects, such as an awareness of the strategic positioning, boundaries, and the role of the Coordinator amongst certain key stakeholder groups.

**Recommendation 1:** Development of a strategic plan for the regions giving an overview of how LAC/LCC dovetail with the Local Authorities' vision and mission, funding plans and strategic direction. This would also help to clarify the role and scope of Coordinators and reduce 'cross-boundary exploitation' and potential duplication.

**Recommendation 2:** Knowledge exchange between strategic partners could be encouraged by hosting LAC and LCC 'Summits' to inform potential funding opportunities and mutually beneficial collaboration.

#### Funding

**Finding:** Increasing pressure on resources and availability of funding has put constraints on other community and social initiatives supported by the local authority. This has contributed to some of the negative perceptions of LAC and LCC at the beginning in that it has been viewed as a repetition of existing initiatives.

**Finding:** Co-funding of Coordinators has already taken place in other UK sites where partners see mutual preventative benefits.

**Recommendation 3:** Development of a co-funding plan which should include contributions from local authorities and partner organisations, including universities, housing providers, health (including public health), fire and police as well as consideration of the private sector.

#### Shared Learning

**Finding:** Swansea and Neath Port Talbot are part of an emerging Local Area Coordination 'South West Region' to build wider regional connections, mutual support, shared learning and richer, more cost effective induction and training. Swansea was the first to launch LAC and both Swansea and Neath Port Talbot Implementation Managers have formed a supportive relationship. Shared learning around safe guarding and best practice has already taken place between Swansea, Neath Port Talbot and Bridgend.

**Recommendation 4:** Shared learning and best practice between localities and regions should continue and be encouraged with regular meetings between management and Coordinators, this includes LAC and LCC. Shared learning should also be communicated to/between LAC leadership groups. Strong leadership has the capacity to link equivalents in other areas.

**Finding:** The UK LAC network is a collective of managers overseeing Local Area Coordination. They meet on a regular basis to share learning and discuss progression. This is an extremely valuable resource, especially for those at implementation stage.

**Recommendation 5:** Learning from other partners across the UK LAC Network should be encouraged where appropriate. This should be driven through open and transparent inclusion and by working and achieving together.

**Finding:** Language and terminology are an issue when communicating with partners. LAC has its own terminology which for some, sets it apart from the mainstream.

**Recommendation 6:** Consideration of terminology should be reviewed over the long-term.

### Leadership

**Finding:** Sustainability and adoption of LAC has traditionally been linked with the presence of strong leadership. However, both NPT and BCBC have taken a 'bottom up' approach and have only recently convened leadership groups. Leadership groups provide valuable support and connections at strategic level. Furthermore, membership to the group is integral to developing and driving partnership working and organisational change.

**Recommendation 7:** Nurturing the development of an effective Leadership Group in each region (Swansea, Neath Port Talbot and Bridgend) with regular review of membership. Leadership Groups should also share key information and link with equivalents where possible.

**Recommendation 8:** Membership of the Leadership Group should also include contributions from Coordinators, people with a lived experience of disability/mental health difficulties/ageing or as family/carer, 'community champions' and centres of community activity. These might include individuals from libraries, foodbanks, faith groups etc.

**Finding:** Buy-in at senior level is integral to the success and sustainability of the teams supporting LAC and LCC. Senior buy-in is also related to systems change, service reform and greater propensity towards joint working. The UK LAC network reports that senior colleagues have the ability to unlock barriers and expand meaningful networks.

**Recommendation 9:** Understanding and communication of the LAC and LCC models are essential for realising the aim of becoming a front-end service. Social media has an important role to play in this as well as senior management and leadership communicating LAC and LCC concepts and ethos to their individual fora.

### Area Selection

**Finding:** Swansea in particular has evidence of several requests for LAC just outside the boundaries of all three areas. This will only increase as LAC is communicated to a wider audience over time. The same will apply to LCC.

**Recommendation 10:** Allocation of future Coordinators should be adjacent to existing LAC and LCC areas and where there is evidence of demand. Growing from the centre has the

potential to strengthen the delivery of Local Area Coordination and Local Community Coordination as Coordinators share local knowledge and connections in closer proximity. This, in turn, may build conditions for enabling quicker development of introductions, expansion of bordering networks and sustainable local, non-service solutions. In addition, this will allow for rapid acquisition of caseload.

**Finding:** The LAC areas were originally scoped on the basis of population and convenience rather than evidence of need. Consequently, not all communities within some Coordinators' areas have engaged with LAC to the extent of other communities within the same areas.

**Recommendation 11:** Regularly review the prescribed area and shape it to fit the communities they serve, moving beyond a basic geographic/population/convenience approach. We suggest this should also be applied to LCC areas.

### Recording Information

**Finding:** There is no standardised method for recording and storing data at present across the UK LAC Network. Each region has its own processes, requirements and measures. However, there are shared data capture fields being used across all National LAC sites with some local variations. This notwithstanding, these need to be reviewed and aligned.

**Recommendation 12:** Data capture and storage needs to be reviewed and aligned. This could be potentially co-funded and provide mutual benefit to partners.

**Recommendation 13:** The development of a bespoke database - fit for purpose and with App potential, which would link across regional sites should be considered. Discussions regarding the WCCIS (Wales Community Care Information System) and how it might fit with LAC and LCC should be raised with the Western Bay WCCIS Project Board.

*A dedicated App has the potential to:*

- *Enable rapid input of information without impinging on the Coordinators' time.*
- *Contribute data to ongoing research initiatives and help to inform Local Area Coordination in the UK.*
- *GPS function could support the safety aspects of lone working*
- *Update CRM database in real time*
- *Inform asset mapping*
- *Monitor caseloads and flag capacity issues*
- *Enable informed case transition for people covering holiday cover/sickness/Coordinators leaving etc.*
- *Contribute data to reports, leadership meetings*
- *Provide evidence to potential partners when attempting to build new relationships with key partners.*
- *Provide clear evidence of shared outcomes and joint working*
- *Build a profile of the community ecosystem*



However, partners would have to agree on the type of data/categories to be recorded using the App and Database.

**Recommendation 14:** Continuation of data collection in order to inform a business case for co-funding opportunities to key partners.

### Recruitment and Roles

**Finding:** Recruitment to date by LAC and LCC has included the use of a community panel, this has enabled direct, shared contribution and decision making by community and services co-production. This enables Coordinators to access community assets more easily and rapidly build networks. Community members from these interview panels are extremely valuable in helping a new Coordinator embed themselves within their prospective community.

**Recommendation 15:** Local Area Coordinators should also be included in the recruitment process, whether it be through introductory presentations e.g. “a day in the life of a Coordinator”, having a view as to how a candidate might fit within the LAC or LCC team, or assisting with final decisions if there is disagreement or ‘deadlock’ in the selection process.

**Finding:** Implementation of both LAC and LCC was overseen by key individuals who simultaneously held other roles on other projects. In the medium/long-term this is unsustainable.

**Recommendation 16:** The LAC and LCC Manager roles need to be clearly defined and protected to give both initiatives the necessary and appropriate full-time investment in order to maximise potential impact and sustainability.

**Finding:** Both LAC and LCC are new to Western Bay and reporting structures vary. Governance structures, accountability and monitoring remain vague to colleagues and external partners.

**Recommendation 17:** Clear reporting structures should be agreed, defined and communicated to the wider network at a local level to help protect and support LAC and LCC managers and Coordinators.

**Finding:** Concerns around duplication of services by LAC and LCC were reported by third sector partners and colleagues within the Local Authorities.

**Recommendation 18:** Clear methods and processes of communication should be designed and maintained in order to avoid duplication, promote joint working, share news, celebrate success, and community cohesion.

### Health

**Finding:** There are a significant number of initiatives within the health sector aligning to the preventative agenda. Health is a key partner that NPT LAC has successfully linked with. However, the individual overseeing the implementation of LAC in NPT is employed by the Health Board and has been able to link in with many of these initiatives, avoid duplication and forge complimentary relationships.

**Recommendation 19:** The value of engaging health sector partners should not be underestimated. Health Partners should remain a key focus for engagement and feature at a senior level in the Leadership Groups for both LAC and LCC.

#### Profile of Coordinator Portfolios

**Finding:** Whilst many of the cases were in the early stages of engagement, a profile review revealed a striking percentage of complex cases, involving a myriad of issues with numerous stakeholders either already or potentially involved.

**Finding:** Previous LAC evaluations, including Social Return on Investment (SROI) evaluations have highlighted the risk of over-dependency on the Coordinator. Whilst this formative evaluation has not yet presented this issue due to the nature of this early stage, given previous findings this development cannot be ruled out.

**Recommendation 20:** Appropriate sensitivity should be extended to the portfolio management of each Coordinator in order to mitigate against developing dependency and/or the coordination of a disproportionate amount of multiple-issue cases.

#### Third Sector

**Finding:** Third Sector partners are extremely committed, passionate and experienced in community work. There is a wealth of highly experienced staff and volunteers as well as proven processes and measures in place.

**Recommendation 21:** Enhance engagement with the CVCs at senior level in order to support and complement existing links created by Coordinators at operational level. CVCs operate as an umbrella organisation for third sector partners. Third Sector and CVC representation should be present and contribute to Leadership Groups and steering committees on a regular basis.

**Finding:** There is exceptional expertise and experience within the Third Sector and the dedicated teams of the Local Authority and whilst there are cultural differences in working, both LCC and BAVO and LAC and CVS all share key values of providing guidance, community cohesion and community development.

**Recommendation 22:** Clear and open channels of communication between BAVO, CVS and the Local Authority may help to clarify the mission, share expertise, agree potential areas for joint working and create a stronger working partnership.

**Recommendation 23:** Strategic and operational relationships should be nurtured with Third Sector, including CVC partners. It is clear there is great potential to work together to identify gaps, seek collaborative opportunities and avoid duplication. Again, this needs regular, clear and open channels of communication.

#### Networks

An innovative network and relationship mapping approach was applied to this formative stage with data collected across all three Swansea sites. This captured interactions during the implementation phase with the aim of identifying how LAC was engaging across the

community; creating change beyond the direct Coordinator involvement; and how activity was progressing and being sustained.

**Findings:** Network analysis revealed the following:

- The formative nature of the mapping observed development of new networks and relationships, drawing upon existing and new factors, and clusters of activity.
- Coordinators have established extensive networks of resources and supported individuals across sites, with links between sites already starting to emerge involving over 305 individuals and over 1,200 connections
- Linkages created between resources and supported individuals which are sustained without Coordinator involvement demonstrate capacity building and contribute to community resilience.
- A positive progression of relationships, from initial engagement through to active collaboration, to positive resolutions – demonstrates that Coordinators are having a positive sustainable effect within broadening portfolios.

**Recommendation 24:** Continued data collection, with appropriate privacy safeguards, would support ongoing planning and management of LAC/LCC including identification of resource requirements and performance.

#### Cost/Benefit

**Findings:** Based on activities at three Western Bay Local Authority areas (3 Swansea sites, 3 NPT sites and 1 Bridgend site), the data revealed the following:

- In line with the finding from previous studies and building upon their approaches, this review found LAC/LCC to be tackling a broad range of social and personal issues.
- The data demonstrates a positive return on investment across the portfolio of 267 individuals supported and reviewed for financial benefit.
- The cost per supported individual were on average £980, though trending to circa £600 per individual as set-up costs were absorbed into portfolios reaching steady state.
- High levels of complexity within the portfolio, with positive outcomes noted in other sections, suggest that Coordinators are adding value across a range of public service pressures.
- Mapping of the portfolio across representative generic cases allowed incremental improvements to be considered, with sensitivity analysis using defined parameters.
- LAC/LCC implementation, as reviewed, involved costs of circa £400k with benefits in the range of £800k-£1.2m. This represents a benefit/cost ratio of between 2:1 and 3:1 using the core range assumptions, whilst continuing to provide return even under the most conservative parameters.

**Recommendation 25:** Sustained LAC/LCC activity for the implementation sites alone would see the benefit/cost ratio improve further rising to between 3:1 and 4:1 with a net return

of £1.2m-£1.8m. This would also benefit from economies of scale and operational synergies with wider rollout of the approach.

### Next Steps

Local Area Coordination and Local Community Coordination aims to support communities and build resilience with focus upon local relationships and assistance rather than use of statutory services. To support this work, and inform key stakeholders of progress and early outcomes a formative evaluation has been undertaken. This report contains the first formal feedback from this evaluation process, with focus upon the setup activities and initial activities (Initiation) of Local Area Co-ordination and Local Community Coordination across the Western Bay Region.

**Recommendation 26:** The evaluation process should continue beyond this formative stage and that ongoing monitoring and longer-term evaluations will provide further insight into the impact of both Local Area Coordination and Local Community Coordination. It is hoped this activity will inform both practitioners in optimising delivery, and policy makers in potential future use of Local Area Coordination and Local Community Coordination in the Western Bay region and beyond.

**Recommendation 27:** In addition to a summative evaluation, it is the recommendation of the researchers that a 'Social Return on Investment' (SROI) evaluation be commissioned in order to confirm existing and inform future social value.

**Recommendation 28:** Swansea and Neath Port Talbot regions should continue to work with the UK LAC Research Network to inform future research directions and initiatives. Swansea, Neath Port Talbot and Bridgend all have access to specialist research centres such as the Wales School for Social Care Research (Welsh Government, based at the College of Human & Health Sciences, Swansea University) and these potentially offer a valuable source of research support.

**Recommendation 29:** Western Bay is in a unique position in that it has implemented both LAC and LCC and would benefit from longitudinal study to inform future recruitment, roll-out and policy.

### Acknowledgements

The researchers would like to thank Western Bay Programme Office, Inclusive Neighbourhoods and Ralph Broad, Eddie Bartnick, the UK LAC Managers Network, UK LAC Research Network, City County of Swansea, Neath Port Talbot County Borough Council, Bridgend County Borough Council (in particular - Adult Social Services). ABMU Health Board; CVCs and Third Sector partners; members of the Swansea Leadership Group, the Implementation Managers, Coordinators and all participants who have generously contributed to the evaluation process.

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