CONSULTATION DRAFT

CAMBRIDGESHIRE SUPPORTING PEOPLE

REVIEW

HOME IMPROVEMENT AGENCY SERVICES 2007/08

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Acknowledgements

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Cambridgeshire County Council
Supporting People Partnership
Cambridgeshire Primary Care Trust
Cambridge City Council
East Cambridgeshire District Council
Fenland District Council
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Care & Repair West Norfolk
Huntingdonshire Home Improvement Agency
South Cambridgeshire Home Improvement Agency
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A special mention must be made of the time contributed by the Home Improvement Agency Managers who have responded to numerous requests for information whilst maintaining a quality service to their customers throughout the Review.

Steve Plant, Head of Housing Services, Huntingdonshire District Council
Review Chairman.

Date: May 2008

INTRODUCTION

This Review has been commissioned by Cambridgeshire Supporting People Commissioning Body as part of their wider strategic Review of services. The Review has considered the existing service and structures, local, regional and national strategic priorities and commissioning strategies.

Home Improvement Agencies are locally based not-for-profit organisations. They assist older, disabled and vulnerable people to remain living in their homes independently by helping them to repair, improve, maintain or adapt their home.

Funding for HIAs comes from a number of sources including Supporting People Grant, Local Housing Authority budgets, County Council Prevention Grant, Primary Care Trust (PCT) funding and fees.

There are three main types of structures for Home Improvement Agencies:

1. Registered Social Landlords - managing the service on behalf of the local authority independently
2. Independent Agencies - locally owned community-based organisations operating independently from the local authority and depending on a diverse range of funding streams.
3. In-house local authority agencies - often having evolved from grants departments. HIAs that are set up as in-house agencies often have independent budgets and advisory groups to enable them to act with some degree of independence from the local authority.

Cambridgeshire is a two tier authority with five local authority areas. Each area has a Home Improvement Agency service:

- East Cambs has an independent Care & Repair agency registered as an Industrial and Provident Society, established in 1995;
- Fenland uses the services of an in-house agency of an authority in Norfolk.
- Cambridge City, South Cambs and Huntingdonshire all have in-house agencies.

This review goes beyond a traditional Supporting People review because the Home Improvement Agencies (HIAs) carry out services over and above the adaptation of homes for those with disabilities and associated support to clients they also deliver, to a varying degree, part of the local authority's private sector housing strategy and meet the prevention strategies of commissioners.

The HIA service county-wide is relatively big business with annual revenue funding in excess of £1m, and the HIAs procuring work on behalf of City and District Council's in excess of £5m.

The review team has maintained throughout the process the overarching principle that the review should be very customer focused and that the service clients receive should, as a result be as good as, or better than, the service currently provided.

KEY FINDINGS

Strategic Priorities and Relevance (Chapter 3)

1. It is clear that the services that HIAs provide ensure the ongoing independence of vulnerable households. Adoption of a preventative role meets not only current but future strategic priorities of all commissioners, a role that has recently been recognised nationally as delivering savings to both Health and Social Care budgets.

2. Changes to National Performance Indicators and delivery and monitoring of more services via Local Area Agreements will result in a more County based approach in future.

3. In order to be 'fit for the future' the service needs to be flexible enough to withstand any future demands placed upon it in relation to either increased volumes of work or increased types of service provision.

4. Prior to this review the PCT commissioners did not have an understanding of the services provided by the HIAs and the impact on PCT strategies and contributions made to their performance indicators.

Current Service Provision (Chapter 4)

5. The five Agencies have largely similar staffing structures. Since the last Supporting People Review there is now very good and effective joint working arrangements and regular meetings across Cambridgeshire.

6. The core specification should be more flexible, it should be more 'outcome focused' and less prescriptive in how the service should be delivered.

7. Publicity of services available varies depending on the Agency. This could lead to inequitable access. Some joint publicity has been carried out. There is scope for increased joint publicity.

8. The impact of OT referrals on the financial viability of HIAs should not be underestimated. Close working with the PCT to accurately predict demand for DFGs is essential to ensure adequate funding for DFGs is provided by the local authorities and adequate staff resources to process the DFGs are provided by the HIAs

9. Some Handyperson services are provided although they have varied funding sources and individual HIAs have limited ability to influence that funding. It is considered inappropriate to seek each HIA to provide a handyperson service. However signposting to those services, where they exist, should be included in the core specification.

Current Funding Arrangements (Chapter 5)

10. There is not a consistent level of funding of HIAs. Funding from Commissioners other than Supporting People is generally insecure and is agreed on a year by year basis providing a basic lack of financial security for HIAs. The level of funding is also variable and inconsistent across authorities and there is no rationale to the level of Supporting People Grant to the agencies.

11. An attempt was made to examine the running costs of HIAs via completion of a common template. The responses varied at the 'detail' level resulting in non comparable information. The total operational costs vary significantly between HIAs leading to a lack of confidence in their accurate completion. To examine operational costs further would be quite a major time consuming task and consideration needs to be given as to whether the effort would be justified by the potential benefits of comparison between HIAs

12. There is no relationship between investment and outputs for local housing authorities and no clarity of cost for the individual Agency's delivery of private sector housing activities. Fenland DC is the only local housing authority which has a Service Level Agreement for monitoring of performance and delivery on services other than for Supporting People Grant.

13. The volumes of work carried out, the cost of service provision and the capital cost for Disabled Facilities Grants have been compared during the review and there is a relatively wide range in the cost of common works. It is beyond the scope of this review to drill down further to understand these differences. This is a matter for individual City and District councils to satisfy themselves that value for money is being obtained by their HIA, however value for money of capital works will be a key consideration when commissioning future services.

Quality and Performance Monitoring (Chapter 6)

14. The customer feedback via satisfaction surveys for the current service provision at the completion of the works (DFGs) and one year on, is high. Therefore there does not appear to be any shortfalls in the quality of service provided.

15. The Cambridgeshire authorities are jointly agreeing 35 Indicators from the new National Indicator set. Once these are agreed it would be appropriate to establish how HIAs can contribute to meeting these national targets and include performance monitoring within the specification.

16. Liaison between Agencies and OTs works well in each district. When considering the benefits of co-location of occupational therapists with HIAs it was concluded that liaison/co-operation is more to do with individual personalities than where staff are located, therefore, co-location was not considered to be of material benefit.

17. There may be scope for HIA staff to be trained as 'Trusted Assessors' for simple assessments. This could improve turnaround times for customers and allow OTs to concentrate on the more complex cases.

Re-Commissioning of HIA Services (Chapter 7)

18. Commissioners have officers that serve on the Commissioning Body and elected members/officers that serve on the Joint Member Group of Supporting People. The Commissioning Body has approved and the Joint Member group has endorsed the Supporting People Commissioning Strategy.

19. The Supporting People Commissioning Strategy has a presumption that, unless an exemption is granted from the County Council's procurement *Contract Regulations*, the service will be re-commissioned (put out to tender) when steady state contracts are renewed. Contracts are due for renewal on 1 April 2010. These contracts will be above EU thresholds.

20. There is currently no formal joint commissioning agreement between funders. If the service is to be jointly commissioned' then each party needs to specify which services they require in addition to the core specification. Funding needs to be specified along with performance monitoring requirements.

21. Whilst it is implicit that commissioners have awareness of the implications of agreeing the Supporting People Commissioning Strategy, it is recommended that commissioner's views are sought on joint commissioning and tendering of services as part of the consultation process of this Review.

22. A new Government funding stream is anticipated through the LAA for Handyperson schemes as announced in the new Strategy for Housing in an Ageing Society. There will be an opportunity for commissioners to utilise this funding either through HIAs or other delivery mechanism to ensure equal access to this type of service across the county to support the LAA priorities. This is however outside of the remit of this review.

23. A number of actions have been identified during the review and an action plan has been created to begin to capture these areas of work (Appendix 10). The draft action plan does however form part of this report and will be consulted on as part of the consultation process.

THE REVIEW

Chapter 1 Background and Drivers for the Review

1.1 Background

Home Improvement Agencies (HIAs) are locally based not-for-profit organisations that assist older, disabled and vulnerable homeowners, private sector tenants and housing association tenants to repair, maintain or adapt their homes. Many also provide advice and support on benefits, and operate schemes for energy efficiency and warm homes, crime prevention and accident reduction.

In Cambridgeshire the HIAs are funded through a variety of means including Supporting People Grant; Prevention Grant from the County Council; Local Housing Authority contributions and grant from the Primary Care Trusts. In addition to this, fees are raised on disabled facilities grants; repairs assistance loans and private works payable through the capital grant, and some HIAs receive charitable funding and funding from other sources.

A Supporting People Review was carried out of the Home Improvement Agency Service in Cambridgeshire in 2004/05. An Action Plan was agreed with actions identified to implement a core specification for HIA services and agree performance measures and ensure funding streams were identified. (Appendix 1)

The Action Plan was implemented to timetable and the Core Specification came into operation from April 2005. As a result of this all HIAs in Cambridgeshire now offer the same core service to customers although there are some differences in additional services offered. These largely relate to the amount of funding available and the requirements of the local authority.

One aspect of the Best Value Review that was not addressed was the need for consistency and certainty in future funding of the service. The HIAs need to have secure funding for a reasonable period of time in order to operate their services. Commissioners need to see a value for money service, and for efficiencies to be found by considering the options for delivering the service in different ways.

This Review therefore, seeks to bring together funding streams, consider mechanisms to achieve robust joint commissioning between partners and explores value for money and efficiencies within the service.

1.2 Drivers for the Review

There were a number of drivers for the Review, which was originally planned for 2008/09. However, the uncertainty around funding from the Primary Care Trust and the time expected to deliver a thorough review triggered the Supporting People Commissioning Body to bring the Review forward one year.

The main drivers for the Review were:

- Financial drivers – budget pressures from all contributing bodies;
- End of the three year funding agreement signed off by Commissioning Body, when the core specification was agreed;
- Value for money – assessing whether services can be provided more cost effectively across Cambridgeshire if delivered in a different way;
- Flexibility in service provision – that may arise from staff efficiencies, sharing expertise and learning from one another.
- Opportunity to consider delivering continuous improvement and improve quality of life of service users
- A wish to maximise outcomes and outputs for users.
- The changing social landscape occasioned by CAA's, LAA's and the National Outcomes and Indicators.

Following the Treasury Spending Review in 2004 and Sir Peter Gershon's review of public sector efficiency, all local authorities are expected to consider how they can deliver efficiencies within the back office, procurement, and policy-making functions to deliver more effective frontline services to the public. This has become embedded into the financial planning process across the public sector and if cashable savings cannot be identified then non-cashable improvements in service delivery are to be sought.

Chapter 2 Methodology

2.1 Project Structure

In order to complete the Review a multi-agency Project Board was set up to oversee the work and manage the project. Members of the Board came from all the relevant commissioning and provider agencies:

- District (and City) Council Strategic Housing/Environmental Health
- Primary Care Trust (provider and commissioner roles)
- Supporting People
- County Council
- Home Improvement Agencies
- Foundations

Foundations is the National Co-ordinating Body for Home Improvement Agencies (HIAs) in England, appointed by the Department for Communities and Local Government to:

- Provide advice, training and support to HIA staff, managing organisations and sponsoring authorities
- Develop and promote the HIA sector
- Represent the HIA sector in discussion with government and other stakeholders.

The Foundations consultant's contribution to the review has added valuable knowledge and advice on Central Governments direction, experience of reviews held elsewhere in the country and provided external challenge to the Board.

2.2 Project Plan

The Project Board agreed a Project Plan and timetable and the remit of the Review (Appendix 2).

Sub-groups were established to work on various aspects of the Review:

- Research and Analysis;
- Core-specification;
- Consultation;
- Options

Members of the Project Board chaired these sub-groups and invited other contributors as required e.g. HIA Managers, sharing out the work.

The Review commenced in August 2007 with comparisons of existing services, and research into the commissioners' strategies and priorities. Detailed investigations were carried out where anomalies were identified. The project plan was reviewed regularly to ensure that every aspect of the Review was covered. A log of arising issues was maintained and reviewed periodically to ensure that any concerns were addressed through the review process.

Chapter 3 Strategic Priorities and Relevance

The Research and Analysis sub-group was tasked with considering current and future strategies of all commissioning partners and considering how HIA services meet current and future priorities. Any changes in relevance needed to be identified and consideration given to whether the services HIAs offer are 'fit for the future'. This Chapter considers the national, regional and local picture.

3.1 Legislative Framework

The current legislative framework governing Disabled Facilities Grants (DFG) is provided by the Housing Grants, Construction and Regeneration Act 1996. Since 1990, local housing authorities have been under a statutory duty to provide grant aid to disabled people (definitions are provided of those who are eligible within the Act) for a range of adaptations within their homes or privately rented accommodation.

While the statutory function to provide and administer DFGs clearly rests with the Local Housing Authority, Home Improvement Agencies are often providing a service to support the client to make an application for a DFG, design a solution which meets the client's needs and ensure the works are carried out satisfactorily.

The Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 gives local authorities the power to provide assistance (either directly or indirectly) to any person for the purpose of improving living conditions in the local authority area. It also gives local housing authorities the power to make assistance subject to certain conditions, including making repayment or a contribution so long as they have adopted a policy for the provision of assistance. Repairs Assistance grants and loans are provided under these provisions in line with the relevant Council policy.

3.2 Population

Using the widest survey definition, it is estimated that there are about 11 million disabled adults in the UK – one in five of the total adult population – and 770,000 disabled children. The population of disabled people is highly diverse. It includes people from all age groups and across the income and education spectrum.

Many older people in fact live in the worst housing conditions or lack suitable accommodation, with a third of older people (2.1 million households) living in non-decent or hazardous housing. These hazards bring many costs which could be significantly reduced, for example, if older people could be prevented from falling and being hospitalised or institutionalised too early.

In Cambridgeshire it is evident from the demographic projections that the elderly population will increase significantly over the coming years and also the prevalence of adults and children with a disability (Appendix 3). It is highly unlikely therefore that there will be any reduction in the need for the services provided by HIAs and it is likely that demand for their services will increase.

3.3 National Strategies

There are a number of National strategies and initiatives that relate to older people and the need to take a more pro-active approach to prevention to improve the quality of life of older and vulnerable households. They include:

- Lifetime Homes, Lifetime Neighbourhoods – A National Strategy for Housing in an Ageing Society
- Independent Living Strategy
- Our Health, Our Care, Our Say
- Commissioning Framework for Health and Well-being

The following are quotes from the National Strategy for Housing in an Ageing Society:

[HIA's] "are not getting to enough people in need, early enough. Operating on limited resources with a mix of self-referral or professional referrals means that they only reach a proportion of those most at risk of problems and often only after a crisis has happened. These services can reduce delays to discharge from hospital and prevent falls, but only few Primary Care Trusts (PCTs) offer this service. There is considerable scope to improve the capacity, joining-up and targeting of handyperson schemes at those most at risk. Improving targeting on people at risk of costly health and care problems will considerably improve the economic returns for PCTs and local authorities."
Source: P69 - Lifetime homes, Lifetime Neighbourhoods - A National Strategy for Housing in an Ageing Society

We see HIAs as having an increasing and key role in delivering much improved housing-related services for growing numbers of older people.
Source: P71 - Lifetime homes, Lifetime Neighbourhoods - A National Strategy for Housing in an Ageing Society

3.4 Regional, Sub-Regional and local strategies

On a more local level there are numerous housing and health related strategies.

- The East of England Regional Housing Strategy 2005-10
- The EERA Regional Social Strategy
- The Cambridge Sub-Region Housing Strategy 2004 to 2008/09
- Local authority Housing Strategies
- PCT's Countywide Commissioning Strategy
- Public Service Agreement
- Local Area Agreements (LAAs)
- Cambridgeshire Supporting People Strategy 2005-2010
- Supporting People Commissioning Strategy
- County Disability Housing Strategy
- Local Strategic Partnerships
- Strategic Housing Market Assessment (SHMA)

A more detailed analysis of these strategies can be found at Appendix 4.

3.5 Summary

Starting at national level, right through to local strategies and policies, there are a number of drivers actions/objectives that are repeated and overarching cross-cutting housing, health and social care agendas:

- Promoting independence for older people. Older people want to be supported to live in their own homes and communities for as long as possible and to avoid institutional care wherever possible.
- Piloting individualised budgets - Develop an evidence base for individual budgets, which bring together sources of funding, services, equipment and adaptations.
- Identifying current barriers and shortfalls in knowledge and provision and identifying opportunities to address any issues identified.
- Addressing fuel poverty, tackling energy efficiency and improving comfort levels at homes
- Greater use of alarms and assistive technology and equipment to assist independent living
- Ensuring there is equity of access to good quality housing and support across the county to those in most need.
- Provision of fire safety and home security equipment should be increased for older people and people with disabilities
- Improving housing conditions in the private sector
- Working in partnership with other agencies to meet the housing and support needs of vulnerable people.

It is clear that the services that HIAs provide ensure the ongoing independence of vulnerable households. Adoption of a preventative role meets not only current but future strategic priorities of all commissioners.

It is evident that with the integration of Supporting People funding into the Local Area Agreement from 2009, the Government is encouraging a joining up of the services that benefit older and vulnerable people provided by housing, social care and health. This approach is also enshrined in the National Outcomes and Indicators and the Public Sector Agreements.

Changes to National Performance Indicators and delivery and monitoring of more services via Local Area Agreements will result in a more County based approach in future.

In order to be ‘fit for the future’ the service needs to be flexible enough to withstand any future demands placed upon it in relation to either increased volumes of work or increased types of service provision particularly with the DFG changes recommended in April 2008. It would be appropriate to consider the implications of the possible equity release scheme, which is being considered by the Eastern Regional Private Sector Working group, and will need commitment from HIAs to succeed

Prior to this review the PCT commissioners did not have an understanding of the services provided by the HIAs and the impact on PCT strategies and contributions made to their performance indicators. However, the Office for Disability Issues published in May 2007 a

report ‘Better outcomes, lower costs’ which outlines the implications for health and social care budgets of investment in housing adaptations, improvements and equipment showing the significant savings that can be made (See Chapter 4 and Appendix 5).

Chapter 4 Current Service provision

4.1 HIA Structures

The current arrangement in Cambridgeshire is shown below:

- East Cambs has an independent Care & Repair agency registered as an Industrial and Provident Society, established in 1995;
- Fenland Council contracts with Care & Repair West Norfolk to provide the service which is run by Kings Lynn & West Norfolk Council.
- Cambridge City, South Cambs and Huntingdonshire all have in-house agencies working within the local authorities

They operate within individual district (and City) boundaries.

4.2 Staffing Structures

TABLE 1	**STAFFING STRUCTURES OF HIAs**					
Staff Structure	EAST CAMBS	HUNTS	CAMBRIDGE	FENLAND	SOUTH CAMBS	CAMBS
Permanent Staff Structure	4.7	5	4.92	3.9	4	22.52
	1 Manager	1 Manager	1 Manager	0.4 Operations Manager, 0.3 Agency Manager	1 Manager	4.7
	1.7 Caseworkers	2 Caseworkers	1.92 Caseworkers	1.2 Client Officers	1 Caseworker	7.82
	1 Technical Officer	1 Technical officer	2 Technical Officers	1.2 Technical Officers	1 Surveyor	6.2
	1 Administrator	1 Administrator	(1 Grants Officer)	0.8 Admin Assistants	1 Admin Assistant	3.8

Source: Cambs HIAs

Differences include the employment of two technical officers at Cambridge City which reflects the different emphases in private sector policies. The Grants Officer is also located within the HIA team whereas in other in-house agencies it sits within the private sector team of the local authority. Two employment contracts expire in March 2009, one post will become vacant this June and is unlikely to be filled.

In addition to the permanent staff teams, Cambridge City and Care & Repair East Cambridgeshire Ltd. occasionally use external consultants/technicians for the preparation of drawing/plans. Fenland and Huntingdonshire HIAs use consultants to draft plans for extensions. South Cambs use consultants for level access showers (when high demand). The use of external consultants in these circumstances is considered by the HIAs to be

cost effective for the number of occasions this level of expertise is required during the year.

Whilst staffing structures are similar the revenue supporting the structures is not (see Table 7). The staffing structures of the HIAs also need to be looked at taking into account the different outputs from each Agency (see Tables 2 & 5).

The in-house HIA services located within South Cambs, Cambridge City and Huntingdonshire Councils are managed by an operational Manager in each agency. Overall supervision and line-management is from a Senior Manager within the local authority Environmental Health or Housing Services department.

Care & Repair East Cambridgeshire Ltd. is managed by a Management Committee. All support services are provided in house by the agency.

Fenland's HIA, Care & Repair West Norfolk, are managed by Kings Lynn & West Norfolk Council who manage three local authority HIA services.

4.3 Core Specification

The introduction of the core specification in April 2005 has had a beneficial impact on how the HIA services are provided and ensured a consistency of service. All HIAs are now meeting the requirements of the Core-specification. There is also a requirement to collect the same performance monitoring information and to use the same questionnaire to monitor customer satisfaction. (see Chapter 6)

The work required during the previous Best Value Review, which resulted in the production of the core specification, encouraged HIA Managers to work together.

The five agencies have largely similar staffing structures. Since the last Supporting People Review there is now very good and effective joint working arrangements and regular meetings across Cambridgeshire.

In the current Review the core specification was reviewed by a sub-group to see where it might be amended and what, if anything, had changed since its drafting. There have been a number of changes that need to be reflected in the document including:

- New National Indicators proposed that will link though to the LAA locally
- Promotion by Government of HIAs role in assisting vulnerable households to carry out privately funded work
- A need for more options advice, information and signposting
- More emphasis on falls prevention and reducing hospital admissions

However, agencies also carry out work outside of the core specification.

The core specification should be more flexible, it should be more 'outcome focused' and less prescriptive in how the service should be delivered.

4.4 Advice, Information and Sign-Posting

The core specification requires each HIA to provide a range of general advice and information on the following areas:

- Problems relating to the property
- Income maximisation/sources of funding
- Housing options
- Legal entitlements
- Other support services (signposting)

While each Agency provides this service, due to the nature of their structures they are provided in different ways.

The three in-house services are based within their local Council offices and are accessed in a variety of ways. General enquiries are often received by the Customer Service teams with callers being referred through to the HIAs for advice and assistance if appropriate. Much of the initial 'signposting' is carried out by generic Customer Service teams unless the enquirer calls through on a direct line having received a leaflet or information through a website for example.

The Fenland HIA Service provided by Care & Repair West Norfolk based in Kings Lynn, is very similar and is accessed via Fenland District Council customer service centres in the four market towns.

Care & Repair East Cambridgeshire Ltd. is quite different having a High Street position in Soham with an open caller office and subsequently receives a much higher volume of general enquiries from the public.

Customer access was considered as part of the core specification review and it was agreed that while a 'High Street – one stop shop' type service would be ideal, it may not be realistic to expect all areas to provide this service due to the higher revenue costs.

It was however agreed to recommend to Commissioners that any new specification should state that the HIA is to: 'Have an access point for customers both in person and by telephone available during normal working hours in each district'.

4.5 Prevention Agenda

The role that HIAs play with regard to preventative measures has recently been recognised nationally. The Office for Disability Issues has produced a report with findings that show clearly that the provision of housing adaptations and equipment for disabled people produce savings to health and social care budgets in four major ways. A summary of the report is attached at Appendix 5.

- Saving by reducing or removing completely an existing outlay i.e. residential care or intensive home-care
- Saving through prevention of an outlay that would otherwise have been incurred i.e. prevention of falls
- Saving through prevention of waste i.e. providing timely adaptations

- Saving through achieving better outcomes for the same expenditure i.e. adaptations could replace the need for carers assistance for example with bathing.

People fall while waiting for adaptations. The average cost to the State of a fractured hip is £28,665. This is 4.7 times the average cost of a major housing adaptation (£6,000) and 100 times the cost of fitting hand and grab rails to prevent falls.

The HIA services in Cambridgeshire are fully aware of the practical sense it makes to meet the prevention agenda and where possible adaptations and/or minor repairs are carried out before a person gets to a crisis point, requiring hospital admission.

The agencies are aware of the need to pro-actively promote their services to ensure that not only individuals themselves but agencies providing health and social care services are aware of their role and refer for assistance before a major crisis happens.

4.6 Promotion and Publicity

The current HIAs are already providing advice, information and signposting. Various mechanisms are used to publicise the service to ensure that they contribute to the prevention agenda.
Promotion of the services has been carried out via the following methods:

- Articles in district and/or parish magazines, council tax leaflets, etc
- Information on websites
- Links with local agencies i.e CABx, voluntary and community agencies
- Leaflet distribution to agencies
- Advertising in local Health Directory
- Display stands and staff attendance at various locations i.e. distraction burglary meetings; market stalls; parish council meetings
- Mail shots with leaflets and posters to Post Offices

Publicity of services available varies depending on the Agency. This could lead to inequitable access. Some joint publicity has been carried out. There is scope for increased joint publicity.

In addition to promoting the service widely, at each home visit a checklist is completed to ensure that any additional needs the client may have are addressed. This checklist covers the following headings and is a Supporting People performance measure:

- DFG Grant process
- Role of HIA
- Housing Options
- Security (Bobby scheme eligibility)
- Health & Safety
- Lifeline (alarm) required
- Maximising income/benefit entitlement
- Charitable assistance
- Repairs Assistance
- Energy Efficiency

4.7 Disabled Facilities Grants

A large part of the work of the HIAs is the processing of referrals directly from Occupational Therapists (OTs) for Disabled Facilities Grants (DFGs). The capital to pay for the actual grant works comes jointly from the Government and local authority capital budgets, administered by the local housing authority. Approvals are the responsibility of the local authority Grants Officer.

TABLE 2	VOLUME OF DISABLED FACILITIES GRANTS PROCESSED BY HIAs	
Area	2006/07	2007/08
Cambridge	58	53
East Cambs	53	61
Fenland	92	100
Huntingdonshire	180	208
South Cambs	51	59

Source – Cambs HIAs

The impact of OT referrals on the financial viability of HIAs should not be underestimated. Close working with the PCT to accurately predict demand for DFGs is essential to ensure adequate funding for DFGs is provided by the local authorities and adequate staff resources to process the DFGs are provided by the HIAs

TABLE 3	OCCUPATIONAL THERAPY WAITING LIST OCTOBER 2007 – MARCH 2008			
	Referrals to Occupational Therapy	Numbers Waiting Priority 2	Numbers Waiting Priority 3	Total waiting
October 2007	487	380	700	1080
November 2007	413	356	708	1064
December 2007	340	335	641	976
January 2008	405	231	485	716
February 2008	389	227	440	667
March 2008	374	297	454	751
Total	2408			

Source – Cambridgeshire PCT April 08

Note: this table does not bear any relation to the number of referrals for grants and is provided to show an indication of the waiting lists for OT assessments.

Waiting times for assessment by OTs vary across the County. Recently, clients in some districts waited for only a few weeks whilst others waited for over a year. The PCT is

actively addressing this in-equality and is catching up in areas with long waiting times, especially Huntingdonshire.

TABLE 4	OCCUPATIONAL THERAPY MAXIMUM WAITING TIMES FOR ASSESSMENT AT END OF FEBRUARY 2008 (in weeks)		
	Priority 1	**Priority 2**	**Priority 3**
Huntingdonshire	0	39	35
East Cambs	0	4	8
Fenland	0	6	6
Cambs. City	0	8	40
South Cambs.	0	17	21

Source: Cambridgeshire PCT

Note: This table does not bear any relation to the number of referrals for grants and is provided to show an indication of the maximum waiting times for OT assessments

The knock on effect of variations in assessment times are felt by the HIAs who have a responsive role and are required to deal with referrals within specific timescales.

Eligibility assessments for DFGs are carried out by the HIA staff and if Grant is not available the Caseworkers work closely with the client to identify alternative sources of funding including possible referral to a charitable organisation e.g. British Legion, for assistance or referral to the County Council for a grant or loan. In future, there could be increased use of individual budgets and equity release.

The role of the HIA is to support the client with the application processes and is client led. This includes agreeing what adaptations are appropriate in agreement with the client and the OT, drawing up the plans and specification, obtaining quotations from approved builders, applying for planning and building regulation consent where required, identifying funding and where appropriate obtaining approval from the Grants Officer, and ultimately managing the works progress. The HIA staff inspect the work with the client and organise payments to the builder. Checks may be made by a Grants Validations Officer.

A fee is charged by the Agency for the service which is payable as part of the capital grant and contributes to their revenue income stream. This varies between agencies but is around 10% of the cost of the grant. It was noted during the Review that it would be beneficial to have a limit on the % charged as fees within the core specification to ensure that providers keep fees to a reasonable level. However, this is subject to the level of income received by the main commissioners.

4.8 Complex Cases

For complex cases most HIAs have similar approaches carrying out joint visits with OTs, Surveyors, Grants officers and the clients themselves to agree the most appropriate solution. Liaison between HIA staff and statutory grants officers is generally good and consistent across the HIAs. For the three in-house HIAs the Local Authority Grants Officers are either based within the team or close by, ensuring effective working relationships and liaison on individual cases. Fenland has regular meetings between Grants officers and HIA staff.

There are quarterly Countywide Housing and Occupational Therapy Liaison Group (HOT) meetings which provide an opportunity for HIA Managers, and the OT Service to meet and discuss any arising issues. There are two groups, one covering the Adult OT Service and one for the Pediatric OT Services. These are well attended and foster good relations between the agencies and the OTs.

4.9 Repairs and Improvements

Repairs Assistance loans and grants are also often carried out by the HIA service. Similar agency support is required for clients for minor works, and although smaller in scale, these jobs take the same amount of effort to process.

TABLE 5	VOLUME OF REPAIRS ASSISTANCE GRANTS/LOANS PROCESSED BY HIA	
Area	2006/07	2007/08
Cambridge	63	87
East Cambs	107	112
Fenland	37	25
Huntingdonshire	32	33
South Cambs	44	23

Source Cambs HIAs

These figures do not include Handyperson works.

Some work is carried out by HIAs on behalf of their private sector housing teams on Decent Homes and further investigation is being made into what works Private Sector teams would wish to be carried out by the HIAs and which will be retained in house.

4.10 Other Works (jobs that are not grant aided)

By extending the service to provide help for jobs outside the grant system, an Agency is able to help more people. It can be an additional source of income and is useful experience for the future, when more help is going to be given directly to clients, for example through individual budgets.

TABLE 6	VALUE OF BUILDING WORKS COMPLETED WITHOUT GRANT AID 2007/8				
Value £	**East Cambs**	**Fenland**	**City**	**South Cambs**	**Huntingdon**
<100	18	0	0	U	0
>100 <1000	12	0	0	U	0
>1000<10,000	6	1	0	U	0
>10,000	2	0	0	U	0
Total number	39	1	0	U	0
Total value	£95,474	£3,870	0	U	0

Source: Cambs HIAs

Note 1. U = unknown. Information not available at time of report

In East Cambs clients financed 12 jobs, 8 clients received help from a charitable source and 19 from the Agency's hardship fund.
Cambridge City, South Cambs and Huntingdonshire have all carried out adaptations privately though none were completed in 2007/08. All have experience of work not funded by local authority grants and loans.

4.11 Handyperson Schemes

One service that could be provided by HIAs is the Handyperson Service which is designed to carry out minor works in the home. This work is not usually eligible for DFG or Repairs Assistance loans or grants but contribute to the clients' health, wellbeing and safety by ensuring small jobs are carried out in the home. These schemes have been given strong Government encouragement and additional resource within the National Strategy for Housing in an Ageing Society.

Examples of the types of works carried out by these schemes include: fitting hand rails and burglar alarms; fitting smoke detectors; disposing of rubbish from gardens; changing light bulbs; nailing down loose carpets, safety and security work and all manner of small jobs that help to maintain a vulnerable persons living conditions and could prevent a fall/accident in the home.

An audit of what is in place across Cambridgeshire was carried out as part of the Review. Currently all districts except Huntingdonshire have some type of Handyperson Scheme funded either through the local authority, RSL, PCT, charitable sources or County Council Prevention Grant. South Cambs and Cambridge City share a scheme managed by Age Concern called the 'Safer Homes Scheme' – a current bid has been made for LAA Reward Grant funding to continue this scheme for a further three years.

In Huntingdonshire one of the large RSLs is planning to introduce their own handyperson scheme providing a subsidised service for minor jobs to their own tenants. A LAA Reward Grant bid has been put in by the District Council in partnership with Age Concern to expand the Safer Homes Scheme to Huntingdonshire but the decision on this funding will not be made until September 2008.

Fenland have a scheme run by Age Concern called 'Healthy Homes' which arranges Handyperson works whereas Care & Repair East Cambridgeshire Ltd. employ their own Handyman directly. The agency find this in house service extremely useful in providing a quick flexible response if, for example, someone needs minor works carried before returning home from hospital.

Research has established that there are other schemes providing handyperson services coming into the market from larger DIY stores including Homebase and B&Q. This is to meet demand from older owner occupiers prepared to pay for a reliable trustworthy service for carrying out minor repairs.

Some Handyperson services are provided although they have varied funding sources and individual HIAs have limited ability to influence that funding. However signposting to those services, where they exist, should be included in the core specification.

4.12 Work with Social Landlords

Of the five local authorities in Cambridgeshire, three (East Cambridgeshire, Fenland and Huntingdonshire) have transferred their housing stock to housing associations. The remaining two retain their housing stock within the local authority although South Cambs are currently considering their stock options.

When a local authority transfers its stock to a housing association there is normally an agreement relating to adaptations to the transferred properties, with either the association agreeing to carry out works up to a certain sum, or to carry out full adaptations to their own properties in recognition of a lower valuation of the stock at transfer, or agreeing that tenants will apply to the local authority for adaptations in the usual way.

The extent to which housing associations (both independent and those taking stock from local authorities on stock transfer) contribute towards this type of work varies enormously in Cambridgeshire with some undertaking works themselves and some only doing minor works under a certain sum. This however, while needing further consideration and joint working, is largely outside the influence of this review.

As regards the two remaining stock holding authorities there is a need to clarify what work is being carried out by HIA staff relating to adaptation to those properties. This is being investigated as part of a questionnaire addressed to the local authorities.

There was also concern that certain homes in new housing developments that were built as wheelchair accessible needed further adaptations carried out when the tenant moved in. This is generally outside the scope of this review but will be raised with development staff. It is to be noted however, that the Government are advocating a tenure neutral approach to services and are working with the Housing Corporation looking at the way adaptations are delivered in RSL properties and the role that DFGs are likely to have.

4.13 Scope for Efficiencies and Improved Effectiveness

An efficiency & effectiveness workshop was held with HIA managers and a representative of Foundations, facilitated by the chair of the review's Project Board. The workshop examined the process from initial enquiry for work through to completion and payment of the works, and subsequent one year on customer satisfaction survey. The roles of individual members of the HIA team, and the extent of cross agency working and skills sharing were examined.

A number of actions were agreed on the following topic areas that feature in the Review's Action Plan (Appendix 10):

- Referrals
- Private work
- Performance monitoring
- Landlord permissions
- Funding contributions - from RSLs
- Mobile working
- Sharing Skills
- Options Work
- Defects Liability Periods & Retentions
- HIA Advisory Boards

Chapter 5 Current Funding Arrangements

5.1 Current Funding Arrangements

Source: Cambs HIAs

TABLE 7	CURRENT REVENUE FUNDING SUPPORT OF HIAs BY DISTRICT					
Revenue Income – funding sources	ECDC	HDC	CCC	FDC	SCDC	County Total
2006/07						
County Council (£)	30,000	30,000	30,000	0	30,000	
Primary Care Trust (£)	20,000	20,000	20,000	20,000	20,000	
Supporting People (£)	35,182	29,400	34,202	29,400	29,100	
District Council (£)	45,835	59,000	154,783	30,000	100,144	
Fees charged (£)	66,343	51,909	73,150	58,427	73,531	
Other (£)	327			5,000		
Totals	197,687	190,309	312,135	142,827	252,775	1,095,733
2007/08						
County Council (£)	30,000	30,000	30,000	0	30,000	
Primary Care Trust (£)	20,000	20,000	20,000	20,000	20,000	
Supporting People (£)	36,062	30,135	35,057	30,135	29,828	
District Council (£)	48,970	64,539	126,870	30,000	70,120	
Fees charged (£)	64,700	94,400	79,940	77,000	90,600	
Other (£)	96			10,000		
Totals	199,828	239,074	291,867	167,135	240,548	£1,138,452

Note 1. Care & Repair East Cambridgeshire Ltd. also receives approx. £30,000 per year from a variety of sources for their Handyperson service. This is excluded from these figures.
Note 2. Approx 10% of Fenland DC works are carried out outside of the HIA Service
Note 3. Fenland have secured County Council Prevention Grant of £30,000 for 2008/09.

It is apparent that the revenue income to support HIAs varies significantly. There is not a consistent level of funding of HIAs. Funding from Commissioners other than Supporting People is generally insecure and is agreed on a year by year basis providing a basic lack of financial security for HIAs. The level of funding is also variable and inconsistent across authorities and there is no rationale to the level of Supporting People Grant to the agencies.

5.2 HIA Operational Costs.

An attempt was made to examine the running costs of HIAs via completion of a common template. Unfortunately the template was adapted by responders resulting in non comparable information. The total running costs for 2006/07 varied significantly leading to a lack of confidence in their accurate completion.

TABLE 8	OPERATIONAL COSTS (Revenue) 2006/07				
East Cambs	Hunts	Cambridge	Fenland	South Cambs.	County Total
£186,812	£215,519	£307,166	£113,444	£224,288	£1,047,229

This is disappointing because this has meant that other value for money judgments could not be calculated e.g. average cost of delivery of a grant. However, even that calculation would have caveats because each HIA carries out, to a varying degree, advisory work, signposting, and falls prevention works that sometimes does not result in a grant. The HIAs do not keep detailed time recording for different functions.

To examine operational costs further will be quite a major time consuming task and consideration needs to be given as to whether the effort will be justified by the potential benefits of comparison between HIAs.

5.3 Current Grant Spend - Capital Budgets

TABLE 9	CAPITAL COMMITMENT OF EACH LOCAL AUTHORITY FOR DFGs		
	2008/2009		
Area	Government DFG funding (£)	Local authority capital (£)	Total (£)
Cambridge	259,000	172,666	431,666
East Cambs	200,000	186,000	386,000
Fenland	315,000	535,000	850,000
Huntingdonshire	448,000	752,000	1,200,000
South Cambs	232,000	428,000	660,000
County total	1,454,000	2,073,666	3,527,666

Source: Cambs Local authorities

TABLE 10	CAPITAL COMMITMENT FOR REPAIRS ASSISTANCE GRANTS/LOANS
	2008/2009
Area	Local authority capital (£)
Cambridge	470,000
East Cambs	233,000
Fenland	200,000
Huntingdonshire	150,000
South Cambs	200,000
County total	1,253,000

Source: Cambs Local authorities

It must be noted that not all grant funding is spent though the Home Improvement Agencies; 10% of Fenland's funding is spent outside of the agency and in Huntingdonshire not all the Grant allocation was spent.

5.4 Procurement of Adaptations and Repair Works - Value for Money

Procurement of works is funded by City and District Council's capital budgets (see tables 6 and 7). It is therefore appropriate to examine the outputs of each HIA in terms volumes of works carried out and the cost of the works.

In order to form an opinion on these outputs there is a need to take into account the staffing structures of each HIA (table 1) and the budgets that are available to each HIA (see table 6 and 7 albeit that these are for different comparison years). However, the types of work carried out by HIAs for Repairs Assistance varies between HIAs because of different council policy stances and, therefore, a detailed breakdown would not have been helpful and, therefore, has not been carried out. HIAs also carry out advisory and sign posting works that sometimes does not end up grant works. It is therefore difficult to compare and contrast between HIAs.

One area that can be compared is the cost of disabled adaptations.

TABLE 11	VOLUMES OF ELIGIBLE WORKS FOR 2007/2008 (UNTIL FEB 2008)						
Eligible work volumes for 2007/2008 (up to Feb 2008)	Hunts	Cambridge City	East Cambs	South Cambs	Fenland	Cambs Total	Average per District
Work Area	**Number installed**						
Level access/graded floor showers	119	22	22	14	48	225	45
Stairlifts	30	12	7	6	9	64	13
Through floor lifts	1	2		0		3	1
Over bath showers	9	4	2	0		15	4
Ramps/access	22	6	7	3	3	41	8
Extensions (child)	2	1		3		6	2
Extensions (adult)	4	1	6	2	6	19	4
Others1 hoisting	9	3	1	5	26	44	9
Others1 specialist toilets/bathroom adapts	8	3	1	4		16	4
Others2 (BULK) 3 kitchens, 1 boiler, 1 bath	6		2	7	8	23	6
Total	210	54	48	44	100	456	91

Source: Cambs HIAs

Notes 1. Eligible works are works commissioned by HIAs and carried out by contractors that are eligible for grant aid.
Note 2: Approximately 53% of Hunts adaptations are carried out to Luminus' properties (the stock transfer registered social landlord).

TABLE 12	AVERAGE COSTS FOR ELIGIBLE WORKS FOR 2007/2008 (UNTIL FEB 2008)					
Eligible Works 2007/8 figures	**Average cost of each £**	**Average cost of each £**	**Average cost of each £**	**Average cost of each £**	**Average cost of each £**	**Average cost of each £**
Work up to Feb 2008	**Hunts**	**Cambridge City**	**East Cambs**	**South Cambs**	**Fenland**	**Cambs**
Level access/graded floor showers	£3,376	£9,229	£6,830	£4,912	£5,199	£5,909
Stairlifts	£2,495	£9,026	£4,632	£3,123	£3,856	£4,626
Through floor lifts	£8,955	£16,424				£12,690
Over bath showers	£1,556	£2,109	£2,225			£1,963
Ramps/access	£3,311	£12,845	£4,709	£2,888	£3,041	£5,359
Extensions (child)	£33,286	£8,774		£36,461		£26,174
Extensions (adult)	£27,421	£36,870	£24,491	£20,395	£23,351	£26,505
Others1 hoisting	£3,868	£14,919	£9,000	£3,783	£9,688	£8,251
Others1 specialist toilets/bathroom adapts	£9,707	£3,440	£5,898	£2,583		£5,407
Others2 (BULK) 3 kitchens, 1 boiler, 1 bath	£3,670		£5,613	£4,137	£4,250	£4,417

Source: Cambs HIAs

Note 1. Eligible grant is the cost of works from contractors that is eligible for grant aid (this does not including Agency fees).
Note 2. Approximately 53% of Hunts adaptations are carried out to Luminus' properties (the stock transfer registered social landlord).

There is a relatively wide range in the cost and scope of common works such as level access showers, stair lifts, through floor lifts, over bath showers and ramps/access. Inclusion of this information in this report has raised some concern from HIAs about how useful this is. In many cases the volumes are small and to pick out these specific items from works that also contain other activities is problematic and often jobs are not 'normal' by their very nature of meeting complex needs. In addition, other factors for example in Cambridge, higher travel costs and parking problems may result in higher cost.

As part of assessing value for money commissioners must know what their costs are and whether they are higher or lower than other service providers. The use of performance indicators and other output and outcome data should be used as 'can openers'; enabling relative costs and values to be highlighted for further investigation to lead to more targeted and effective activity, perhaps through learning from others. The important principle is to identify high spending then drill down until there is an understanding of whether there are good reasons for this or whether it is down to poor delivery.

The HIAs in Cambridgeshire tend to use relatively small local builders. There has not been any joint procurement exercises on the premise that small builders, familiar with the work type and client group, provide a good and caring service. There is a high customer satisfaction level with the current service.

There is no relationship between investment and outputs for local housing authorities and no clarity of cost for the individual Agency's delivery of private sector housing activities. Fenland DC is the only local housing authority which has a Service Level Agreement for monitoring of performance and delivery on services other than for Supporting People Grant.

The volumes of work carried out, the cost of service provision and the capital cost for Disabled Facilities Grants have been compared during the review and there is a relatively wide range in the cost of common works. It is beyond the scope of this review to drill down further to understand these differences. This is a matter for individual City and District councils to satisfy themselves that value for money is being obtained by their HIA.

As mentioned elsewhere the HIAs also carry out work that contributes to Council's other agendas such as security, energy efficiency and decent homes. There does not seem to be any formal relationship between the revenue funding provided to HIAs by City and District Councils and the outputs/outcomes sought.

This review has sought, via a questionnaire, each Council's expectations of their HIA with regard to the decent homes agenda etc with a view to clarifying these expectations and any potential additional funding streams, with a view to having annexes to the core specification to reflect each local authority's requirements. The results need to be collated and this will be carried out as part of the action plan of ongoing work.

Chapter 6 Quality and Performance Monitoring

6.1 Quality Standards

The HIA's were reviewed under the QAF in 2004 since that time the Supporting People (SP) programme has moved into the 'steady state' phase of operation.

Locally agreed contract management will now play a key role in the management and strategic development of the programme and as result will be managed through the contract management protocol.

The purpose of this protocol is to present an overview of the Cambridgeshire Supporting People Contract monitoring and priority matrix process, to identify the methods and activities that will be utilised to monitor and evaluate performance of SP funded services and to ensure that high professional standards are maintained, continuous improvement is encouraged throughout the life of the contract and service users receive the standard of service that is required.

The guiding principles of the protocol are:

- Comply with the terms of their contract and deliver the service in line with the service specification
- Achieve successful outcomes for service users;
- Encourage service user feedback that can be used to inform strategic commissioning decisions;
- Focus on the strategic priorities set out in the Council's Commissioning strategy;
- Allow risk to be monitored, managed and action to be taken to mitigate risk;
- Meet local and nationally agreed performance targets;
- Deliver value for money;
- Provide information that informs wider commissioning and procurement activity; and
- Provide performance and programme activity information to all relevant stakeholders.

6.2 HIA Quality Mark and SP QAF

The HIA Quality Mark Scheme was developed from work carried out by Foundations for the Supporting People (SP) Monitoring and Review process. The scheme uses the same Quality Assessment Framework (the QAF) that has been developed specifically for HIAs to use in the quality assessment part of the SP service review.

The Quality Mark is widely accepted as a "passport" through the service quality component of the SP review process and this can help SP teams make effective use of their resources.

The assessment at service level is carried out by the Foundations Quality Mark Team. This independent team operates across England under arrangements endorsed by CLG.

A revised version of the Quality Assessment Framework (QAF) has now been produced (Version 3). This is in 3 sections.

Section 1 consists of six core objectives only, which read-across to the six core objectives in the generic SP QAF. If an HIA service demonstrates compliance with all six objectives at level C, and this has been validated by the Quality Mark scheme, the service can be pass-ported through the service quality element of the Supporting People service review process.

Section 2 consists of six supplementary objectives which read-across to the relevant objectives in the generic SP QAF. If an HIA service can demonstrate compliance with both the core and the supplementary objectives (i.e. Sections 1 and 2 of the Quality Mark) at performance level C (or higher) following an external validation visit by Foundations, the Quality Mark will be awarded.

Section 3 consists of a read-across to a number of (but not all) CLG best practice guidelines in terms of accreditation. (The assessment is made at service level, but, provided robust evidence is available, can be taken as a reasonable assessment of these criteria for the provider organisation). Accreditation objective 3 is not graded but must be passed.

If the quality of performance is confirmed as at least level C for all objectives, the Quality Mark will be awarded.

6.3 The current grades on the QAF and HIA Quality Mark

During the last review of the QAF areas requiring improvement were identified. Since then work has been completed to ensure that the services now achieve level C as a minimum across the 6 areas covered by the QAF.

Two HIA's have since been awarded the HIA Quality Mark. Care & repair East Cambridgeshire Ltd. achieving 12 A's, 2 B's and 1 C and Care & Repair West Norfolk achieving 12 A's and 2 B's.

6.4 Customer Satisfaction

Whilst customer satisfaction is one of the local performance indicators it also helps to measure the quality. The results of the most recent customer satisfaction surveys are as follows:

TABLE 13	**PERFORMANCE INDICATOR CUSTOMER SATISFACTION SURVEYS 01/04/07 – 30/09/07**					
Local PI Number	Key words for PI	ECC&R	Fenland C&R	Cambridge HA	Huntingdon HIA	South Cambs HIA
1 (Target 95%)	Health & well-being (%)	100%	100%	100%	100%	97%

The current survey looks at levels of customer satisfaction across 6 areas, asking the customer to reflect on benefits of the work done within one year of completion.

The survey feeds into the local PI1 health and well-being target of 95% all periods reported on achieved on or exceeded this target. However, how do you improve on a 100% result? Whilst

this looks good on paper the framework and method used in these customer satisfaction surveys may heavily influence these apparently excellent results.

The content of the survey may need reviewing. For instance, other agencies may require specific items that fit in with the 'our health, our care, our say' agenda headlines:

- Improved health and well-being
- Improved quality of life
- Making a positive contribution
- Choice and control
- Freedom from discrimination
- Economic well-being
- Personal dignity

The customer feedback via satisfaction surveys for the current service provision at the completion of the works (DFGs) and one year on, is high. Therefore there does not appear to be any shortfalls in the quality of service provided.

6.5 Future Options for Monitoring Quality

From 2008 onwards the review of QAF standards will be conducted through the contract monitoring and management process and this will happen at least yearly.

The Quality Mark is the core QAF and the six supplementary objectives, there are two considerations, 1) we continue to accept the HIA Quality Mark as a passported next level to the core QAF and this standard is completed by the Foundations assessment team or 2) the basic minium standard we accept is the 6 core QAF as conducted by the SP team.

Improvements could be made in relation to how we monitor the quality of services through the customer satisfaction survey. It could be argued that the current process is not objective, in addition the focus is on evidencing on how we meet a performance indicator and not how we measure what people actually expected from the service in terms of quality.

In summary the quality of HIA's in the future should be determined by the outcomes expected by the service user.

6.6 Performance Monitoring

One action from the first review of HIA's was the development of the core specification, this was consulted on and agreed with agencies, and this was completed in April 2005. The core specification identifies four main aims:

- Independence
- Health
- Well Being
- Utilisation

The also reflect the needs of the key client groups who are Older People, People with Disabilities and People on low incomes.

The Core Specification makes it clear that they do not cover all of the activity carried out by agencies and are not a 'substitute' for other activity and satisfaction measures produced by the agencies.

The core specification also considers activity or output measures, and this is in the spirit of 'understanding' possible limitations, constraints as well as advantages.

Also at the time it was agreed to use the Foundations reporting system Foundations Electronic Management Information System (FEMIS) a web based Management Information System designed to support the work of Home Improvement Agencies. This was launched by Foundation's in October 2005. Each of the Cambridgeshire HIA's gradually adopted this process during the period 06/07. FEMIS allows HIA's to enter PI's and activity and then produce SP performance monitoring workbooks as well as being used as a case management tool.

6.7 Current Performance Indicators

The core specification sets out 7 local indicators and 9 National indicators. Performance for the first half of 2007/2008 and commentary on the results are attached at Appendix 6. Provision of performance data is required by the SP team to meet CLG grant conditions.

Current performance monitoring consists of types common to other services and specific to HIA's. This provides enhanced data as well as contributes to the National PI's i.e. NI141 & NI142. These key indicators provide valuable information such as utilisation, throughput, number of service users who remained living independently in their own home compared with users who moved to alternative accommodation, discharged from hospital, prevented from being admitted to hospital or a care home, BME statistics, client group, tenure type.

However, the current 16 indicators do not include performance information that could be used to evidence the cross cutting nature of HIA's. With the 35 indicators in the LAA there is an opportunity to evidence how the work of HIA's impacts in a positive way across other strategies.

6.8 Future Performance Monitoring

Work needs to be done to align the performance monitoring of HIA's with that of relevant indicators in the LAA, where there is an opportunity to show how the work of HIA's impacts on them.

There also exists the opportunity to jointly commission, manage and monitor HIA's where there is a combined interest in their success. This requires a formal agreement to ensure ongoing funding throughout the lifetime of a contract.

This shared interest has proven to be extremely effective in recent joint commissioning ventures undertaken by the SP programme.

The Cambridgeshire authorities are jointly agreeing 35 Indicators from the new National Indicator set. Once these are agreed it would be appropriate to establish how HIAs can contribute to meeting these national targets and include performance monitoring within the specification.

Currently HIA's do not fit into the National Outcomes Framework. A pilot is being considered for Summer 2008 that will look at how outcomes for HIA's can be integrated.

6.9 Advisory Panels/Groups and Management Committee

Care & Repair East Cambridgeshire Ltd. as an independent Agency registered as an Industrial and Provident Society, with charitable rules has a Management Committee that act as Trustees and are responsible for all aspects of the Agency. The Agency is a company limited by guarantee.

The other four Agencies have Advisory Panels/Groups (known by different titles). Unlike a management committee, Advisory Panels do not have any direct powers to make decisions. Decision making rests with the host local authority. The terms of reference for these Advisory Panels vary in length. The core aims can be summarised as:

- To ensure that the Agency has access to advice and expertise needed to meet the clients' needs.
- To monitor the service provided.
- To help to promote the Agency and to ensure that people in need of the service, including members of minority groups, are identified and reached.

Meetings are held, depending on the Agency, three or four times per year, some also have an annual general meeting.

At the efficiency & effectiveness workshop it was concluded that poor attendance at some Advisory Panels was attributable to there being no decision making powers, and consideration was given to disbanding local Advisory Panels/Groups and for the establishment of a county-wide Advisory Panel. The advantages that this would give are:

- County-wide consistency of information allowing comparability between agencies.
- More senior county-wide representation e.g. PCT, social services, Age Concern etc
- Increased representation e.g. Supporting People, previously unable to serve on four Panels due to staffing limitations
- Less administration, collectively, for Agencies.

Consistency of delegate attendance and levels of attendance at Advisory Groups/Panels are generally variable with some being well attended and supported and others less so.

It is proposed that commissioners and existing Advisory Panel/Boards be asked to consider what the role of advisory groups should be and whether to consider further the proposal to have a single county-wide Advisory Panel.

6.10 Co-location of Occupational Therapists and Liaison Arrangements

The co-location of OTs with Agencies was discussed at the Efficiencies & Effectiveness Workshop. Cambridge City HIA has had experience of an OT working with them. It was reported that the OT felt isolated with a lack of peer group support for the discussion of cases to ensure the best solution for the client.

There is a quarterly county-wide liaison group (adults and separately children) meeting between housing and OTs. At a local level each Agency has its own meeting arrangements with the local OT team. The OT services and the Agency managers consider that the frequency and extent of liaison is appropriate.

Liaison between Agencies and OTs works well in each district. When considering the benefits of co-location of occupational therapists with HIAs it was concluded that liaison/co-operation is more to do with individual personalities than where staff are located, therefore, co-location was not considered to be of material benefit.

There may be scope for HIA staff to be trained as 'Trusted Assessors' for simple assessments. This could improve turnaround times for customers and allow OTs to concentrate on the more complex cases.

Chapter 7 Re-Commissioning of HIA Services

7.1 Supporting People Contract

The Supporting People programme has now moved into a 'steady state' phase of operation. For the HIAs this means that contracts have been agreed until April 2010, for the supporting people financial contribution alone. Other funders (see Chapter 5) have been committing funding on an annual basis.

7.2 Cambridgeshire's Supporting People Commissioning Strategy

The Supporting People Commissioning Strategy was agreed by the Commissioning Body and has been endorsed by the Joint Members' Group. Each local authority and the PCT (and others) are represented on both the Commissioning Body, by officers, and the Joint Member's Group, by elected members (LAs) and Board Member (PCT).

Commissioners are responsible for ensuring they achieve best value for the delivery of HIA services within their area. The Audit Commission will review Commissioners delivery of their Comprehensive Area Assessment and LAA targets to ensure they are delivered in the most cost effective way.

Supporting People is administered by Cambridgeshire County Council and is therefore required to comply with the County's 'Contract Regulations'. In accordance with the Commissioning Strategy, when steady state contracts are to be renewed, unless an exemption is granted, contracts will be re-commissioned i.e. market tested. It seems unlikely that any of the exemption reasons would be deemed to be applicable for the HIAs. The exemptions are detailed at Appendix 7.

The sum paid individually to each HIA by Supporting People on an annual basis is below the EU threshold. However, it is the aggregated value throughout the life of the contract(s) that needs to be taken into consideration. Assuming any new contract would be for no less than 3 years (the current term) then across the county (in total) the contract value(s) will exceed the EU threshold of circa £144,000. Therefore, EU procurement rules will apply.

7.3 Joint Commissioning/Joint Funding Agreement

If it is decided that that HIA services will be market tested it will be necessary to have prior 'in principle' agreement from the (main) funders to enter into a joint legally binding funding agreement up to, and during, any future contract period. Indeed, irrespective of the decision to market test it is desirable to establish joint commissioning arrangements, with funding agreed for a longer period than the current annual basis.

Supporting People funding is only one of 4 (main) funding organisations, therefore, the re-commissioning of services cannot be carried out without the agreement of the other 3 funders.

One of the other sources of funding, 'Prevention Grant', is also administered by Cambridgeshire County Council. The budget holder has indicated intent to enter into a joint funding agreement and any re-commissioning arrangement deemed appropriate by Supporting People.

The PCT has agreed to fund the HIAs for 2008/09 albeit at a reduced contribution from the previous year (reduced by £3,200 per HIA). However, the Supporting People Commissioning Body has agreed to make up this shortfall for the current financial year only. The PCT is awaiting the outcome of this HIA Review in the provision of evidence that HIAs contribute to its strategic objectives. Subject to the strategic relevance of HIAs being demonstrated, the PCT has indicated a willingness to consider joint commissioning.

The PCT's funding of HIAs is looked on as grant funding, the same funding arrangement as for voluntary organisations. There is not currently a mandatory requirement to test the market for competitiveness but because of budget constraints and the desire to ensure the strategic relevance of those organisations being funded, specifying and market testing is progressively becoming the norm and by April 2010 is expected to be common place.

City and District Council funding is decided on an annual basis although provision is made on a longer term basis via their Medium Term Financial Plans. A decision is required as to whether a joint funding agreement is to be entered into and whether to support the market testing of services.

If the PCT, City or District Council(s) are opposed to the market testing of services, unless an exemption to the county Council's Contract Regulations is deemed acceptable to the County Council, funding from Supporting People and Prevention Grant may be in jeopardy for the HIAs, leaving a shortfall in budget provision.

7.4 Length of Contract

If testing the market is deemed appropriate the length of contract(s) needs to be determined. This would be a matter outside of this Review, however, it would need to be of sufficient length to encourage the market to respond and hopefully provide savings to commissioners, bearing in mind that it is likely that TUPE would apply.

7.5 The Contract Areas

As part of this Review the efficiencies and effectiveness of HIAs were examined. A sub-group was established to look at the advantages and disadvantages of HIAs operating in differing geographic areas/groupings, bearing in mind the (at the time) emerging Supporting People Commissioning Strategy.

When considering the potential options it was agreed that any option must:

- Have capacity and flexibility to add and improve services and increased volume of work if needs change in future.
- Be value for money including competitive unit costs and ability to secure economies of scale and still maintain quality
- Have a minimal impact on customers of any proposed changes to the delivery model
- Deliver efficiency of future monitoring and contract management for all partners/commissioners
- Demonstrate a track record of service provision including procurement of equipment
- Have demonstrable ability to work effectively with partners

Three options were deemed viable in the Cambridgeshire context:

1. Five HIA's – One for each district area
2. County-wide HIA
3. PCT area HIA's (Cambridge City and South Cambs, Huntingdonshire and East Cambs and Fenland)

For the five HIA and County-wide option a list of the advantages and disadvantages was collated, looking at the following areas:

- Capacity
- Financial Viability
- Continuity of quality service to customer
- Links to HIA partners (e.g PCT, SP, Police, Fire Service etc)
- Contract management and review

It was felt that there was no additional advantage or disadvantage for the PCT area option and such an option could come from a competitive process if the market felt it viable.

Appendix 8 summarises the advantages and disadvantages for the remaining two options.

In conclusion the sub-group felt by compiling 5 area packages into one procurement process will allow the market to decide whether to bid for 1, 2, 3, 4, or 5 packages. Cambridgeshire would then ensure best value as well as giving opportunity for any of the three options above to eventually succeed.

7.6 The Market Players

There are a range of providers from the statutory sector and the third sector including independent providers and Registered Social Landlords. There is also evidence of the commercial sector showing interest in the delivery of HIA services. Depending on the delivery model agreed there could also be opportunities for in-house tenders for the service or for existing in-house arrangements to be re-structured to Social Enterprise delivery vehicles, on the Lincolnshire model.

7.7 What has been done elsewhere?

The review considered examples of how other Commissioners around the country deliver local HIA services. The models we researched include:-

One HIA throughout the County – A single countywide service delivered by one organisation

- **Lincolnshire** – Commissioners in Lincolnshire have built up an independent HIA service. Starting from a base of existing staff that came across on transfer, they recruited extra staff, operating on a business model rather than a local authority one. Their longer-term aspiration is to be able to develop the HIA as a social enterprise.

- **Hampshire (New Forest DC, Test Valley BC, Winchester CC and Eastleigh BC) -** In response to the recent procurement exercise of HIA services across Hampshire, InTouch, a large provider of HIA services in the South East of England managed by Hyde Housing Association, formed a partnership with a small independent HIA, New Forest Care and Repair. The partnership meant that New Forest were able to take part in the tender exercise for a much larger contract than it would have the capacity to take on, and it also protected this locally delivered service.
- **Devon** - The eight district councils entered into a memorandum of agreement along with the County Council and Health to commission a common HIA. The Commissioning Group developed a common service specification, which they tendered. Prior to commissioning there were two principal RSL providers of HIA services in Devon, together with an in-house arrangement in one of the districts. The tender was won by a local RSL provider who now delivers a single service throughout the county.
- **Cumbria** also has a single RSL provider delivering service throughout the six districts in the county.
- **Suffolk; Kent** – A single managing agent (RSL) manages the majority of the HIA's in these counties on a common service specification, often through a single management structure, which provides economies of scale. There is often a pooling of (financial) resources and an agreement between the participating LA's on outputs commensurate with the level of resource subscribed. However, some districts HIA services are still provided by other providers (in the case of Kent and Suffolk, in house HIAs, however they could equally be delivered by independent or other managing agents). The other LA's do not tend to participate fully in the common service specification.

A mix of delivery agents – different organisations delivering HIA services in different districts.

- **Essex** – The County has twelve districts and recommissioned following the withdrawal of a major managing agent provider. The authority invited tenderers to propose management structures and offered contracts on a cluster basis. Essex currently has HIA's provided by 6 different managing agents and one authority without an HIA.
- **Hertfordshire** – One managing agent delivers to a number of districts, however other districts do not have HIAs or have in house arrangements. This model was not formally commissioned.

This model enables the market to determine the most appropriate combination of districts and the potential for economies of scale and cost savings.

7.8 Bids from Existing Cambridgeshire HIAs

If market testing is agreed, at the appropriate time existing HIAs and their host authority/organisation would need to determine whether a bid would be made for their current contract area and/or bid for different geographic areas individually or jointly with other HIAs or other potential tenderers.

It needs to be recognised that tendering for contracts would be an additional time consuming task for HIAs. It would be for host authorities/organisation to determine the level of support that would be given to HIAs to get fit for competition and submit tender documentation. Consideration could be given to collective business support for HIAs.

7.9 The Timing of Procurement

Chapter 3 outlines the national, regional and local changes that will affect the future roles and funding of HIAs eg the move of SP funding to LAAs, personalised services through 'Individualised Budgets', the potential changes to the DFG grant regime etc. It is difficult for commissioners, at a time of change, to specify services, and for providers to bid, other than cautiously, which might comprise any potential efficiency savings for commissioners.

The specification and procurement process will take time and will need to be integrated into the County Council's planning processes for contract procurement. The current HIA contracts expire April 2010, although termination notices could be served earlier; this is a matter for the Commissioning Body to decide.

If it is decided that the re-commissioning of HIA services is to be pursued it is suggested that the current expiry date April 2010 be used for the commencement of new contracts. The implementation plan up to this date will allow for the current uncertainties to become known albeit that there may be future uncertainties.

7.10 Cost of the Procurement Process

There are costs associated with the specification, contract preparation, tendering and evaluation process. These are costs that are normally borne by commissioners and will be in addition to current expenditure. However, the bulk of this would be in staff time by commissioners.

If re-commissioning is agreed, Supporting People intend to use the County Council's in-house social care contracting team for contract specification and procurement. Collaborative working between commissioners will be required during the procurement process. It is premature at this time to determine the level of cost, if any, to be shared between commissioners for the specialist work to be undertaken by the County Council. These costs will need to be determined as part of any 'implementation plan'.

7.11 Residual Costs/Savings

If an in-house provision of HIA services is lost to an external provider then there may be some residual cost or savings opportunities for the local authority e.g. accountancy, payroll, management etc. The costs and opportunities will need to be determined by those authorities.

7.12 Contract Monitoring

Supporting People already manages the current contracts with HIAs. Budget monitoring of capital and revenue grants (generally for the carrying out of works) is carried out by the city and district councils. In addition, some HIAs deliver services in support of wider city and district council objectives eg decent homes, discretionary grants etc. Current management

arrangements would need to be reviewed by those local authorities to ensure their adequacy, should the service be provide by an external provider.

7.13 Conclusions

The Supporting People Commissioning Strategy has a presumption that, unless an exemption is granted from the County Council's procurement Contract Regulations, the service will be re-commissioned (put out to tender) when steady state contracts are renewed. Contracts are due for renewal on 1 April 2010. These contracts will be above EU thresholds

There is currently no formal joint commissioning Agreement between funders. If the service is to be 'joint commissioned' then each commissioner needs to specify which services they want commissioned in addition to the core specification, how they will be funded and what performance monitoring is required.

Whilst it is implicit that Commissioners have awareness of the implications of agreeing the Supporting People Commissioning Strategy, it is recommended that Commissioner's views are sought on joint commissioning and tendering of services as part of the consultation process of this Review.

It should be noted that a new Government funding stream is anticipated through the LAA for Handyperson schemes as announced in the new Strategy for Housing in an Ageing Society. There will be an opportunity for commissioners to utilise this funding either through HIAs or other delivery mechanism to ensure equal access to Handyperson services across the county to support the LAA priorities.

A number of actions have been identified during the review and an action plan has been created to begin to capture these areas of work (Appendix 10). The draft action plan does however form part of this report and will be consulted on as part of the consultation process.

Appendix 1

ACTION PLAN FROM BEST VALUE REVIEW OF HIAs 2004/05		
ACTION	**BY WHOM**	**BY WHEN**
1. Establish implementation group: Representation from DCs, HIAs, PCTs, SSD, SP Team	Supporting People Commissioning Body (SPCB)	6th April 2004
2. Draw up common core specification for HIAs, taking account of LSP and other health and social care objectives	HIA Implementation Group	End June 2004
3. Agree common core specification	SPCB	July 2004
4. Establish funding streams to support common core specification from April 2005: • Fees • Supporting People • District Councils • Access & Systems Capacity Grant • OP Prevention Strategy • PCTs	HIA Implementation Group	September 2004
5. Agree ancillary services to be provided in each District by HIAs and related services	HIA Implementation Group → SPCB	November 2004
6. Agree funding arrangements and pace of change from April 2005 for core specification and ancillary services	HIA Implementation Group → SPCB	November 2004
7. Agree key PIs and targets to measure delivery from April 2005	HIA Implementation Group → SPCB	January 2005
8. Begin to implement common core specification	HIAs	April 2005

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Appendix 2

Project Plan
Cambridgeshire Home Improvement Agency Review

Background

There are five HIAs in Cambridgeshire. They were reviewed by a multi agency working group in 2004/5 and a core specification was agreed and implemented. All HIAs now offer the same core service to customers although there are differences in additional services offered for example, help home from hospital, handyperson.

HIAs are funded by a range of partners including District Councils, Cambs County Council, Supporting People, Cambs PCT and other sources. They also charge a fee for their work which is based on a % of the cost of work. Although the funding streams are similar, the amount of funding contributions and fees charged differ slightly throughout the County.

Commissioners of HIAs are:

- Cambs County council
- District Councils
- Supporting People
- PCT

These commissioners have requested a further review of HIAs to identify the scope for rationalising the provision whilst maintaining or enhancing the service and achieving cost savings.

Drivers for the Review

- Financial drivers – budget pressures from all contributing bodies;
- End of the three year funding agreement signed off by Commissioning Body when the core specification was agreed;
- Opportunity to test the market place in line with best value and procurement principles;
- National trend towards larger HIAs, as advocated by Foundations and the Government;
- Value for money – assessing whether services can be provided more cost effectively across Cambridgeshire if delivered in a different way;
- Flexibility in service provision – that may arise from staff efficiencies, sharing expertise and learning from one another.
- Opportunity to consider delivering continuous improvement and improve quality of life of service users
- A wish to maximise outcomes and outputs for users.

Overriding Principles

That where possible, no district should have a lesser service than is currently provided and that where efficiencies can be achieved, either in cash, staff, or service provision, these should be realised. Transparency and openness in the Review process with no pre-conceived decisions.

OBJECTIVES OF THE REVIEW

1. To review and modify the Core Specification to ensure it meets the strategic needs and priorities of partner agencies.

2. To consider the efficiencies of the current HIA arrangements in Cambridgeshire including:

- Cost
- Outputs
- Value for money
- Staffing structures, expertise
- Working practices

3. To consider good practice from elsewhere in the country both regional and national

4. To consider scope for greater efficiencies, cost savings or better service provision through different methods of working including:

- Mobile working
- Better use of IT
- Integration with OTs
- Pooling of skills / staff
- Rationalising HIAs
- Working more closely with RSL partners ??

5. If there is found to be scope for improvement in 4. above, to work up the practical options for realising these improvements.

6. To produce a Review and Options report for consideration by Commissioners

PROJECT APPROACH

A Project Board be convened to approve and oversee the project plan. The project group should consist of:

- PCT and OT Service
- County Council
- District Councils
- HIA representatives
- Supporting People
- Users – possibly Age Concern?

Sub-groups to be set up to consider various aspects of the Review including:

- Research and Analysis
- Core Specification Review
- Consultation
- Options drafting and appraisal

PROJECT SCOPE

Work areas to be included within the scope of the Review:

<u>Areas from current Core Specification:</u>

- Pro-active Identification of customers
- General Advice, Information and co-ordination
- Assessment of need
- Major and Minor adaptations (DFGs and RA Grant works)
- Repairs and improvements (Decent Homes)

In addition:

- Handyperson Schemes and funding
- Quality standards achieved/QAF accreditation
- Monitoring – current and future

Also account needs to be taken of:

- Variations in Housing/Health/Social Care/Supporting People policies, strategies and priorities
- Variations in social housing stock and LA/RSL policies
- Difference in areas: demographics/costs/needs/demand
- Demographics with regard to predicting future client base.
- The different arrangements currently being used to deliver HIA services
- The need for long term funding arrangements
- The impact on clients of any change to status quo
- The results of Sub-regional Strategic Housing Market Assessment
- Outputs relating to advice/signposting
- The impact the new 'growth' areas will have on the service ?Inc at 3rd bullet already ?

Exclusions

The following areas will be specifically excluded from the Review as they are not part of the service being 'comissioned'. They are generally the Local Authority/Health/Social Services statutory functions. However, it is acknowledged that during the course of this review efficiencies may be identified which could improve service delivery overall. These will be fed back through the final report to Commissioners and may result in additional changes to the way agencies work together.

- Validation, approval and formal notification of grants
- Decisions on complex cases and most appropriate course of action
- Statistical government returns on DFG and RAs
- LA Capital budget and monitoring
- Sampling for quality and some customer satisfaction surveys
- OT Assessments
- OT provision of other minor aids
- OT stores function

ISSUES LOG

A log of issues will be kept and referred to and updated throughout the review.
Initial issues include for example the funding shift from Supporting People to the Local Area Agreement (LAA) in 2009.

Project Plan (see also timetable)

Task	Draft Timescale
Set up Write to Chief Officers with Project Documentation Send out questionnaire for completion by HIAs and receive back Brief Agency staff on project background and scope Arrange first Project Board meeting	**September**
Initial meeting Agree Terms of Reference and Project Plan Agree structure and sub-groups	**October**

Consider user involvement on group	
Research and Analysis Research good practice elsewhere in the Country Research differences in demographics, population, etc. across County Research Strategies and priorities of all commissioning agencies Analyse and compare questionnaire results, customer satisfaction results and SP returns.	**October - December**
Core Specification Review Consider results of research on strategic priorities; good practice; local needs, etc. Draft revised specification for approval	**November - December**
Options Agree and Draft options for procurement for consideration and appraisal. Assess strengths and weaknesses of options Final options to be agreed to take forward	**December - January**
Consultation Agree Consultation plan that meets requirements of all commissioners Carry out consultation on agreed options Summarise consultation responses for Project Board	**November - May**
Project Completion Final recommendation on options agreed to go to SPCB Approvals from partner agency governing bodies.	**June - July**
Stage 2 – Project Implementation	**September 2008 – March 2009**

Appendix 3

Cambs Home Improvement Agency Review
Demographic Information

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1. Population Data

Table 1: Population by Broad Age Group, Cambridge Housing sub-region districts, 2001

District	0-15	16-19	20-29	30-59	60-74	75+	Total
Cambridge City	16,100	7,700	28,150	39,600	10,850	7,500	109,860
East Cambs	14,300	3,100	7,550	31,000	9,700	5,400	71,000
Fenland	16,400	3,500	8,550	34,650	13,200	7,400	83,650
Huntingdonshire	34,000	7,100	17,100	71,100	18,550	9,350	157,150
South Cambs	26,300	6,300	13,650	58,750	16,400	9,150	130,550
Forest Heath	11,600	2,400	8,600	22,700	6,700	3,900	55,900
St Edmundsbury	18,950	4,250	11,600	42,200	13,700	7,700	98,400
Cambridge sub-region	**137,650**	**34,350**	**95,200**	**300,000**	**89,100**	**50,400**	**706,510**

Sources: CCCRG: 5 Cambs Districts, ARU, Suffolk Districts

Table 2: Forecast Population by Broad Age Group, Cambridge housing sub-region districts, 2021

District	0-15	16-19	20-29	30-59	60-74	75+	Total
Cambridge City	24,300	9,500	31,900	56,950	17,550	8,700	148,900
East Cambs	14,300	3,400	7,050	31,000	15,600	9,300	80,650
Fenland	15,700	4,100	11,350	36,450	20,450	11,150	99,200
Huntingdonshire	27,200	6,200	17,800	66,900	30,450	17,100	165,600
South Cambs	31,200	7,400	15,150	66,150	31,800	18,750	170,450
Forest Heath	13,400	1,550	9,600	28,100	8,150	5,250	66,050
St Edmundsbury	17,800	4,400	11,050	43,300	19,150	13,100	108,800
Cambridge sub-region	**143,900**	**36,550**	**103,900**	**328,850**	**143,150**	**83,350**	**839,650**

Sources: CCCRG: 5 Cambs Districts, ARU, Suffolk Districts

Table 3: Forecast Population Growth, Cambridge Sub-region Districts, 2001 to 2021, '000
Sources: % Cambridgeshire Districts: Cambridgeshire County Council Research Group; Suffolk Districts: Anglia Ruskin University

District	Y2001	Y2021	Change 2001 - 2021	Population % change	% of 2021 population
Cambridge City	109.9	149.9	40.0	36.4%	17.8%
East Cambs	70.9	80.7	9.8	13.8%	9.6%
Fenland	83.7	99.3	15.6	18.6%	11.8%
Huntingdonshire	157.2	165.6	8.4	5.3%	19.7%
South Cambs	130.6	170.5	39.9	30.6%	20.3%
Forest Heath	55.9	66.1	10.2	18.2%	7.9%
St Edmundsbury	98.4	108.8	10.4	10.6%	12.9%
Cambridge sub-region	**706.6**	**840.9**	**134.3**	**19.0%**	**100.0%**

It should be noted that this forecast incorporates the Panel Inspectors' and Secretary of State's proposed dwelling targets (or 'floors'). This has particular implications for Cambridge City where the uplift, as compared with the initial draft East of England Plan, is 4,300 dwellings. In population terms this equates to between 8,600 and 10,000 additional population by 2021…This growth is heavily concentrated in Cambridge City and South Cambridgeshire – taking around 80,000 or two-thirds of the total increase forecast.

Table 4: Change in pop by Broad Age Groups, 2001 to 2021, Cambridge sub-region districts

District	0-15	16-19	20-29	30-59	60-74	75+	Total
Cambridge City	8,200	1,800	3,750	17,350	6,700	1,200	39,040
East Cambs	0	300	-500	0	5,900	3,900	9,650
Fenland	-700	600	2,800	1,800	7,250	3,750	15,550
Huntingdonshire	-6,800	-900	700	-4,200	11,900	7,750	8,450
South Cambs	4,900	1,100	1,500	7,400	15,400	9,600	39,900
Forest Heath	1,800	-850	1,000	5,400	1,450	1,350	10,150
St Edmundsbury	-1,150	150	-550	1,100	5,450	5,400	10,400
Cambridge sub-regi	**6,250**	**2,200**	**8,700**	**28,850**	**54,050**	**32,950**	**133,140**
% increase	*4.5%*	*6.4%*	*9.1%*	*9.6%*	*60.7%*	*65.4%*	*18.8%*

It is clear that the age groups forecast to show the biggest overall increase are older people.

Table 5: Cambridgeshire - Population aged 65 and over, in five year age bands, projected to 2025

	2008	2010	2015	2020	2025
People aged 65-69	26,700	29,400	36,600	33,900	36,500
People aged 70-74	22,700	23,900	28,100	35,000	32,500
People aged 75-79	18,300	18,800	21,700	25,700	32,200
People aged 80-84	13,500	14,100	15,400	18,300	21,900
People aged 85 and over	12,300	13,100	15,200	17,700	21,700
Total population 65 and over	**93,500**	**99,300**	**117,000**	**130,600**	**144,800**

(Data is available also for each LA area) (Source http://www.poppi.org.uk/)

Table 6: Forecast Population aged 85+, Cambridge housing sub-region Districts, 2001-2021

District	Y2001	Y2021	Change 2001 2021	% change
Cambridge City	2,180	2,360	180	8.3%
East Cambs	1,420	2,550	1,130	79.6%
Fenland	1,850	3,550	1,700	91.9%
Huntingdonshire	2,360	4,350	1,990	84.3%
South Cambs	2,520	4,700	2,180	86.5%
Forest Heath	1,000	1,400	400	40.0%
St Edmundsbury	1,900	3,850	1,950	102.6%
Cambridge sub-region	**13,230**	**22,760**	**9,530**	**72.0%**

Sources: Cambridgeshire County Council Research Group; Anglia Ruskin University

Table 7: forecast Household Growth, Cambridge Sub-region Districts, 2001 to 2021, '000s

District	Y2001	Y2021	Change 2001-2021	Household % change	% of 2021 households
Cambridge City	42.7	61.1	18.4	43.1%	16.3%
East Cambs	29.9	37.6	7.7	25.8%	10.1%
Fenland	35.3	45.4	10.1	28.6%	12.1%
Huntingdonshire	63.1	75.4	12.3	19.5%	20.2%
South Cambs	52.3	75.4	23.1	44.2%	20.2%
Forest Heath	22.9	28.9	6.0	26.2%	7.7%
St Edmundsbury	40.6	50.3	9.7	23.9%	13.4%
Cambridge sub-region	286.8	374.1	87.3	30.4%	100.0%

Sources: % Cambridgeshire Districts: Cambridgeshire County Council Research Group; Suffolk Districts: Anglia Ruskin University. As with population it is Cambridge City and South Cambridgeshire which are expected to undergo the highest rates of household growth.

2. Gender/Age band

Cambridge - Proportion by gender/age band

65 and over population by gender and age band (65-74, 75-84, 85 and over), as a percentage of the total 65 and over population, projected to 2025

	2008	2010	2015	2020	2025
Males aged 65-74	23.74%	23.24%	24.16%	23.13%	21.30%
Males aged 75-84	15.11%	14.79%	14.77%	15.00%	16.57%
Males aged 85 and over	5.04%	4.93%	6.04%	6.25%	7.10%
Total males 65 and over	43.88%	42.96%	44.97%	44.38%	44.97%
Females aged 65-74	25.18%	26.06%	26.85%	26.25%	25.44%
Females aged 75-84	20.14%	19.72%	18.12%	18.75%	19.53%
Females aged 85 and over	10.79%	10.56%	10.07%	10.00%	10.65%
Total females 65 and over	56.12%	56.34%	55.03%	55.00%	55.62%

Figures may not sum due to rounding - Crown copyright 2007

East Cambridgeshire - Proportion by gender/age band

65 and over population by gender and age band (65-74, 75-84, 85 and over), as a percentage of the total 65 and over population, projected to 2025

	2008	2010	2015	2020	2025
Males aged 65-74	25.53%	26.17%	27.27%	25.76%	23.08%
Males aged 75-84	14.89%	14.77%	14.20%	15.66%	17.19%
Males aged 85 and over	4.26%	4.03%	4.55%	5.05%	5.88%
Total males 65 and over	44.68%	44.97%	46.02%	46.46%	46.15%
Females aged 65-74	26.24%	26.85%	27.84%	26.77%	24.89%
Females aged 75-84	19.86%	19.46%	18.18%	18.18%	20.36%
Females aged 85 and over	8.51%	8.05%	7.95%	8.59%	9.05%
Total females 65 and over	54.61%	54.36%	53.98%	53.54%	54.30%

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Fenland Proportion by gender/age band

65 and over population by gender and age band (65-74, 75-84, 85 and over), as a percentage of the total 65 and over population, projected to 2025

	2008	2010	2015	2020	2025
Males aged 65-74	26.06%	26.50%	26.67%	25.55%	23.30%
Males aged 75-84	14.89%	14.50%	15.00%	15.69%	17.48%
Males aged 85 and over	3.72%	4.00%	4.58%	5.11%	5.83%
Total males 65 and over	44.68%	45.00%	46.25%	46.35%	46.60%
Females aged 65-74	27.13%	27.50%	28.75%	27.74%	25.24%
Females aged 75-84	19.15%	18.50%	16.67%	17.52%	19.74%
Females aged 85 and over	8.51%	8.50%	7.92%	8.03%	8.74%
Total females 65 and over	54.79%	54.50%	53.33%	53.28%	53.72%

Figures may not sum due to rounding - Crown copyright 2007

Huntingdonshire Proportion by gender/age band

65 and over population by gender and age band (65-74, 75-84, 85 and over), as a percentage of the total 65 and over population, projected to 2025

	2008	2010	2015	2020	2025
Males aged 65-74	26.80%	27.61%	27.74%	25.68%	23.13%
Males aged 75-84	14.00%	14.18%	14.33%	15.68%	17.11%
Males aged 85 and over	4.00%	4.10%	4.27%	4.86%	5.78%
Total males 65 and over	44.80%	45.90%	46.34%	46.22%	46.02%
Females aged 65-74	28.00%	28.73%	29.57%	28.11%	25.06%
Females aged 75-84	18.00%	17.16%	16.46%	18.11%	20.24%
Females aged 85 and over	8.40%	8.21%	7.32%	7.57%	8.19%

Total females 65 and over	54.40%	54.10%	53.35%	53.78%	53.49%

Figures may not sum due to rounding - Crown copyright 2007

South Cambridgeshire Proportion by gender/age band

65 and over population by gender and age band (65-74, 75-84, 85 and over), as a percentage of the total 65 and over population, projected to 2025

	2008	**2010**	**2015**	**2020**	**2025**
Males aged 65-74	25.11%	25.64%	26.45%	24.84%	22.09%
Males aged 75-84	15.07%	14.96%	14.13%	15.36%	17.31%
Males aged 85 and over	4.57%	4.70%	5.43%	5.88%	6.57%
Total males 65 and over	44.75%	45.30%	46.01%	46.08%	45.97%
Females aged 65-74	26.94%	27.35%	28.62%	27.12%	24.48%
Females aged 75-84	19.63%	18.38%	17.39%	18.30%	20.60%
Females aged 85 and over	9.13%	8.55%	7.97%	8.17%	8.96%
Total females 65 and over	55.71%	54.27%	53.99%	53.59%	54.03%

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Note: Figures are taken from Office for National Statistics (ONS) subnational population projections by sex and quinary age groups. The latest subnational population projections available for England are based on the revised 2004 mid year population estimates and project forward the population from 2005 to 2029. Long term population projections are an indication of the future trends in population by age and gender. The projections are derived from assumptions about births, deaths and migration based on trends over the last five years. The projections do not take into account any future policy changes.

Cambridgeshire
Proportion by gender/age band

65 and over population by gender and age band (65-74, 75-84, 85 and over), as a percentage of the total 65 and over population, projected to 2025

	2008	**2010**	**2015**	**2020**	**2025**
Males aged 65-74	25.67%	26.08%	26.67%	25.19%	22.72%
Males aged 75-84	14.87%	14.70%	14.53%	15.62%	17.20%
Males aged 85 and over	4.28%	4.53%	4.79%	5.36%	6.15%
Total males 65 and over	44.81%	45.32%	45.98%	46.17%	46.06%
Females aged 65-74	27.06%	27.59%	28.55%	27.57%	24.93%
Females aged 75-84	19.25%	18.43%	17.26%	18.15%	20.17%
Females aged 85 and over	8.88%	8.66%	8.12%	8.19%	8.84%
Total females 65 and over	55.19%	54.68%	53.93%	53.91%	53.94%

Figures may not sum due to rounding Crown copyright 2007

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3. Health

3a. Illness/Living Alone

Cambridge - Illness\living alone

People aged 65 and over by age (65-74, 75-84, 85 and over), with a limiting long-term illness, living alone, projected to 2025

	2008	2010	2015	2020	2025
People aged 65-69 with a limiting long-term illness, living alone	343	375	485	466	504
People aged 70-74 with a limiting long-term illness, living alone	493	525	619	787	756
People aged 75-79 with a limiting long-term illness, living alone	689	708	816	980	1,252
People aged 80-84 with a limiting long-term illness, living alone	729	756	837	999	1,215
People aged 85 and over with a limiting long-term illness, living alone	770	837	1,004	1,205	1,507
Total population aged 65 to 74 with a limiting long term illness, living alone	836	900	1,104	1,253	1,260
Total population aged 75 and over with a limiting long term illness, living alone	2,188	2,301	2,657	3,184	3,974

Huntingdonshire - Illness\living alone

People aged 65 and over by age (65-74, 75-84, 85 and over), with a limiting long-term illness, living alone, projected to 2025

	2008	2010	2015	2020	2025
People aged 65-69 with a limiting long-term illness, living alone	437	482	612	556	607
People aged 70-74 with a limiting long-term illness, living alone	620	671	813	1,037	946
People aged 75-79 with a limiting long-term illness, living alone	854	872	1,108	1,326	1,689
People aged 80-84 with a limiting long-term illness, living alone	861	912	1,013	1,291	1,595
People aged 85 and over with a limiting long-term illness, living alone	1,022	1,088	1,286	1,516	1,945
Total population aged 65 to 74 with a limiting long term illness, living alone	1,057	1,153	1,425	1,593	1,553
Total population aged 75 and over with a limiting long term illness, living alone	2,737	2,872	3,407	4,133	5,229

South Cambridgeshire - Illness\living alone

People aged 65 and over by age (65-74, 75-84, 85 and over), with a limiting long-term illness, living alone, projected to 2025

	2008	2010	2015	2020	2025
People aged 65-69 with a limiting long-term illness, living alone	304	338	426	382	407
People aged 70-74 with a limiting long-term illness, living alone	446	472	558	695	626
People aged 75-79 with a limiting long-term illness, living alone	733	750	852	1,022	1,278
People aged 80-84 with a limiting long-term illness, living alone	806	856	931	1,108	1,309
People aged 85 and over with a limiting long-term illness, living alone	1,102	1,176	1,359	1,580	1,911
Total population aged 65 to 74 with a limiting long term illness, living alone	750	810	984	1,077	1,033
Total population aged 75 and over with a limiting long term illness, living alone	2,641	2,782	3,142	3,710	4,498

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Cambridgeshire - Illness\living alone

People aged 65 and over by age (65-74, 75-84, 85 and over), with a limiting long-term illness, living alone, projected to 2025

	2008	2010	2015	2020	2025
People aged 65-69 with a limiting long-term illness, living alone	1,639	1,805	2,247	2,081	2,240
People aged 70-74 with a limiting long-term illness, living alone	2,333	2,456	2,888	3,597	3,340
People aged 75-79 with a limiting long-term illness, living alone	3,268	3,357	3,875	4,590	5,750
People aged 80-84 with a limiting long-term illness, living alone	3,557	3,715	4,058	4,822	5,771
People aged 85 and over with a limiting long-term illness, living alone	4,408	4,695	5,448	6,344	7,778
Total population aged 65 to 74 with a limiting long term illness, living alone	3,972	4,261	5,135	5,678	5,580
Total population aged 75 and over with a limiting long term illness, living alone	11,233	11,767	13,381	15,756	19,299

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3b. Tenure/Illness

Cambridge - Tenure\illness

People aged 55 and over by age (55-64, 65-74, 75-84, 85 and over), with a limiting long-term illness and by tenure, year 2001

	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85 and over
Owned, with a limiting long-term illness	1,115	1,366	1,556	686
Owned, without a limiting long-term illness	5,073	3,245	1,585	315
Rented from council, with a limiting long-term illness	653	631	703	335
Rented from council, without a limiting long-term illness	864	804	525	105
Other social rented, with a limiting long-term illness	137	146	202	127
Other social rented, without a limiting long-term illness	230	205	139	61
Private rented or living rent free, with a limiting long-term illness	136	115	210	162
Private rented or living rent free, without a limiting long-term illness	460	244	183	65
All people	8,668	6,756	5,103	1,856

Figures may not sum due to rounding - Crown copyright

East Cambridgeshire - Tenure\illness

People aged 55 and over by age (55-64, 65-74, 75-84, 85 and over), with a limiting long-term illness and by tenure, year 2001

	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85 and over
Owned, with a limiting long-term illness	1,336	1,552	1,249	513
Owned, without a limiting long-term illness	5,446	3,324	1,283	228
Rented from council, with a limiting long-term illness	22	34	49	19
Rented from council, without a limiting long-term illness	64	51	41	13
Other social rented, with a limiting long-term illness	304	443	526	215
Other social rented, without a limiting long-term illness	435	603	380	76
Private rented or living rent free, with a limiting long-term illness	161	175	191	98
Private rented or living rent free, without a limiting long-term illness	467	271	169	54

All people	8,235	6,453	3,888	1,216

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Fenland - Tenure\illness

People aged 55 and over by age (55-64, 65-74, 75-84, 85 and over), with a limiting long-term illness and by tenure, year 2001

	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85 and over
Owned, with a limiting long-term illness	2,101	2,498	1,916	615
Owned, without a limiting long-term illness	5,976	4,415	1,925	242
Rented from council, with a limiting long-term illness	387	475	479	204
Rented from council, without a limiting long-term illness	403	464	304	82
Other social rented, with a limiting long-term illness	63	65	94	64
Other social rented, without a limiting long-term illness	51	79	63	21
Private rented or living rent free, with a limiting long-term illness	246	208	268	158
Private rented or living rent free, without a limiting long-term illness	416	290	205	57
All people	9,643	8,494	5,254	1,443

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Huntingdonshire - Tenure\illness

People aged 55 and over by age (55-64, 65-74, 75-84, 85 and over), with a limiting long-term illness and by tenure, year 2001

	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85 and over
Owned, with a limiting long-term illness	2,789	2,829	2,269	845
Owned, without a limiting long-term illness	11,950	5,941	2,433	377
Rented from council, with a limiting long-term illness	167	181	233	98
Rented from council, without a limiting long-term illness	307	218	150	40
Other social rented, with a limiting long-term illness	422	559	726	299
Other social rented, without a limiting long-term illness	566	642	465	107
Private rented or living rent free, with a limiting long-term illness	228	201	278	115
Private rented or living rent free, without a limiting long-term illness	667	343	195	50
All people	17,096	10,914	6,749	1,931

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South Cambridgeshire - Tenure\illness

People aged 55 and over by age (55-64, 65-74, 75-84, 85 and over), with a limiting long-term illness and by tenure, year 2001

	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85 and over
Owned, with a limiting long-term illness	1,887	2,229	2,118	889
Owned, without a limiting long-term illness	10,310	5,641	2,301	404
Rented from council, with a limiting long-term illness	463	608	783	344
Rented from council, without a limiting long-term illness	902	874	565	128
Other social rented, with a limiting long-term illness	69	91	103	51
Other social rented, without a limiting long-term illness	121	117	78	17
Private rented or living rent free, with a limiting long-term illness	175	176	281	213
Private rented or living rent free, without a limiting long-term illness	491	263	177	71
All people	14,418	9,999	6,406	2,117

Cambridgeshire - Tenure\illness

People aged 55 and over by age (55-64, 65-74, 75-84, 85 and over), with a limiting long-term illness and by tenure, year 2001

	People aged 55-64	People aged 65-74	People aged 75-84	People aged 85 and over
Owned, with a limiting long-term illness	9,228	10,474	9,108	3,548
Owned, without a limiting long-term illness	38,755	22,566	9,527	1,566
Rented from council, with a limiting long-term illness	1,690	1,929	2,247	1,000
Rented from council, without a limiting long-term illness	2,540	2,410	1,585	369
Other social rented, with a limiting long-term illness	994	1,304	1,651	756
Other social rented, without a limiting long-term illness	1,403	1,646	1,123	282
Private rented or living rent free, with a limiting long-term illness	946	875	1,228	746
Private rented or living rent free, without a limiting long-term illness	2,500	1,411	928	298
All people	58,056	42,615	27,397	8,565

Notes

Figures are taken from Office for National Statistics (ONS) 2001 Census, Standard Tables, Table S017 Tenure and age by general health and limiting long-term illness. The most recent census information is for year 2001 (the next census will be conducted in 2011).
The terms used to describe tenure are defined as: Owned: either owned outright, owned with a mortgage or loan, or paying part rent and part mortgage (shared ownership). Other social rented: includes rented from Registered Social Landlord, Housing association, Housing Co-operative and Charitable Trust. Private rented: renting from a private landlord or letting agency, employer of a household member, or relative or friend of a household member or other person. Living rent free: could include households that are living in accommodation other than private rented.
Projections have not been shown as figures would not be reliable

3c. Limiting long term illness

- Heart Attacks
- Strokes
- Bronchitis\ emphysema
- Falls A&E attendance
- Falls - hospital admissions
- Mobility
- Obesity

Cambridgeshire - Limiting long term illness

People aged 65 and over with a limiting long-term illness, by age (65-74, 75-84, 85 and over), projected to 2025

	2008	2010	2015	2020	2025
People aged 65-74 with a limiting long-term illness	16,743	18,064	21,928	23,352	23,385
People aged 75-84 with a limiting long-term illness	15,896	16,446	18,545	21,995	27,043
People aged 85 and over with a limiting long-term illness	7,234	7,704	8,939	10,410	12,762
Total population aged 65 and over with a limiting long-term illness	39,873	42,215	49,413	55,756	63,191

Figures may not sum due to rounding - Crown copyright 2007

Cambridgeshire - Heart attack

People aged 65 and over predicted to have a longstanding health condition caused by a heart attack, by gender and by age (65-74, 75 and over), projected to 2025

	2008	2010	2015	2020	2025
Males aged 65-74 predicted to have a longstanding health condition caused by a heart attack	2,016	2,176	2,621	2,764	2,764
Males aged 75 and over predicted to have a longstanding health condition caused by a heart attack	1,486	1,585	1,876	2,274	2,805
Females aged 65-74 predicted to have a longstanding health condition caused by a heart attack	1,290	1,397	1,703	1,836	1,841
Females aged 75 and over predicted to have a longstanding health condition caused by a heart attack	1,762	1,802	1,990	2,305	2,814
Total population aged 65 and over predicted to have a longstanding health condition caused by a heart attack	6,554	6,961	8,190	9,179	10,224

Figures may not sum due to rounding - Crown copyright 2007

Notes

8.4% of 65-74 year old males, 8.3% of males aged 75 and over, 5.1% of 65-74 year old females, and 6.7% of females aged 75 and over report heart attacks. These prevalence rates are based on the 2004/05 General Household Survey, National Statistics, General health and use of health services, Table 7.15 Chronic sickness: rate per 1000 reporting selected longstanding conditions, by sex and age. Information on chronic sickness was obtained by asking about any longstanding illness that has had an effect or will have an effect over a period of time. The prevalence rates have been applied to ONS population

Cambridgeshire - Stroke

People aged 65 and over predicted to have a longstanding health condition caused by a stroke, by gender and by age (65-74, 75 and over), projected to 2025

	2008	2010	2015	2020	2025
Males aged 65-74 predicted to have a longstanding health condition caused by a stroke	408	440	530	559	559
Males aged 75 and over predicted to have a longstanding health condition caused by a stroke	967	1,031	1,220	1,480	1,825
Females aged 65-74 predicted to have a longstanding health condition caused by a stroke	304	329	401	432	433
Females aged 75 and over predicted to have a longstanding health condition caused by a stroke	736	753	832	963	1,176
Total population aged 65 and over predicted to have a longstanding health condition caused by a stroke	2,415	2,554	2,983	3,434	3,994

Figures may not sum due to rounding -

Notes

1.7% of 65-74 year old males, 5.4% of males aged 75 and over, 1.2% of 65-74 year old females, and 2.8% of females aged 75 and over report strokes. These prevalence rates are based on the 2004/05 General Household Survey, National Statistics, General health and use of health services, Table 7.15 Chronic sickness: rate per 1000 reporting selected longstanding conditions, by sex and age. Information on chronic sickness was obtained by asking about any longstanding illness that has had an effect or will have an effect over a period of time. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to have a stroke to 2025.

Cambridgeshire - Bronchitis\ emphysema

People aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema, by gender and by age (65-74, 75 and over), projected to 2025

	2008	2010	2015	2020	2025
Males aged 65-74 predicted to have a longstanding health condition caused by bronchitis and emphysema	816	881	1,061	1,119	1,119
Males aged 75 and over predicted to have a longstanding health condition caused by bronchitis and emphysema	501	535	633	767	946
Females aged 65-74 predicted to have a longstanding health condition caused by bronchitis and emphysema	380	411	501	540	542
Females aged 75 and over predicted to have a longstanding health condition caused by bronchitis and emphysema	368	377	416	482	588
Total population aged 65 and over predicted to have a longstanding health condition caused by bronchitis and emphysema	2,065	2,203	2,610	2,907	3,195

Cambridgeshire - Falls - A&E attendance

People aged 65 and over predicted to attend hospital Accident and Emergency (A&E) departments as a result of falls, by age group (65-69, 70-74 and 75 and over), projected to 2025

	2008	2010	2015	2020	2025
People aged 65-69 predicted to attend hospital A&E departments as a result of falls	767	845	1,052	974	1,049
People aged 70-74 predicted to attend hospital A&E departments as a result of falls	835	879	1,034	1,288	1,196
People aged 75 and over predicted to attend hospital A&E departments as a result of falls	4,169	4,348	4,944	5,833	7,165
Total population aged 65 and over predicted to attend hospital A&E departments as a result of falls	5,771	6,072	7,029	8,094	9,410

Figures may not sum due to rounding -

Notes

2.873% of 65-69 year olds, 3.679% of 70-74 year olds, and 9.453% of people aged 75 and over attend

Cambridgeshire - Falls - hospital admissions

People aged 65 and over predicted to be admitted to hospital as a result of falls, by age group (65-69, 70-74 and 75 and over), projected to 2025

	2008	2010	2015	2020	2025
People aged 65-69 predicted to be admitted to hospital as a result of falls	139	153	190	176	190
People aged 70-74 predicted to be admitted to hospital as a result of falls	209	220	259	322	299
People aged 75 and over admitted to hospital as a result of falls	1,623	1,693	1,925	2,271	2,789
Total populaton aged 65 and over predicted to be admitted to hospital as a result of falls	1,971	2,066	2,373	2,769	3

Cambridgeshire - Mobility

People aged 65 and over unable to manage at least one mobility activity on their own, by age group (65-74, and 75 and over), projected to 2025. Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

	2008	2010	2015	2020	2025
People aged 65-74 unable to manage at least one mobility activity on their own	3,952	4,264	5,176	5,512	5,520
People aged 75 and over unable to manage at least one mobility activity on their own	10,584	11,040	12,552	14,808	18,192
Total population aged 65 and over unable to manage at least one mobility activity on their own	14,536	15,304	17,728	20,320	23,712

Figures may not sum due to rounding -

Notes

8% of 65-74 year olds, and 24% of men and women aged 75 and over are unable to manage on their own at least one of the mobility activities listed. The data is taken from Bridgwood, A. (1998) People Aged 65 and Over: Results of an Independent Study Carried Out on Behalf of the Department of Health as Part of the 1998 General Household Survey, page 43.

The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers predicted to be unable to manage at least one of the mobility activities listed, to 2025.

Cambridgeshire - Obesity

People aged 65 and over with a body mass index (BMI) above 30, by gender and age group (65-79, and 80 and over), projected to 2025

	2008	2010	2015	2020	2025
Males aged 65-79 with a BMI above 30	7,106	7,590	9,108	9,900	10,538
Males aged 80 and over with a BMI above 30	1,920	2,100	2,480	3,060	3,760
Females aged 65-79 with a BMI above 30	9,558	10,152	12,150	13,419	14,391
Females aged 80 and over with a BMI above 30	4,212	4,342	4,706	5,382	6,448
Total population aged 65 and over with a BMI above 30	22,796	24,184	28,444	31,761	35,137

Figures may not sum due to rounding -

Notes

22% of men and 27% of women aged 65-79 have a BMI above 30; 20% of men, and 26% of women aged 80 and over have a BMI of over 30. The data is taken from the Health Survey for England 2000, The Health of Older People, DH, which is a series of annual surveys about the health of people living in England. It was commissioned to provide better and more reliable information about various aspects of people's health, and to monitor selected health targets. Each year's survey has a particular focus on a disease or condition or population group. The main focus of the Health Survey for England 2000 was on the health of older people. The prevalence rates have been applied to ONS population projections of the 65 and over population to give estimated numbers to be obese, predicted defined as to 2025.

Percentage Breakdown of Household Population by Age Bands & Tenure, Districts

District	Cambridge City	East Cambs	Fenland	Hunts	South Cambs	Forest Heath	St Edmundsbury
65-74: owner occupied	68.3%	75.6%	81.4%	80.4%	78.7%	76.2%	75.7%
65-74: social rented	26.4%	17.5%	12.8%	14.7%	16.9%	16.8%	18.8%
65-74: private rented/other	5.3%	6.9%	5.9%	5.0%	4.4%	7.0%	5.5%
75-84: owner occupied	61.6%	65.2%	73.1%	69.7%	69.0%	65.9%	66.1%
75-84: social rented	30.7%	25.6%	17.9%	23.3%	23.8%	22.2%	25.3%
75-84: private rented/other	7.7%	9.2%	9.0%	7.0%	7.2%	12.0%	8.6%
85+: owner occupied	53.9%	60.8%	59.4%	63.3%	61.2%	60.1%	56.4%
85+: social rented	33.8%	26.5%	25.7%	28.2%	25.5%	26.1%	32.4%
85+: private rented/other	12.2%	12.7%	14.9%	8.5%	13.3%	13.8%	11.2%
All pop: owner occupied	54.5%	75.1%	77.4%	78.1%	77.6%	61.5%	73.1%
All pop: social rented	22.7%	13.3%	13.1%	12.1%	13.4%	13.3%	16.1%
All pop: private rented/other	22.8%	11.7%	9.5%	9.8%	9.1%	25.1%	10.8%

The Table shows, for example, that in Cambridge City 68.3% of the private household population aged 65 – 74 lived in owner-occupied housing; 26.4% of this age group lived in social rented housing and 5.3% lived in privately rented/other housing. This compares with a breakdown of 54.5% of the total household population living in owner-occupied housing, 22.7% living in social rented dwellings and 22.8% living in privately rented/other housing. With increasing age relatively more people are in social rented housing. The proportion living in private rented housing also increases with age.

4. Tenure by Age

5. Decent Homes

Percentage Breakdown of Tenure Population by Older Age Bands , Districts

District	Cambridge City	East Cambs	Fenland	Hunts	South Cambs	Forest Heath	St Edmundsbury
65-74: owner occupied	8.9%	9.0%	10.9%	7.2%	7.9%	9.7%	8.9%
75-84: owner occupied	6.1%	4.7%	6.0%	3.9%	4.5%	5.8%	5.2%
85+: owner occupied	1.9%	1.4%	1.3%	1.0%	1.3%	1.6%	1.2%
65-74 social rented	8.3%	11.8%	10.0%	8.5%	9.9%	9.9%	10.1%
75-84: social rented	7.3%	10.4%	8.7%	8.4%	8.9%	9.1%	9.0%
85+ : social rented	2.9%	3.4%	3.4%	2.9%	3.2%	3.2%	3.1%
65-74: private rent, other	1.7%	5.3%	6.3%	3.6%	3.8%	2.2%	4.4%
75-84: private rent, other	1.8%	4.2%	6.0%	3.1%	4.0%	2.6%	4.5%
85+ : private rent, other	1.0%	1.8%	2.7%	1.1%	2.4%	0.9%	1.6%
65-74: all tenures	7.1%	8.9%	10.3%	7.0%	7.8%	7.9%	8.6%
75-84 : all tenures	5.4%	5.4%	6.4%	4.3%	5.0%	5.5%	5.7%
85+ : all tenures	2.0%	1.7%	1.8%	1.2%	1.7%	1.6%	1.6%

This Table shows, for example, that in Cambridge City, 8.9% of all owner-occupiers were people aged 65 – 74, 6.1% were people aged 75 – 84 and 1.9% were people aged 85 and over. This compares with 7.1% of the total household population, (i.e. whatever their tenure) being 65 – 74 years olds, 5.4% being aged 75 – 84 and 2% being aged 85 and over. Generally speaking a higher percentage of social renters are older people; in Cambridge City, for example, 2.9% are aged 85 or over. In East Cambridgeshire 25.6% of all social renters were aged over 65, compared with less than 19% in Cambridge City.

Cambridgeshire - No central heating

People aged 65 and over by age (65-74, 75-84, 85 and over) living in a dwelling with no central heating, year 2001

	Total 65 and over population 2001	Number of 65 and over population with no central heating 2001	Percentage of 65 and over population with no central heating 2001
People aged 65-74	43,025	2,269	2.77%
People aged 75-84	28,475	1,745	2.13%
People aged 85 and over	10,287	710	0.87%
Total population aged 65 and over	81,787	4,724	5.78%

Figures may not sum due to rounding -

6. Projected number of disabled residents of Cambridgeshire

Table 1: Projected number of disabled children in Cambridgeshire, 2001-2021

Sex	Age	**2001**	**2011**	**2021**	**% change 2001-2021**
Male	0-4	440	450	520	18.2%
	5-9	880	890	970	10.2%
	10-15	1,000	1,030	1,070	7.0%
Female	0-4	320	320	370	15.6%
	5-9	560	570	620	10.7%
	10-15	650	680	700	7.7%
Total	0-4	760	770	900	18.4%
	5-9	1,440	1,450	1,590	10.4%
	10-15	1,650	1,710	1,770	7.3%
	Total children	3,850	3,930	4,260	10.6%

Table 2: Projected number of disabled adults in Cambridgeshire, 2001-2021

Age group	**2001**	**2011**	**2021**	**% change 2001-2021**
16-24	1,590	1,910	2,070	29.8%
25-59	19,270	20,150	22,760	18.1%
60-74	18,450	23,170	26,810	45.3%
75+	23,040	27,480	36,590	58.8%
Total adults	62,350	72,710	88,220	41.5%

Source: OPCS Survey prevalence rates applied to CCC Research Group mid-2003 based population forecasts

7. Social Care Support Services for Older People

Work carried out for Cambridgeshire Horizons Health Forum in 2006 modeled an 'optimal' picture of social care support for older people in the period through to 2021. This is referred to as the 'fully revised service model'. Although some of the underlying population forecasts have subsequently been updated, the proposals are shown in Table 16 and continue to provide a good guide as to the desired 'direction of travel'. The base year was 2003

Projected older people's services, 'fully revised service model'. Cambridgeshire County Council, 2006 to 2021

Indicator/service	2003 base	2006	2011	2016	2021	% change 2003/21
Older people helped to live at home	4,230	4,430	5,960	8,030	10,360	145%
Households receiving intensive homecare	776	810	1,000	1,260	1,540	99%
Number of assessments of older service users	5,511	5,780	7,550	9,960	12,650	130%
Number of people 65+ supported in residential care	1,121	1,180	920	610	170	-85%
Number of people aged 65+ supported in nursing care	520	550	690	890	1,110	114%
Number of people supported in extra care housing	308	320	780	1,390	2,120	569%

Source: Population Growth & Capacity Planning for Health & Social Care, Cambridgeshire & Peterborough, January 2006. Commissioned by Cambridgeshire Horizons Health Forum

District	Category	Social rent	Almshouses	Private rented	Leasehold/ owner-occupied	Extra sheltered - rent	Extra sheltered - owned	Total units for elderly	Per 1,000 pop aged 65+
Cambridge City	Total	1,087	32	0	322	57	0	1,498	109
	SP funded	*671*	*17*	*0*	*0*	*37*	*0*	*725*	*53*
East Cambridgeshire	Total	861	0	0	118	94	0	1,073	85
	SP funded	*636*	*0*	*0*	*0*	*67*	*0*	*703*	*56*
Fenland	Total	668	21	118	41	74	0	922	53
	SP funded	*483*	*5*	*72*	*0*	*55*	*0*	*615*	*35*
Huntingdonshire	Total	985	41	0	466	34	0	1,526	67
	SP funded	*688*	*17*	*0*	*0*	*24*	*0*	*729*	*32*
South Cambridgeshire	Total	1,528	0	0	266	30	48	1,872	87
	SP funded	*960*	*0*	*0*	*0*	*13*	*0*	*973*	*45*
Forest Heath	Total	383	3	0	147	82	0	615	73
	SP funded		*0*						
St Edmundsbury	Total	687	30	0	239	127	0	1,083	61
	SP funded								
Cambridge sub-region	**Total**	**6,199**	**127**	**118**	**1,599**	**498**	**48**	**8,589**	**75**
	SP funded								

Sources: Cambridgeshire County Council; Suffolk County Council; Retirement Homes websites; ARU

Domiciliary 'Home Care' Support to Elderly People, Districts July 2007, (snapshot)

District	Elderly people with domiciliary care at home	As % of population aged 65+
Cambridge City	503	3.6%
East Cambridgeshire	427	3.3%
Fenland	438	2.5%
Huntingdonshire	688	3.0%
South Cambridgeshire	661	3.1%
Cambridgeshire (inc 33 with no post-code)	***2,750***	***3.1%***

Source: Cambridgeshire PCT

The district with the highest level of provision is Cambridge City, with 3.6%; the provision is lowest in Fenland at 2.5%.

Alongside this provision there will be people who buy care and support totally independently of the County Council/NHS. Some of these will be people whose needs are assessed as below the threshold level. Some people with 'State' care will add to this by private purchase. Others prefer to buy care outside the state system. There is, at present, no detailed analysis of the 'private' market for domiciliary care – an issue which requires further work.

Community alarms

Community alarms have been identified as an important service for helping elderly people to live independently in the community. The Best Value Review of sheltered housing in Cambridgeshire also recommended that community alarm systems could be integrated with sheltered warden staff and primary and social care staff.

Existing Provision of Communal Alarms and Targets for non-sheltered Elderly Household Population, 2016, Districts

Element	**Cambridge City**	**East Cambs**	**Fenland**	**Hunts**	**South Cambs**	**County Total**
Community alarms 2006						
Rented sheltered 2006	715	1,260	462	1,166	1,608	5,211
Private sheltered 2006	336	127	0	366	191	1,020
Non-sheltered 2006	1,153	230	182	0	491	2,056
Total communal alarms 2006	***2,204***	***1,617***	***644***	***1,532***	***2,290***	***8,287***
Per 1,000 pop aged 65+ (2006)	158.7	130.9	37.0	68.2	110.2	93.2
Non-sheltered prov per 1,000 pop aged 65+	83.0	18.6	10.5	0.0	24.4	23.1
Population 65+ 2016	14,500	16,800	21,100	31,600	30,100	116,200
Target for non-sheltered prov per 1,000 pop 65+	83.0	83.0	83.0	83.0	83.0	83.0
Target for non-sheltered provision by 2016	1,204	1,396	1,755	2,624	2,501	9,479
Increase in target for non-sheltered provision 2006 to 2016	+ 51	+ 1,166	+ 1,573	+ 2,624	+ 2,010	+ 7,423

Some LPSA resources have been made available for limited expansion in Fenland and South Cambs, but major expansion is expected by locally-based providers.

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Strategic Priorities and Relevance **Appendix 4**

National Strategy for Housing in an Ageing Society

This National Strategy was published in February 2008. It confirms that the ageing society poses one of the greatest housing challenges. By 2026 older people will account for almost half (48 per cent) of the increase in the total number of households, resulting in 2.4 million more older households than there are today.

Most vulnerable older households live in the private sector. Just under 3 million vulnerable households include someone aged 60 or over. Around half of these households own their own homes.

Most homes and communities are not designed to meet people's changing needs as they grow older. Older people's housing options are too often limited to care homes or sheltered housing. The strategy outlines plans for making sure that there is enough appropriate housing available in future to relieve the forecasted unsustainable pressures on homes, health and social care services.

The national priorities expressed in the PSAs are supported by the National Indicator Set, placing housing and older people at the heart of local government services. Local authorities have the opportunity to shape how these priorities should be delivered to meet the needs of their communities through their Local Area Agreements.

New funding of £35 million up to 2011 will support the development of housing information and advice for older people, and increase the current handyperson services and Home Improvement Agencies. There will be a 31 per cent increase in the Disabled Facilities Grant by 2011, taking the annual budget to £146 million in 2008-09 and up to £166 million in 2010-11 and also proposals to link the DFG budget to the Local Area Agreement process.

One of the aims of the strategy is to work with partners across government and in the voluntary and community sector to provide a new approach to a national housing advice and information service. Linked to this, they will strengthen local housing information services.

From 2009/10 new rapid repairs and adaptations services will be introduced to support more handypersons schemes across the country. The promised Government funding will enable an additional 125,000 older people each year to get the repairs and minor adaptations necessary to help them carry on living in their own homes. This will be linked to the development of the Home Improvement Agency sector and the 'Future HIA project' (to be carried out by Foundations), the findings of which will be published in Autumn 2008.

The cross-Government **Independent Living Strategy**, to be published shortly, will identify specific actions required to promote independent living for older disabled people.

Our Health, Our Care, Our Say

This White Paper sets a new direction for the whole health and social care system. It confirms the vision set out in the Department of Health Green Paper, Independence, Well-being and

Choice. There will be a radical and sustained shift in the way in which services are delivered, ensuring that they are more personalised and that they fit into people's busy lives. The Government wants to give people a stronger voice so that they are the major drivers of service improvement and ensure they have more independence, choice and control in their lives.

Commissioning Framework for Health and Well-being

Published in 2007, this framework was designed to enable local authority, PCT and practice-based commissioners to work together more effectively to provide services that are tailored to the needs of individuals and local communities and to help people maintain their health, well-being and independence wherever possible.

The new commissioning arrangements for the NHS and local authorities will give people greater choice and control over services and treatments across housing, health and care, and access to good information and advice to support these choices.

A new duty for the NHS and local government is to work together on a Joint Strategic Needs Assessment. This will make sure that local organisations commission housing and care based on the needs of their local communities. This will help councils, PCTs and practice-based commissioners to understand better the needs of their populations.

The East of England Regional Housing Strategy 2005-10

The vision of this strategy is: 'To ensure everyone can live in a decent home which meets their needs, at a price they can afford and in locations that are sustainable'. HIA's play a crucial role in supporting vulnerable people and enabling them to stay at home. However there is a universal difficulty across the Region with demand for DFGs outstripping the capacity to supply.

The EERA Regional Social Strategy

This identifies the importance of Home Improvement Agencies to minimise the effects of social exclusion experienced by many older and vulnerable people.

The Cambridge Sub-Region Housing Strategy 2004 to 2008/09

This partnership strategy for the sub-regional housing authorities includes the following priorities.

- Making best use of existing housing and
- Supported housing – working together to address the needs of vulnerable people who need to live independently in the community

A Review of this strategy will take place over the coming year and will include the outcomes of the new Strategic Housing Market Assessment and take into account the outcomes of The Disability Housing Strategy for the County.

All District authorities have an overarching **Housing Strategy** with aims that link in with national, sub regional and regional actions and objectives.

Each local authority provides a range of housing and housing-related services that contribute to enhancing independence and promoting health that can include:

- Sheltered and supported housing for older people (for stock holding Councils)
- Disabled Facilities Grants or loans for adaptations
- A community alarm system with out-of-hours response
- Home Improvement Agencies that give advice and assistance with adaptations

PCT Countywide Commissioning Strategy

This sets out the broad commissioning intentions of Cambridgeshire PCT for services for older people up to 2009. It follows the transfer of responsibility for adult social services to (what were then) the four PCTs in April 2004 and the pooling of health and social care budgets. Although changes in 2007 have now created one combined PCT for Cambridgeshire this document still provides a framework within which countywide commissioning decisions will be made and will also be used as a reference for local and individual commissioning decisions within the PCT.

The vision for Cambridgeshire Adult Support Services is to develop communities in which older people and adults affected by disability are truly engaged, and exercise choice and control over their lives. To deliver this vision the service will ensure that older people and adults are supported by good quality services that help them to identify the personal outcomes that they desire and to work towards achieving these. They will strive to make continuous and sustainable improvement in the quality of services.

Public Service Agreement

Prior to 2007 Cambridge City and South Cambridgeshire PCTs were partner organisations in the voluntary local Public Service Agreement between Cambridgeshire County Council and the Government. When Cambridge City and South Cambridgeshire PCTs was subsumed into Cambridgeshire PCT these working arrangements persisted. The Agreement, which was made in April 2005 and concluded in 2007, includes services for older people as one of three key areas for service improvement.

Local Area Agreements (LAAs)

Commissioning of Supporting People services is currently being influenced by four factors:

Potential linking of Supporting People funds with the LAA's

- A move towards developing 'personalised services' for example through Individualised Budgets
- A commitment to pursue joint commissioning in appropriate areas
- Following Cambridgeshire County Council Contract Regulations

The Supporting People programme is already funding services, which help achieve the targets in all four LAA blocks. The LAA is refreshed annually and Cambridgeshire SP Commissioning Body aims to strengthen the link between the LAA and the Supporting People programme in Cambridgeshire. This is consistent with the National Supporting People Strategy from the Department of Communities and Local Government, which asks Local Authorities to integrate SP into the LAA & prepare to deliver SP through a new area, based grant by 2009. During the

refresh process in both 2007 and 2008 the Commissioning Body are working to strengthen the link between the LAA and SP.

The challenge of Regionalistion, the commissioning of services at a county level and the increasingly pivotal role of Supporting People in defining HIA services are important factors that need to be considered throughout the HIA review

Cambridgeshire Supporting People Strategy 2005-2010

This strategy sets out the broad context for Supporting People in the county. The vision is to 'improve the quality of life and well-being by ensuring housing and housing support is available that reduces risk and enables vulnerable people to live as full a life as possible'. The 2005-10 Strategy facilitated the client group review programme ending in March 2006 where all 400+ services were reviewed.

Supporting People Commissioning Strategy

This sets out the development priorities in Cambridgeshire. It also sets out a direction of travel for how services overall will be shaped in the future including:

- An increase in the amount of Floating Support Services with a Countywide Specification
- Greater equity in terms of sheltered and extra care accommodation across the county
- This review of Home Improvement Agencies
- Greater use of alarms and assistive technology
- Individualised Budgets

There are a range of partner organisations involved in the planning, development and provision of specific and general housing services and support to disabled people in Cambridgeshire, and who are involved in the development of the draft County Disability Housing Strategy.

County Disability Housing Strategy

It is the intention that the Disability Housing Strategy will provide a basis from which to develop and evolve the provision of services and support best designed to assist and enable disabled people within Cambridgeshire to achieve and maximise their independence. It is currently out for consultation.

Local Strategic Partnerships

There are five District area based Local Strategic Partnerships. These groups are non statutory partnerships bringing together at a local level private, community and voluntary sector organisations to improve the quality of life for local communities. Their role is to deliver the partnership strategy known as the local Sustainable Community Strategy. These have key sections including Health and Wellbeing. It is this section that includes objectives to support vulnerable people to live independently.

Strategic Housing Market Assessment (SHMA)

Cambridgeshire Horizons has produced, with its partners across the Cambridge housing sub-region, it's first Strategic Housing Market Assessment**,** which looks into housing markets and housing needs across all tenures.

The SHMA includes information about economic and demographic forecasts, assessments of housing markets for older people and younger people, and will in future work towards include an assessment of the market for people with specific housing needs, such as people with disabilities. The SHMA is a huge body of work and will continue to grow and build information for the County and the Sub-Region in future, and will form an assessment of the need for future. Specific research into areas that would benefit from gathering more information will be carried out as appropriate.

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Better outcomes, lower costs

Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence

Executive summary

Frances Heywood and Lynn Turner

This is an executive summary of a full report which can be downloaded from the Office for Disability Issues website at www.officefordisability.gov.uk or can be ordered at office-for-disability-issues@dwp.gsi.gov.uk

With the current demographic changes in society, any policy with the power to reduce the costs of health and social care for older and disabled people and enable resources to serve more people must be of interest to Government. If the policy also produces improved quality of life outcomes, it will be all the more welcome.

The Audit Commission and other bodies have asserted that increased investment in housing adaptations and equipment would bring significant savings to the National Health Service and to social services budgets, but funding and structures, compounded by the lack of clear evidence, have created barriers to such investment.

To tackle one part of this problem, this report has gathered the evidence together through a search of the international literature, in the disciplines of medicine, housing studies, ageing studies, economics, health-economics and occupational therapy, and through use of case studies from the grey literature.

The evidence is not complete, and more work is needed to disaggregate the 'multi-factorial interventions' that are known to be effective but not fully understood. Despite this, there are already findings that the provision of housing adaptations and equipment for disabled people produce savings to health and social care budgets in four major ways.

1 Saving by reducing or removing completely an existing outlay

The two key savings under this heading are the cost of residential care and the cost of intensive home-care, both major expenses to social services budgets.

Saving the cost of residential care

For a seriously disabled wheelchair user, the cost of residential care is £700-£800 a week - £400,000 in 10 years. The provision of adaptation and equipment that enables someone to move out of a residential placement produces direct savings, normally within the first year. Home modifications can also help to prevent or defer entry into residential care for older people. One year's delay will save £26,000 per person, less the cost of the adaptation (average £6,000).

Examples from the review include the following:

• In a London borough, two wheelchair users (both the victims of accidents) were able, after the adaptation of suitable properties, to leave residential care that had been costing the local authority £72,800 per year. This will achieve savings of over £30,000 per year for each of them after the first year. 1-2 similar cases per housing authority would produce savings in England of £10 million a year, growing incrementally each year.
• For a 30 year old man in an Italian study, savings in residential care costs of £1.6 million over an assumed life-expectancy of 20 years were projected as the result of investment in home modifications.
• A social services authority, by spending £37,000 on equipment, was able to achieve savings of £4,900 per week in respect of residential care for ten people.[1] The outlay was recouped in less than 8 weeks.

Reducing the cost of home-care

An hour's home care per day costs £5,000 a year. At a national level, because of the large numbers and burden of revenue payments, the potential for savings is again in £millions:
• Adaptations that remove or reduce the need for daily visits pay for themselves in a time-span ranging from a few months to three years and then produce annual savings. In the cases reviewed, annual savings varied from £1,200 to £29,000 a year.
• Significant savings in home care cost are mainly found in relation to younger (including younger old) disabled people. Adaptations for older people will not

routinely produce savings in home-care costs, because 83 per cent of those waiting for adaptations receive no homecare, whilst others are so frail that adaptations will not remove the need for care. In these cases, savings are still to be found but through the prevention of accidents or deferring admission to residential care, and in improved quality of life.

2 Saving through prevention of an outlay that would otherwise have been incurred

1 The expenditure was for 183 people, but the residential care issue related to only ten. It was not possible to disaggregate the information.

Savings under this heading include the prevention of accidents with their associated costs, prevention of admission to hospital or to residential care and prevention of the need for other medical treatment. There was evidence of savings of all these kinds.

Prevention of hip-fractures

• Falls leading to hip fracture are a major problem internationally. In the UK in 2000 they cost £726 million. Housing adaptations, including better lighting, reduce the number of falls.
• There is a 30% increased risk of fracture of the hip for older women if they are suffering from depression. There is evidence that the most consistent health outcome of housing interventions is improved mental health. Findings on the impact of adaptations include 70% increased feelings of safety and an increase of 6.2 points in SF 36 scores for mental health.
• Visual impairment leads directly to 90,000 falls per year in England and Wales, at a cost of £130 million. The chances of hip-fracture for those with poor depth perception is 6 times the norm. Poor quality lighting in the homes of older people puts them at greatly increased risk. Swedish research indicates large savings to be made through improvements to housing and suitable equipment for people with visual impairment.
• People fall whilst waiting for adaptations, which are frequently delayed by lack of funding. The average cost to the State of a fractured hip is £28,665. This is 4.7 times the average cost of a major housing adaptation (£6,000) and 100 times the cost of fitting hand and grab rails to prevent falls.

Prevention of other health costs

• The lack of timely provision of equipment and adaptations for disabled people leads to costly physical health problems. Effects of non-provision include

contractures, pressure sores, ulcers, infections, burns and pain. Interventions of adaptation and equipment are highly effective in preventing these physical health problems. Measured effects in international studies include 50% reduction in pain and 100% reduction in burns.
• The provision of adaptations and equipment can save money by speeding hospital discharge. It can also prevent admission to hospital by preventing accident and illness. The estimated saving from the Welsh Care and Repair agencies' Rapid Response Programme is between £4million and £40million.
• The Audit Commission in three successive reports has stressed the effectiveness and value of investment in equipment and adaptation to prevent unnecessary and wasteful health costs.

Prevention of health care costs for carers

• For parent care-givers without adaptations and equipment there is a 90% chance of musculoskeletal damage; falls leading to hospitalisation, and stress caused through inadequate space. When suitable adaptation/equipment is supplied there is improvement to physical and mental health of the carers.

Prevention of admission to residential care

• Adaptations give support to carers. By preventing back injuries and reducing stress, they lessen the costs to the health service. Carers in turn, if they are well supported, will save the costs of residential care.

3 Saving through prevention of waste

Waste is money spent with no useful outcome. There is evidence that much of the waste in regard to adaptations comes from under-funding that causes delay or the supply of inadequate solutions that are ineffective
or psychologically unacceptable.
• Delay was leading to more costly options. One person received 4.5 additional home-care hours a week for 32 weeks at total cost of £1,440, when a door-widening adaptation costing £300 was delayed for 7 months for lack of funding.
• Where there is delay in supplying equipment or adaptations, the assessment may be out of date and the item too small or no longer suitable. People of all ages develop habits of dependency when they have no choice, which are then hard to break.
• One local authority spent £89,000 in one year on adaptations for applicants who, because of long delays, died before they could obtain any real benefit from them.

• The waste is also a waste of human potential. Both housing adaptations and assistive technology have helped people into employment who would otherwise not have achieved this.
• The Audit Commission pointed out that funding levels for disabled facilities grants in 1998 were sufficient for just one in 26 eligible households.[2] As with the later reports on equipment, there is a clear message that increased investment would save waste and be better value for money.

[2] Audit Commission (1998).

4 Saving through achieving better outcomes for the same expenditure

• Adaptations produce improved quality of life for 90 per cent of recipients and also improve the quality of life of carers and of other family members.
• If, for the same money, a disabled person may have a carer come every day in to lift them on and off a commode and help them to wash, or may choose an automatic toilet and level access shower to use whenever they please, they will normally choose the solution that offers more dignity and autonomy.
• The average cost of a disabled facilities grant (£6000) pays for a stair-lift and level-access shower, a common package for older applicants. These items will last at least 5 years. The same expenditure would be enough to purchase the average home care package (6.5 hours per week) for just one year and three months.
• There is substantial evidence that for the average older applicant, an adaptation package will pay for itself within the life-expectancy of the person concerned and will produce better value for money in terms of improved outcomes for the applicant.

Conclusion

The Audit Commission in its report ‘Fully Equipped’ wrote of the clinical effectiveness of equipment in achieving good outcomes.
‘If a drug was discovered with a similar cost-profile, it would be hailed as the wonder-drug of the age’ [3]
The evidence concerning adaptations and improvements is not dissimilar.
Not all adaptations save money. But where they are an alternative to residential care, or prevent hip fractures or speed hospital discharge; where they relieve the burden of carers or improve the mental health of a whole household, they will save money, sometimes on a massive scale.

[3] Audit Commission 2000, p64.

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Appendix 6

Performance Indicator Table for completion by the HIAs

Reporting Period	01/04/2007 to 30/09/2007

NB. ALL TARGETS ARE FOR A FULL YEAR.

Local PI Number	Key words for PI	ECC&R	Fenland C&R	Cambridge HA	Huntingdon HIA	South Cambs HIA
1 (Target 95%)	Health & well-being (%)	100%	100%	100%	100%	97%
2a (Target 95%)	Decent Homes (% Repairs partial)	N/A	100%	100%	N/A	95%
2b (No target)	Decent Homes (No. repairs fully met)	N/A	18	13	N/A	N/A
3 (Target 100%)	Providing Choice (%)	100%	100%	100%	100%	100%
4 (Target 75%)	Preventative work (%)	100%	100%	100%	100%	97%
5 (Target 100%)	Benefits (%)	100%	100%	100%	100%	100%
6 (No target)	Private / Social Activity figures only – Social includes RSL tenants.	289 Private 46 Social	61 Private 2 Social	67 Private 7 Social	62 Private 62 Social	73 Private 8 Social
7 (No target)	**Service User by Group:**					
	a) Older People	154	13	29	43	20
	b) Older People with Mental Health problems	2	3	3	0	0
	c) Frail Elderly	89	18	11	29	22
	d) Mental Health	1	1	0	0	0
	e) Learning disability	4	2	1	1	0
	f) Physical or sensory Disability	81	26	18	46	33
	g) Other	10	0	12	15	6

Standard PI Number	Key words for PI	ECC& Target	Actual	Fenland Target	Actual	Cambridge Target	Actual	Hunts Target	Actual	S.Cambs Target	Actual
KPI 1.0	**Outcomes**: % supported to establish/maintain independent living	N/A	90%	N/A	80%	N/A	61%	N/A	86%	N/A	54%
KPI 3.0	**Fair Access**: No. of new clients from a BME group	N/A	2	N/A	2	N/A	9	N/A	0	N/A	0
KPI 3.1	**Fair Access**: % of new clients from a BME group	N/A	0.16%	N/A	2%	N/A	3%	N/A	0	N/A	0
SPI 2(a)	No. of enquiries	684	971 (inc.HP)	275	102	220	107	200	204	350	260
SPI 2(b)	No. of jobs Completed	370 193	257 424	112	78	185	38	150	81	201	47
SPI 5(a) (3 weeks)	Enquiry-1st Visit (average wks)	3	1	3	1	3	2	3	6	3	2
SPI 5(b) (16 wks	First visit to completion - jobs less than £1,000	16	16	16	33*	16	4	16	11	16	12
SPI 5(c) (45 wks)	First visit to completion - jobs more than £1,000	45	34	45	25	45	31	45	18	45	54
SPI 5(d)	First visit to completion (wks)– handyperson		9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

COMMENTARY ON COMPLETED TABLE

ECC&R

Time taken to complete handyperson job includes collecting payment at end of job.
Enquiries include those for handyperson service. Second line of SP2(b) is number of handyperson jobs completed.

Fenland C&R

*This figure relates to only 2 cases both of which started as major works but following delays due to client circumstances resulted in only minor works being carried out.

Cambridge HA

The number of referrals coming through from OT service has been low however by funding an independent OT via the DFG we have managed to increase the number of grants being processed. Cambridge City Council has also introduced a new Home Energy Grant and made minor changes to the current grant policy which should ensure more repair works are requested.

We have also worked jointly with S.Cambs DC to submit a bid for a handyperson service via the LAA/LPSA.

Hunts HIA

Re referral to first visit - Huntingdon HIA were issuing initial enquiry forms at the beginning of the period and visiting at full application, this affected the visit PI. Enquiry forms have now been dispensed with and the figures have improved from 6.2 weeks in Q1 to 4.8 in Q2.

South Cambs HIA

The Agency has been involved in various joint working projects over this first half year. Eg:

- We have been working more closely with County Council colleagues on DFG cases some joint-funded works, others where multi-agency involvement has helped the client and their family towards DFG works.
- Built stronger links with charitable concerns.
- Worked jointly with City Council regarding funding for Handyperson Service via the LAA/LPSA.

OT referral rate has remained high and the HIA team of 4 have endeavoured to keep up with demand. External surveyors are being employed to prepare plans to enable additional cases to be progressed and budget spent.

The lack of Top-up budget for Children & Young Peoples cases is currently affecting progress on 4 child DFGs.

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3. EXEMPTIONS

3.1 Exemptions are provided for in the *Constitution* (in the Financial and Contract Procedure Rules) but are subject to the detailed requirements set out in this Regulation 3. An exemption under this Regulation 3 allows a contract to be placed by direct negotiation with one or more suppliers rather than in accordance with Regulation 8. No exemption can be used if the EU procedure applies.

3.2 All exemptions, and the reasons for them, must be recorded using the form in the *Purchasing Guide*. Exemptions shall be signed by the *Officer* and countersigned by the *Chief Finance Officer.*

3.3 The following exemptions only need the signature of the *Officer* and the *Chief Finance Officer*:

3.3.1 the subject matter of the contract can only be supplied by one **specialist** firm

3.3.2 an exemption is necessary because of **unforeseen emergency** involving immediate risk to persons, property or serious disruption to Council services.

3.4 In addition to the signature of the *Officer* and the *Chief Finance Officer:*

3.4.1 the *Head of Legal Services* must be consulted where the purchase is to be made using **collaborative procurement arrangements** with another local authority,

government department, statutory undertaker or public service purchasing consortium other than ESPO (see Regulation 3.10) and

3.4.2 the *Director of Governance* must agree and confirm that the exemption process has been duly completed where the contract is an **extension** to an existing contract where a change of supplier would cause:

- disproportionate technical difficulties
- diseconomies or
- significant disruption to the delivery of Council services.

3.5 The Procurement & Contract Management Service must be consulted and an Exemption to Contracts Regulations completed and signed by the *Director of Governance* prior to commencing any procurement process using Office of Government Commerce Buying Solutions Contracts (OGC). The Terms and conditions of Contract applicable to any OGC arrangement including the requirement to undertake competition between providers must be fully complied with.

3.6 In **exceptional circumstances** a *Chief Officer* also has the power, under the Scheme of Delegation in the *Constitution*, to dispense with any provision of these Contract Regulations, provided that **where the contract exceeds £40,000, the relevant** *Portfolio Holder* **is consulted.**

Where the contract exceeds the *EU Threshold***,** a *Chief Officer* has no delegated powers and the matter has to be determined by the Cabinet or Council (see Regulation 3.7).

3.7 In **exceptional circumstances,** the County Council and its *Cabinet* have power to dispense with any provision of these Contract Regulations. Any such decision may be a Key Decision. (There is no Exemption available for *Priority Services* above the *EU Thresholds*.)

3.8 Any exemptions granted for more than one year must be reviewed annually and either reconfirmed or amended.

3.9 *Financial Officers* must monitor the use of all exemptions.

3.10 In order to secure value for money the Council may enter into **collaborative procurement arrangements.**

3.10.1 All purchases from ESPO are deemed to comply with Contract Regulations and no exemption is required. However, purchases above the *EU Threshold* must be let under the *EU Procedure*, unless ESPO have satisfied this requirement already by letting their contract in accordance with the *EU Procedures* on behalf of the Council and other consortium members.

3.10.2 Any contracts entered into through collaboration with other Local Authorities or other public bodies, where a competitive process has been followed that complies with the Contract Regulations of the leading organisation (but does not necessarily comply with these Contract Regulations), will be deemed to comply with our Contract Regulations and no exemption is required. However, advice must be sought from the *Procurement and Contract Management Service.*

3.11 The use of e-procurement technology does not negate the requirement to comply with all elements of Contract Regulations, particularly those relating to competition and value for money.

Cambridgeshire HIA Review Option Evaluation Template

Option - County-wide
Assessor - Options Evaluation sub-group
Date - 11/02/08

Criteria	Advantages	Disadvantages
Capacity o Improve Services o Add services o Volume of work	o Consistent improvement of services across all 5 areas. o Flexibility of staff to shift resources	o Complicated through district variations and sensitivities o If problems the whole County is affected rather than 1 area
Financial Viability o Unit Costs o Fixed Costs o Restructuring costs o Pay back of restructuring costs over contract period o Comparative costs of joint commissioning o Ability to secure economies of scale	o Economies of scale and potential for greater cost savings (evidence?) o Easier to set up procurement club o Easier to recycle equipment than currently undertaken as less organisations involved.	o Efficiencies unlikely to be delivered over initial 3 year period. o Potential staff costs (TUPE) o Financial accountability to each commissioner o Advertising and Marketing costs for changes. o Procurement costs bespoke for this approach (MOU)
Continuity of quality service to customer o Option impact on customer – Implementation o Option impact on customer for contract period	o Improved ability to cover in times of HR absence o One approved contractor list for the County. More efficient use of contractor base. o Consistent brand across the county	o Change management traditionally sees short-term dip in performance before improvement o Customer identity to scheme o Potential loss of smaller contractors (with expertise and customer care)unable to cover entire county
Links to HIA partners (e.g PCT, SP, Police, Fire Service etc) o Efficiency in monitoring County wide HIA service(s)	o Time management of County wide commissioners e.g PCT. o Stronger tie in with social care and health o Lineage with LAA o Some county wide commissioners would	o Potential perceived loss of local autonomy o Less localism of different approaches to Private Sector Housing

	see increased opportunity to get a coordinated approach to private sector housing strategy issues	
Contract management and review ○ Is the contract easy to manage and review ○ Ability to re-tender at end of contract period	○ Reduced administration / contract letting and compliance. ○ One set of quality standards to review ○ One QAF ○ Consistent approach to customer feedback	○ No local comparisons ○ If problem in one area of County leads to contract termination it affects the whole county
Ability to manage performance monitoring	○ Standardised IT for monitoring of performance. Consistent interpretations from 1 rather than 5.	

Cambridgeshire HIA Review Option Evaluation Template

Option - 5 HIA areas
Assessor …Option Evaluation sub-group
Date 11/02/08

Criteria	Advantages	Disadvantages
Capacity ○ Improve Services ○ Add services ○ Volume of work		○ Less ability to cross over boundaries to assist in other district areas.
Financial Viability ○ Unit Costs ○ Fixed Costs ○ Restructuring costs ○ Pay back of restructuring costs over contract period ○ Comparative costs of joint commissioning ○ Ability to secure economies of scale	○ Less risk of service failure for the whole county. ○ Localised financial accountability ○ Opportunities exist to change current method of working / links between the 5 HIA's to deliver efficiencies / improved joint working / consistency of approach.	○ Potential increased cost from local drop in ○ Administratively more expensive ○ Less opportunity to make economies of scale ○ More obstacles to set up procurement club (5 HIAs approval rather than 1)
Continuity of quality service to customer ○ Option impact on customer – Implementation ○ Option impact on customer for contract period	○ Local service guaranteed ○ Lower impact of change	
Links to HIA partners (e.g PCT, SP, Police, Fire Service etc) ○ Efficiency in monitoring County wide HIA service(s)	○ Local focus on private sector housing priorities ○ Opportunity for local drop in ○	○ Weaker links to county wide structures Potential to pick up non HIA responsibilities with local drop-in (duplication of engagement)
Contract management and review ○ Is the contract easy to manage and review ○ Ability to re-tender at end of contract period	○ Good local governance ○ Increase likelihood of local engagement from stakeholders ○ More in tune with local services controlled by local community approach	○ Increased county-wide structure resource to manage 5 contracts rather than 1 ○ Conflicts with Government partnership approach to service

		delivery to gain economies of scale.
Ability to manage performance monitoring	○ Service Standards accord with the local needs of the district	○ Different service standards in different parts of the County ○ Different interpretations on performance monitoring

REFERENCES

The following documents were referred to during this Review:

Supporting People Review of HIA Services 2004/05
Cambridgeshire Supporting People Strategy 2005 - 2010
Cambridgeshire Supporting People Commissioning Strategy 2008-2010
Cambridgeshire County Council Contract Regulations
National Strategy for Housing in an Ageing Society (2008)
Procuring Home Improvement Agency Services – Good Practice Guide & Procurement Toolkit for service Commissioners – Foundations
Delivering Housing Adaptations for Disabled People: A good practice guide – November 2004
Cambridgeshire Local Area Agreement
Our Health, our care, our say – Dept. of Health White Paper
Commissioning Framework for Health & Wellbeing
East of England Regional Housing Strategy 2005-2010
EERA Regional Social Strategy
Cambridge Sub-Region Housing Strategy 2004- 2008/09
Cambridgeshire PCT Commissioning Strategy
Local Strategic Partnerships
Cambridge sub-region Strategic Housing Market Assessment
Better outcomes, lower costs – Office for Disability Issues report

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This Action Plan has been compiled during the Home Improvement Agency Review 2007/08. It provides a starting point for consideration of future work in this area. It is accepted that it is not yet SMART and requires further work to identify lead officers/agencies and appropriate resources.

ACTION PLAN – HOME IMPROVEMENT AGENCY REVIEW 2007/08				
	Key Finding	**Recommended Action**	**Agreed Target Date**	**Comments**
1	It is clear that the services that HIAs provide ensure the ongoing independence of vulnerable households. Adoption of a preventative role meets not only current but future strategic priorities of all commissioners, a role that has recently been recognised nationally as delivering savings to both Health and Social Care budgets.	Explore the scope of activities that all commissioners expect from the HIAs to ensure they are included in the specification.		
2	Changes to National Performance Indicators and delivery and monitoring of more services via Local Area Agreements will result in a more County based approach in future	Ensure that the work of the HIAs can be measured and monitored through priorities included in the LAA delivery plan		
3	In order to be 'fit for the future' the service needs to be flexible enough to withstand any future demands placed upon it in relation to either increased volumes of work or increased types of service provision.	Review core-specification to ensure that it allows flexibility for the future.		
4	Prior to this review the PCT commissioners did not have an understanding of the services provided by the HIAs and the impact on PCT strategies and contributions made to their performance indicators.	Commissioners need to establish what they are funding and have realistic expectations of what their current and future funding will deliver. If additional services are		

		required then additional funding should be identified with relevant performance monitoring measures		
5	The five agencies have largely similar staffing structures. Since the last supporting People Review there is now very good and effective joint working arrangements and regular meetings across Cambridgeshire.			
6	The core specification should be more flexible, it should be more 'outcome focused' and less prescriptive in how the service should be delivered.	Review core-specification to ensure it is outcome based.		
7	Publicity of services available varies depending on the Agency. This could lead to inequitable access. Some joint publicity has been carried out. There is scope for increased joint publicity.	Explore opportunities for joint publicity of HIA services.		
8	The impact of OT referrals on the financial viability of HIAs should not be underestimated. Close working with the PCT to accurately predict demand for DFGs is essential to ensure adequate funding for DFGs is provided by the local authorities and adequate staff resources to process the DFGs are provided by the HIAs			
9	Some Handyperson services are provided although they have varied funding sources and individual HIAs have limited ability to influence that funding. It is considered inappropriate to seek each HIA to provide a handyperson service from existing funding. However signposting to those services, where they exist, should be included in the core specification.	Review the current position with Handyperson services when decisions have been made on bids for LAA Reward Grant funding for these services.		

10	There is not a consistent level of funding of HIAs. Funding from Commissioners other than Supporting People is generally insecure and is agreed on a year by year basis providing a basic lack of financial security for HIAs. The level of funding is also variable and inconsistent across authorities and there is no rationale to the level of Supporting People Grant to the agencies	Consider joint commissioning with three year funding commitment to provide a secure financial basis for the HIA service and review the amount of SP grant given to each HIA to see if a more rational approach can be adopted		
11	An attempt was made to examine the running costs of HIAs via completion of a common template. The responses varied at the 'detail' level resulting in non comparable information. The total operational costs vary significantly between HIAs leading to a lack of confidence in their accurate completion.	Consideration needs to be given to whether the effort of examining operational costs further would be justified by the potential benefits of comparison between HIAs		To examine operational costs further would be quite a major time consuming task
12	There is no relationship between investment and outputs for local housing authorities and no clarity of cost for the individual Agency's delivery of private sector housing activities. Fenland DC is the only local housing authority which has a Service Level Agreement for monitoring of performance and delivery on services other than for Supporting People Grant.	Each commissioner to consider how HIAs can help them meet their strategic priorities and to establish actions and performance monitoring measures to link to their HIA funding		
13	The volumes of work carried out, the cost of service provision and the capital cost for Disabled Facilities Grants have been compared during the review and there is a relatively wide range in the cost of common works. It is beyond the scope of this review to drill down further to understand these differences. This is a matter for individual City and District councils to satisfy themselves that value for money is being			Value for money for capital works would be a key consideration when commissioning future services

	obtained by their HIA.			
14	The customer feedback via satisfaction surveys for the current service provision at the completion of the works (DFGs) and one year on, is high. Therefore there does not appear to be any shortfalls in the quality of service provided.	Continue to monitor customer satisfaction		
15	The Cambridgeshire authorities are jointly agreeing 35 Indicators from the new National Indicator set. Once these are agreed it would be appropriate to establish how HIAs can contribute to meeting these national targets and include performance monitoring within the specification.	Need to consider whether relevant NIs are included as performance measures in the Core specification. Commissioners need to review quality monitoring measures.		
16	Liaison between Agencies and OTs works well in each district. When considering the benefits of co-location of occupational therapists with HIAs it was concluded that liaison/co-operation is more to do with individual personalities than where staff are located, therefore, co-location was not considered to be of material benefit.	If it is decided to market test the HIA service, the PCT could review and consider the best strategic location for the OT Service.		
17	There may be scope for HIA staff to be trained as 'Trusted Assessors' for simple assessments. This could improve turnaround times for customers and allow OTs to concentrate on the more complex cases.	Investigate with the OT service the potential for HIA staff to be trained as 'Trusted Assessors' for simple assessments.		
18	Commissioners have members that serve on the Commissioning Body and the Joint Member Group of supporting People. The Commissioning Body has approved and the			

	Joint Member group has endorsed the Supporting People Commissioning Strategy.			
19	The Supporting People Commissioning Strategy has a presumption that, unless an exemption is granted from the County Council's procurement *Contract Regulations*, the service will be re-commissioned (put out to tender) when steady state contracts are renewed. Contracts are due for renewal on 1 April 2010. These contracts will be above EU thresholds			
20	There is currently no formal joint commissioning agreement between funders. If the service is to be 'jointly commissioned' then each party needs to specify which services they require in addition to the core specification. Funding needs to be specified along with performance monitoring requirements.	Each commissioner to decide which services they require from the HIA service		
21	Whilst it is implicit that commissioners have an awareness of the implications of agreeing the Supporting People Commissioning Strategy, it is recommended that Commissioner's views are sought on joint commissioning and tendering of services as part of the consultation process of this Review	Seek commissioners view through consultation process		
22	A new Government funding stream is anticipated through the LAA for Handyperson schemes as announced in the new Strategy for Housing in an Ageing Society. There will be an opportunity for commissioners to utilise this funding either through HIAs or other delivery mechanism to ensure equal access to this type of service across the county to	Explore opportunities to secure additional funding for Handyperson services when this is announced and which is the most appropriate delivery vehicle for this service.		

	support the LAA priorities.			
22	A number of actions have been identified during the review and an action plan has been created to begin to capture these areas of work. The draft action plan does however form part of this report and will be consulted on as part of the consultation process.	Ensure this action plan has lead officers and resources identified and in place and that SMART targets re set.		

EFFICIENCIES & EFFECTIVENESS WORKSHOP ACTION PLAN

	Topic	**Action**	**Agreed target date**	**Comments**
1	Referrals – Scope for HIA staff to become Trusted Assessors	Investigate with the OT service the potential for HIA staff to be trained as Trusted Assessors for simple assessments		See Key finding 17 above
2	Referrals – Marketing of HIA services. Some joint publicity has been carried out. HIA managers thought that there was scope to do more joint marketing to contribute to the 'prevention agenda'	Investigate increased use of joint marketing.		
3	Referrals - The extent of web advertising by some Agencies was uncertain.	Relevant Agency managers to ensure that booklets and signposting is available on their web-sites.		
4	Private work (for applicants who are ineligible for grant assistance or would want work over & above the clinical needs assessment) A service for the wider community irrespective of personal income is thought to be desirable by Foundations. This could be an income generator to offset contributions from elsewhere	Explore the potential to carry out 'Private jobs', to take up any spare capacity within Agencies or develop new income generation.		
5	Performance monitoring - Reports have revealed an inconsistency in data input.	Review the definitions of PIs and circulate to ensure consistent data entry.		Due to the imminent declaration of LAA KPIs this would need

	The collection of performance monitoring information is a contractual condition.			to be considered at a later date.
6	Landlord permissions - experience of delays in getting permissions from RSLs. There is a SLA between Cambs City and RSLs but timescales are rarely adhered to by the RSLs.	Agency managers are to consider drafting SLAs for agreement with local RSLs.		SLAs were considered a good way forward.
7	Funding contributions - from RSLs for DFG adaptation of properties in their ownership varies between RSLs. Some RSLs provide funding only in exceptional cases.	Agency Managers to share information and to seek equity from the same RSL.		In at least one instance the same RSL has a different approach depending which LA area their property is located.
8	Mobile working - four Agencies use a camera to photograph applicant's evidence e.g. bank statements. S. Cambs uses a laptop photocopier and East Cambs uses a pen scanner.	Investigate new technology to assist with gathering applicant information and down loading at the office.		It was thought appropriate to investigate the use of wireless 'tablets' and bar code readers
9	Sharing Skills - Apart from work shadowing of new recruits between Agencies there has been no consideration of sharing staff between Agencies. If the need were to arise it is the Agency Managers' preference to give jobs to other Agencies rather than to loan staff.	Agency Managers are to consider passing work to other Agencies should the need arise.		This should be balanced with the risk that outside consultants may not be available when needed if they are not used as often as present.
10	Options Work - Each Agency carries out an options appraisal, when appropriate. Equity release cannot be administered by non FSA accredited organisations, therefore, Agencies can only outline and signpost this service.	Managers to research an independent FSA advisor on equity release and agree a referral route.		Managers considered that it would be useful to have a common referral point for those seeking independent advice on equity release.
11	Defects Liability Periods & Retentions - When formal contracts are entered into (JCT Minor	Agency managers to reconsider the retention of money during the		

	Works) only East Cambs hold a financial retention until the end of the defects liability period. The other Managers had not experienced any difficulty in getting contractors to return to rectify any works.	defects liability period for work when formal contracts are entered into.		
12	HIA Advisory Boards - Four of the Agencies has an Advisory Board and East Cambs Care & Repair as an independent organisation has a Management Committee. The usefulness of the Advisory Boards is questionable. Consistent attendance is generally poor possibly because they are not decision making bodies.	Commissioners and existing Advisory Boards/Panels to be consulted on the proposal to have a single county Advisory Panel.		This should attract more senior and consistent representation. It would be easier for advocates to serve on one rather than four local Boards and give a county overview.