



Foundations

Gateshead Council Report

June 2023



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About Foundations

Our Mission

To share the magic about what makes good home improvement and adaptation services

Our Vision

A thriving range of home improvement agencies – supporting people to live safe, independent and happy lives in the home of their choice

Our History

Foundations has been the UK Government appointed National Body for Home Improvement Agencies (HIAs) in England since 2000. In this role we are responsible for supporting the development of the sector by working with a wide range of stakeholders including commissioners, providers, industry, academia and central government. This means we have specialist knowledge of both the strategic drivers for HIA services and the issues around practical delivery, backed up by data driven insights.

Since 2015 our role has been expanded to lead on improving the delivery of the Disabled Facilities Grant (DFG) and we have just concluded a national review of the programme in partnership with the University of West of England, the Building Research Establishment and Ferret. Where appropriate, recommendations from the DFG Review have been incorporated into this report.

Foundations have also developed the DFG Quality Standard (DFGQS); a reflective tool for local authorities to consider the wider approach to housing services at the interface with health. The DFGQS is based around then themes and provides the basis for several of the recommendations in this report.

For more information visit: www.foundations.uk.com

1. Introduction

- 1.1. Budgets for adaptations and in particular Disabled Facilities Grants (DFGs) have increased significantly over the past 10 years. So much so, that many authorities have struggled to spend their full allocation. This can be due to a whole host of factors; inefficient systems, lack of join-up in processes, lack of contractors etc. One thing it is generally not is lack of demand for the service. A service that puts the customer at the heart of the process is a Home Improvement Agency (HIA).
- 1.2. Gateshead Council contacted Foundations as they are looking to reshape the way that they deliver aids and adaptations in the borough. At present the service is not delivering the outcomes the council wants in a timely way for residents. At the point of first contact, we understood the key aspects that needed to be addressed as follows:
 - Policies and processes do not support joined-up working between disciplines. This includes referrals in from Social Care, a process that it was felt could work better.
 - The ability to support residents with discretionary support in the form of home adaptations/solutions that may fall outside of the statutory provision of DFG funding.
 - The ability to support residents whose adaptations are funded through the Housing Revenue Account, supporting the aspiration that all residents should receive the same level of service regardless of tenure.
 - To develop and enhance support for local contractors and supply-chains.
 - Improve contract management and clarify design responsibility.
 - To develop a Home Improvement Agency (HIA) as a catalyst for delivering innovative solutions aligned with the Better Care Fund (BCF).
 - To address the key drivers for the development of a local HIA; a significant underspent DFG fund, the need to speed up delivery of adaptations, to provide as close as possible to a tenure neutral service and to help address specific areas of unmet need within the district.
- 1.3. Foundations have significant experience in this field and have been the Government-appointed National Body for Home Improvement Agencies (HIAs) since the turn of this century. We have experience within our team of all aspects of adaptations delivery.

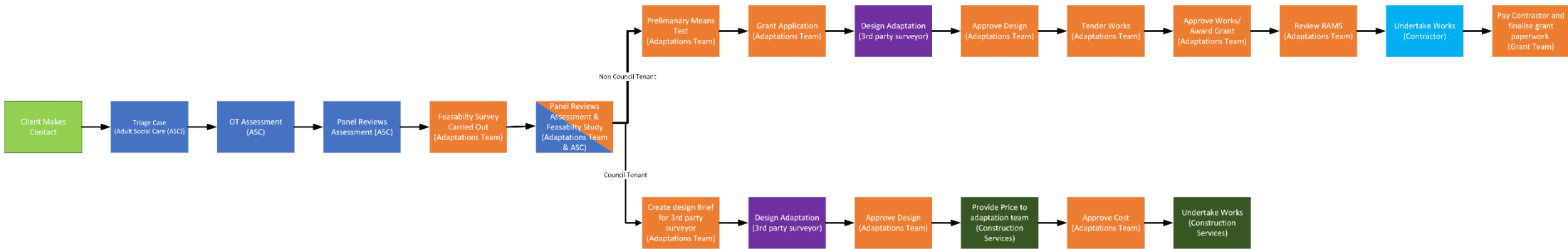
2. Background

- 2.1. Interviews and discussions with key stakeholders were held to form the current picture for the delivery of DFG and HRA funded adaptations in Gateshead. We were told that:
- There was significant underspend of the DFG budget.
 - There was regular overspend for the HRA disabled adaptation budget.
 - There was a strong belief that there is a high level of unmet demand.
 - The current delivery set up was not fit for purpose.
 - There was/is passive resistance to change in some areas.
 - The customer journey is fragmented – cases ‘go all over the place.’
 - There is poor customer service.
 - There is a backlog of cases with bottlenecks occurring.
 - There are lots of silos with multiple different departments working in isolation for the same outcome.
 - That OTs were previously based within housing but are now based within social care where they feel they are much better placed.
- 2.2. The picture was to some degree opaque. No one person or department has complete oversight of the delivery of adaptations in the private sector or for council owned properties.

We were not able to accurately map out the flow of work, but from officer discussion, it was clear that the flow of work is very complicated with lots of handovers. Typically, the delivery of disabled adaptations should be linear and flow in only one way from start to completion. In Gateshead it appears there are times where it appeared work looped backward and forwards between teams and services across housing and social care.

The below diagram is a very simplified process map of how a case progresses from start to completion:

Figure 1



- 2.3. We were asked to design a service that was felt would work for Gateshead – specifically, a HIA that provides a high-quality tenure neutral service for residents.

It was generally accepted that the current service was not fit for purpose and the situation warranted a service design not informed by the situation in Gateshead but taking an established, proven delivery model and ‘lifting and shifting’ it to Gateshead.

- 2.4. *This report sets out a structure and working model that if enacted will greatly improve the performance and delivery of disabled adaptations in Gateshead. It is in effect a manual on how to deliver a more effective and efficient service that will see a greater number of people helped with higher customer satisfaction levels.*

- 2.5. It should be noted that the data provided from both social care and the current adaptations team was difficult to attain and more limited than ideally required. This is not unsurprising, and underpins the need for changes to the service, a robust and effective service should have readily available data available to measure performance, spend and demand.

3. What the data says

The Key Stages

3.1. The following information is taken from '[Department for Levelling Up, Housing & Communities Disabled Facilities Grant \(DFG\) delivery: Guidance for Local Authorities in England](#)'.

3.2. The guidance states:

There are 5 key stages of delivering a home adaptation.

- Stage 0: first contact with services
- Stage 1: first contact to assessment and identification of the relevant works
- Stage 2: identification of the relevant works to submission of the formal grant application
- Stage 3: grant application to grant approval
- Stage 4: approval of grant to completion of works

Figure 2

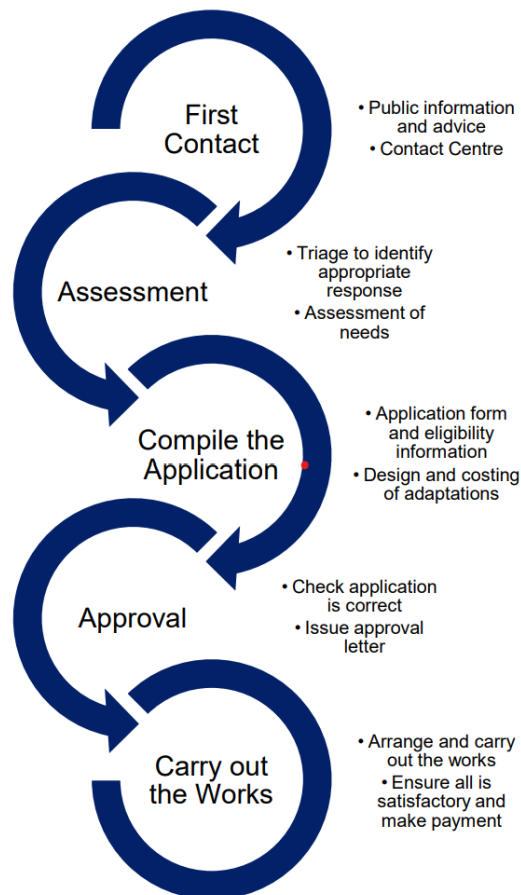


Figure 1: Key Elements of the DFG Process

- 3.3. The guidance provides timescales for best practice targets which should be met in 95% of cases. They are:

Type	Target timescales (working days)				
	Stage 1	Stage 2	Stage 3	Stage 4	Total
Urgent & Simple	5	25	5	20	55
Non-urgent & Simple	20	50	20	40	130
Urgent & Complex	20	45	5	60	130
Non-urgent & Complex	35	55	20	80	180

- 3.4. These timescales are an important benchmark for evaluating a service. Additionally, the Local Government Ombudsman will reference these timescales in their investigations and often will consider a council to be at fault when they are not met.

Social Care

- 3.5. On average Occupational Therapists are referring 53 cases for adaptations per month to the adaptations team, approximately 640 cases per year. This is only likely to increase given Gateshead's ageing population.
- 3.6. It is unknown how many requests for assessments are made that then drop out prior to referring to the adaptations team.
- 3.7. There is a significant backlog of cases requiring an assessment – at time of writing 335 people are awaiting assessments.
- 3.8. It is also unknown how long a recommendation takes to be completed from point of request. Given that there is a considerable backlog, it is fair to assume the timescales are in excess of the guidance.

Better Care Fund (Disabled Facilities Grant Activity)

2021/22

- 3.9. For 2021/22 only, £1.096m was committed against an allocation of £2.111m (an underspend of £1.015m equating to 52% of the available budget).
- 3.10. The data provided does not differentiate between the complexities of the cases.
- 3.11. The average time taken for stage 2 was only 10 working days, but as 161 of the records showed the same 2 dates there is some concern around the reliability of this data.

For reference, although unreliable, when excluding the records showing the same date, the average time increases to 34 working days.

It is therefore likely, that Gateshead were not meeting the stage 2 targets.

- 3.12. Stage 3 showed an average timescale of 29 working days with 140 records showing the same dates. This is below the lowest targets detailed in the guidance timescales.

This may be correct as grant approvals should not take long to do, but overall, given the questions already raised about quality of the data, the timescales may be even longer.

- 3.13. When analysing Stage 4, 59 records showed as not yet having a completion date, suggesting these cases approved in 2021/22 are not yet complete.
- 3.14. Of the records with dates of completion, the average time taken to complete stage 4 was 82 days.

2022/23

- 3.15. The data provided for 2022/23 was up to and including the 16th of March 2023, so not quite a full financial year.
- 3.16. Commitment showed £1.002m committed against a budget of £2.111m.
- 3.17. The average working days taken for stage 2 was 31. But again, like 2021/22 the data may be unreliable with 99 of the 187 records returning the same two dates.
- The timescales increase to 66 working days when removing these records.
- 3.18. The data for stage 3 was 20 working days but again there were reservations with the data as 2021/22.
- 3.19. Stage 4 times were 57 working days, but this is taken from a smaller number of cases (115). With the majority of cases from this year yet to be approved or completed.

Housing Revenue Account Disabled Adaptations Activity

- 3.20. With the HRA data there were far more enquiries that had no further data input after the enquiry date. But some of these records had a cost of the work input against them.

It would be assumed that this may be because council tenants are encouraged to move, or as a Landlord, Gateshead has declined work going ahead. This would be reasonable assumptions, but having costs attributed to the work coupled with the above identified queries on the date gives cause for concern.

2021/22

- 3.21. For the HRA disabled adaptation budget in 2021/22, £1.716m was committed against a budget of £1.500m.

- 3.22. When disregarding data which was assumed to be incorrect the average working days to complete this stage was 34.
- 3.23. Stage 3 timescales were either 93 working days or 108 if you disregarded approvals on the same date as application.
- 3.24. 275 cases that were approved in 2021/22 were not yet recorded as complete. This may be a simple data error where completion dates were not inputted, but a check should be carried out so Gateshead can be clear on this matter.
- 3.25. Only 24 cases with a completion date were recorded suggesting a stage 4 timescale of 131 working days.

2022/23

- 3.26. For this financial year, there appears to be a drop in commitment. According to the data only £494k has been committed against a budget allocation of £1.500m.
- 3.27. Overall, the data was more limited with more records not having data within them, perhaps due to the cases still being actively worked on and not yet complete.
- 3.28. Stage 2 timescales were 52 working days.
- 3.29. Stage 3 was 37 working days.
- 3.30. Stage 4 data could not be verified as only 2 records showed a completion date.

Summary analysis of data

- 3.31. The recording of cases within the adaptations team is not robust or fully understandable without a more forensic dive into specific cases. Data should be clear, understandable, linear and significantly, with the exception of one or two cases, be easily understood and scrutinised to external onlookers, for example auditors.
- 3.32. Likewise, Adult Social Services was not able to produce data for the purposes of this report.
- 3.33. Except for stage 2, the data provided did appear to show the governments expected timescales for were below the lowest targets set and the total beginning to end timescales were in excess of the targets.
- 3.34. If the proposals are implemented, regular reporting on performance should be undertaken, including periodic updates to Portfolio Holders and to the relevant council Overview and Scrutiny Committee.
- 3.35. If this recommendation is adopted, robust, readily available data with key performance indicators and management information would need to be the foundation of service improvement.

4. Home Improvement Agency

- 4.1. Home Improvement Agencies (HIAs) are a service to provide practical advice and support to households who need repairs or improvements to their homes. They are defined by two key features:
 - Client-centred support provided in a person's own home.
 - Expertise in making changes to the physical fabric of the home.
- 4.2. For Gateshead Council, Foundations have been asked to design a HIA that delivers a tenure neutral service to predominantly undertake the council's statutory duty for the delivery of Disabled Facilities Grants (DFGs) as well as providing adaptations to their own stock of council houses.
- 4.3. Funding streams for the delivery of disabled adaptations for stock owning authorities is split into a calculated award for DFGs from a central government grant which forms part of the Better Care Fund (BCF) and a budget set by the council from the Housing Revenue Account (HRA).
- 4.4. The BCF allocation is intended to fund adaptations for owner occupiers, private tenants or tenants of registered providers. The HRA should self-fund adaptations for council stock, with provision for this being made in the 2012-13 self-financing settlement.
- 4.5. HIAs have long been established as best practice for residents needing help with their homes. The model detailed in this report, if implemented, should enable Gateshead to deliver their capital programmes efficiently and effectively for adaptations in a streamlined, customer focused and holistic way. Ultimately, resulting in more residents getting the help they need.
- 4.6. It is vital that Gateshead recognise and invest in this workstream. The preventative nature of adaptations provides significant cost saving benefits to the wider health and social care system. For example, adaptations:
 - Recipients of a DFG avoid a care home placement by 4 years.⁺
 - Home assessment and modification for people at high risk of a fall offers a return on investment of £3.17 to every pound spent; and a social return on investment of £7.34 to every pound spent.*
 - In later life modifications made to the home can reduce difficulties with activities of daily living by 75%.*
 - A holistic home intervention with lower income adults experiencing difficulties with several activities of daily living, which combined reablement support, repairs and home adaptations, found participants' physical functioning increased by 49%, depressive symptoms improved in 53% and difficulty with activities of daily living reduced by 75%.**

⁺Foundations Linking disabled facilities grants to social care data

* Centre for ageing better: The role of home adaptations in improving later life

**Szanton et al (2016)

- 4.7. HIAs, are however, at their core a discretionary service, residents in the private sector would not be obliged to use them and could opt out of the service should they wish.

Consideration will need to be given on what level of service will be provided to 'non-agency' grant applicants.

- 4.8. However, Gateshead can and should insist the HIA is used for tenants needing adaptations in their own stock as a requirement for permitting an adaptation to be installed.

- 4.9. Branding of a HIA is important, a 'Home Improvement Agency' is more a technical term and may not be clear to residents, members and other stakeholders what the service provides. Therefore, after feedback and consultation, it is proposed that should the recommendations set out in this report be adopted and a HIA is created, then the service should be named the 'Independent Living Team (ILT).

- 4.10. An agency agreement will need to be created as a fundamental requirement for residents deciding to use the service.

An agency agreement sets out the terms and conditions for the service being delivered for the client. It is, in effect, a contract between the client and Gateshead Council that clearly sets out the service being provided by the Council. It would ideally be produced by Gateshead's own in-house legal team. However, given the cohort of clients the HIA will be working with, the agreement should be, as much as feasibly possible, in plain English.

5. Capitalisation of staff costs

- 5.1. The principal of capitalisation of staff costs is an established practice whereby delivery of a capital project would be unachievable without having the staff or workforce required to deliver the project. This principal is commonly used in the delivery of DFGs.

It is a likely practice to be used elsewhere in Gateshead council for teams involved in capital programme of works, such as the property services departments responsible for maintaining Gateshead's own stock and portfolio of properties.

- 5.2. Gateshead's S151 officer would need to be in agreement with the capitalisation of the proposed ILT, but it should be accepted that the work they will be doing is a legitimate use of Revenue Expenditure Funded from Capital Under Statute (REFCUS).
- 5.3. Appendix 1 includes a full guidance note produced by Foundations on what can be considered capital expenditure. For ease a quick guide specially around staffing costs is as follows:

What can be included in capitalisation:

- a. Staff Wages
- b. On costs (National Insurance, Pensions Contributions)
- c. Mileage/Fuel costs

What can't be included:

- d. Corporate recharge costs (Fixed organisation costs such as offices space, IT support, HR, Etc.)
 - e. Recruitment expenses (Such as relocation packages or recruitment agencies)
 - f. Staff Training
- 5.4. Significantly, assuming that agreement from the S151 officer is achieved, the cost of the proposed team should not affect existing budgets and should see the team running close to zero cost to the general fund.
- 5.5. Another funding model that could be used for the HIA would be to charge an agency fee added to each grant awarded. This is the traditional funding model for HIAs and is defined within the Housing Renewals Grants (Services and Charges) Order 1996.

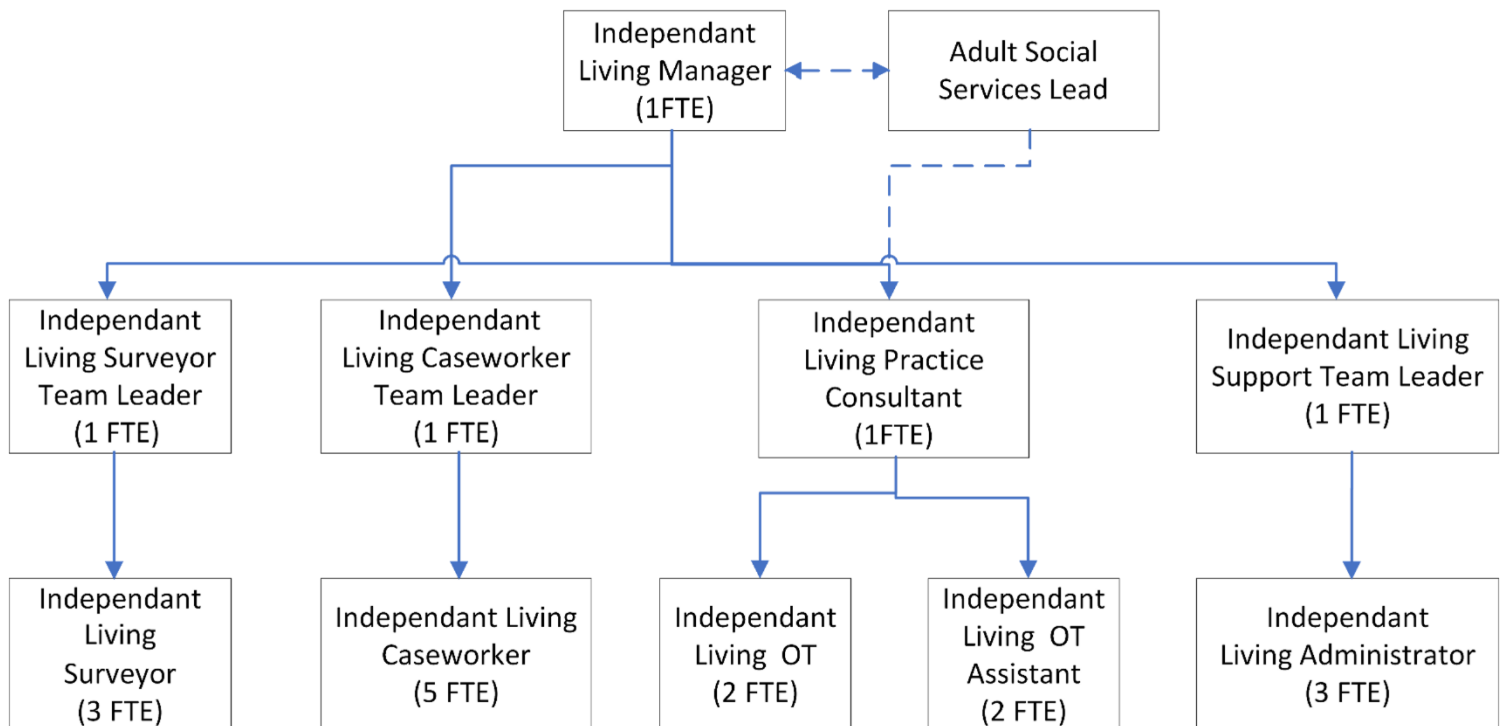
Typically, an agency fee is charged as a percentage of works being undertaken. The risk with this approach is that, in effect, the teams' costs are paid for on a performance basis i.e., the more work they deliver the more income is secured. Grant work is somewhat demand led and can be affected by many external factors. An agency fee approach has the potential to require drawing from general funds to cover any shortfall required. It also would mean that a portion of the £30k DFG limit would pay for the agency fee meaning less money being available for the required works. This approach is not recommended.

6. The Proposed Structure

6.1. The figure below sets out the proposed structure for a tenure neutral ILT delivered in-house by Gateshead Council.

Given the proposed cost neutrality of the service, there are only disadvantages in considering any other model of a HIA service (i.e., an external agency or shared service).

Figure 3



6.2. The staffing levels are based on several factors:

- The data provided.
- The government allocation towards the BCF for DFGs.
- The Current HRA capital budget for adaptations.
- Potential bottlenecks in service delivery.

At time of writing, data suggested that on average 53 assessments were being carried out a month. However, no data on demand was provided.

A crude assumption on the average cost of works, when considering the current cost of living crisis, would suggest the average works will cost circa £6,500.

When deducting the cost of the team from the budget and allowing for a full-time equivalent working 44 weeks in a calendar year, at least 10 new grants will need to be started each week.

An FTE surveyor should be able to maintain a throughput (of a mixture of complex and non-complex cases) of 5 over a 2-week period, hence the surveying resource.

Assessments are the other potential bottleneck in a HIA service. The staffing levels have been set at up to 20 assessments per week. It is recognised this is considerably more than the throughput of the surveying resource, but the level set allows for resilience in the service, an unknown dropout rate and an anticipated growth in demand that the new service (through the removal of barriers to the service) will likely see.

The caseworker resource is based against these 2 staffing levels to ensure the steady flow of work.

It is recognised that the staffing levels may need to be updated when the service is operational to reflect operational demands, but it is very unlikely a lower number of staff would be required for the service.

However, to mitigate any risk, except for the surveying staff and qualified OTs (which will be difficult to recruit to), any new appointments could be recruited to, on fixed term contracts with a view to the roles being made permanent once the establishment of the position has been determined.

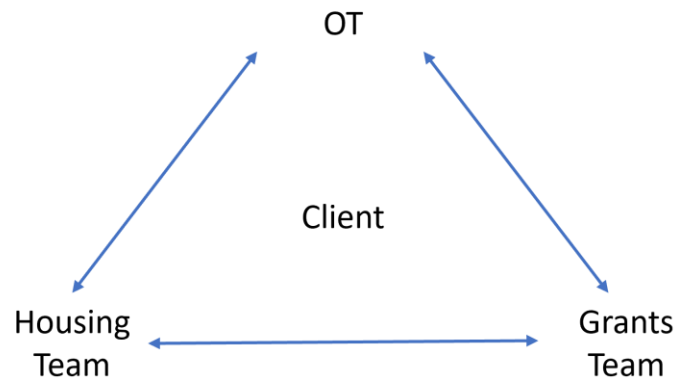
- 6.3. Officers reported that the annual budget for HRA adaptations of £1.5m has been overspent in previous years. For a stock the size of Gateshead's, it is likely to be set too low.

If this budget is increased, then initially the structure would likely need an additional 1 FTE surveyor and an additional 0.5 FTE OT and 0.5 FTE OTA. The case workers should be able to absorb the additional resource as their roles are based on demand rather than output.

- 6.4. This structure creates a single team, with all key staff involved in the delivery of disabled adaptations, reporting to a single manager who has complete autonomy and oversight of the workstream and budget.
- 6.5. In comparison, the current set up has officers from multiple departments and directorates working to some degree in isolation from one another as well as the different conflicting demands on their time.

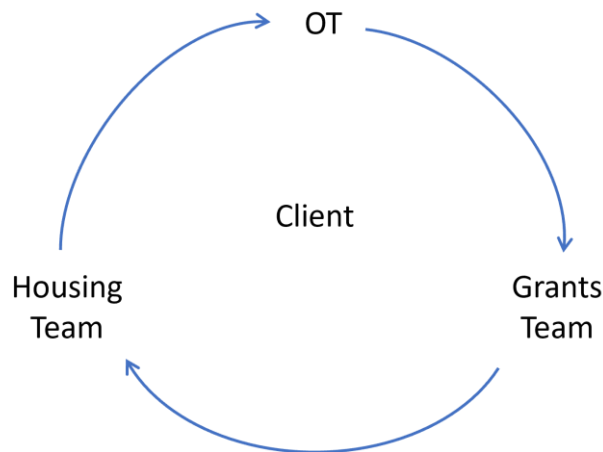
This builds in natural friction between departments, no doubt wanting the best for the client, but working within their own constraints and pressures on their time. Often this approach can lead to the client being an unwitting participant of this departmental barrier.

Figure 4



- 6.6. This single service approach will remove any inter departmental conflicts and ensure the client's needs are at the centre of the team's culture. Being managed by a single team naturally removes any inter departmental 'edges' and ensures the teams focus will be universally directed on the client with no other external factors affecting this.

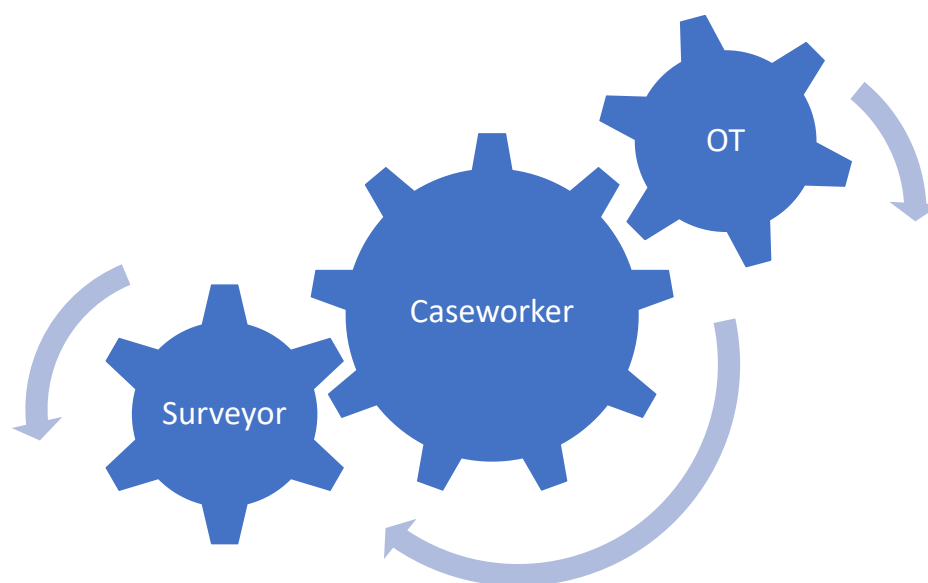
Figure 5



- 6.7. Significantly, the new service proposes to place Occupational Therapy (OT) staff within the HIA (it is assumed the HIA will be situated within the housing directorate). Placing OTs within the adaptations team, as an integrated team that fosters strong collaborative relationships between practitioners, is recognised as best practice, but is still not common, nationally within teams delivering DFGs.
- 6.8. Integral to the client centred ethos is the role of the caseworker. Caseworkers are arguably the most significantly important role within the structure being proposed. Their role is to ensure the smooth running of each individual case being worked on by the HIA.

They are a central cog to effective and efficient DFG delivery. They enable more costly and skilled OT and surveying staff to be more efficient and effective with their time.

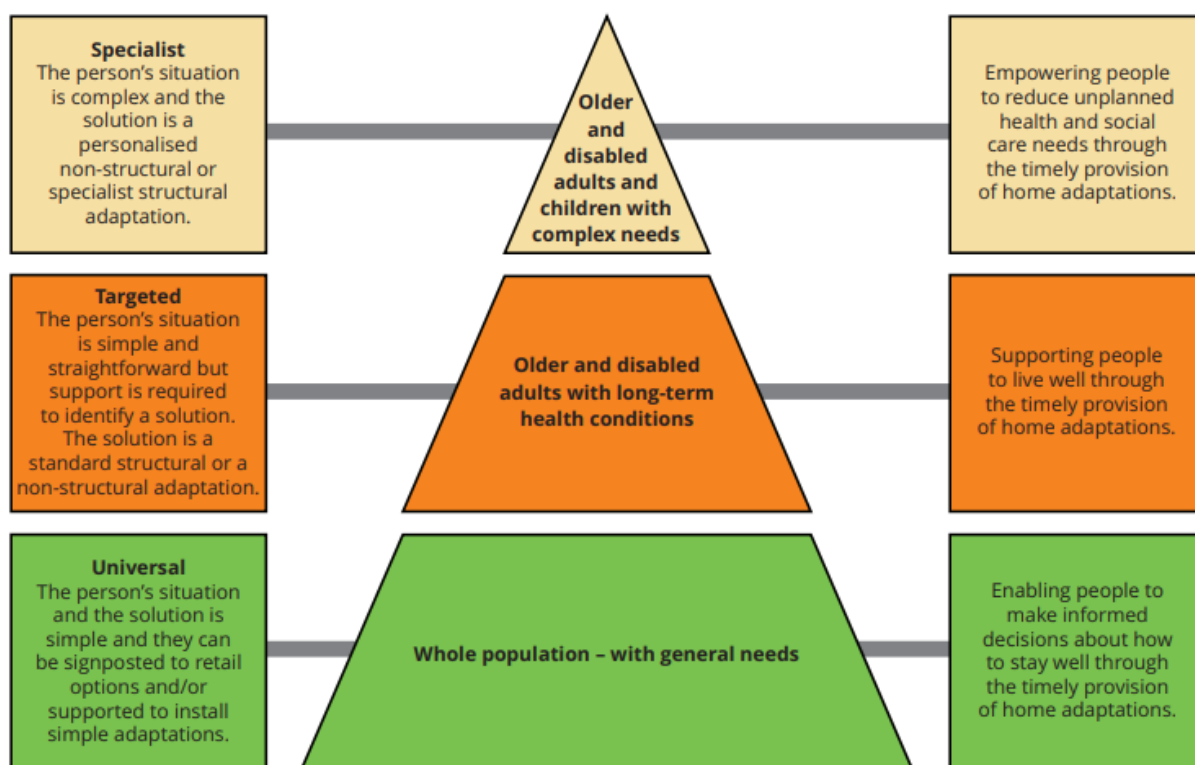
Figure 6



- 6.9. Their role is to be the voice of the client and keep the case moving along, unpicking problems as they occur and ensuring the smooth delivery of cases.

They keep the work always flowing, avoiding 'peaks and troughs' in workflow, thus ensuring a steady flow of work for contractors.
- 6.10. The surveying and OT staff are difficult to recruit to positions, are in shorter supply and their work can be very labour intensive often resulting in bottlenecks in the service.
- 6.11. By utilising caseworkers, the service will maximise the efficiency of these more skilled and costly staff and avoid hold-ups in service delivery.
- 6.12. The structure proposes the role of OT Assistant (OTA). This role takes advantage of the model detailed by the Royal College of Occupational Therapists 'Adaptations without Delay'. They provide an assessing resource for non-complex or 'targeted' cases, enabling the higher qualified (and paid) OT staff to focus on complex/'specialist' assessments.

Figure 7



6.13. The structure anticipates the HIA would sit within the housing service as opposed to social care.

It cannot be stressed enough that strong links with social care is developed and maintained for the HIA to be effective and to the benefit of Gateshead. There is a symbiotic relationship between the work of the HIA and social care.

The link would be grounded between a strong working relationship between a designated OT lead from Adult Social Care and the Service Manager. This is needed for 2 reasons:

- To ensure the authorities duties under the Care Act 2014 is being maintained.
- To provide ongoing clinical supervision to the Practice Consultant (this is a requirement for their Health and Care Professions Council registration and to safeguard the authority by ensuring adequate professional oversight).

6.14. The administration resource has been set at a level that includes the arrangement of small works such as grab rails and lever taps that require no technical or client-based oversight. It is a function already undertaken by the existing grants team and although not part of DFG delivery, would still make the most sense to sit within and complement the HIA service.

Again, there is an element of estimation within the level of administration staff required. Initially 2 FTEs were suggested, but after discussions with the existing officers, it was strongly felt that 3 staff members were required, particularly due

to the volume of minor adaptations requests (such as grab rails and banisters) the team will be ordering.

- 6.15. The role of Independent Living Support Team Leader would line manage the administration staff but would also be crucial in the teams ongoing service development. Working closely with the Independent Living Manager, their role will also lead on maintaining and improving processes and procedures as well as manage, produce and report on the performance data of the ILT.

7. Staff Roles

Independent Living Manager

- 7.1. The Independent Living manager would have the overall responsibility for the ILT. Their key responsibilities would be to:
- Act as the designated grants officer approving all expenditure.
 - Be responsible for budget control.
 - Manage the ILT.
 - Form strong relationships with key stakeholders, particularly Commissioners, Social Service Leads and Primary Care Network (PCN) leads.
 - Promote the ILT service.
- 7.2. The Service Manager should be given full financial delegated authority to authorise grants and expenditure to run the service effectively. Thought will need to be given to cases falling outside of policy and if delegation should also be given to the Independent Living Manager for this or the Service Director. As much authority as possible should be delegated to Independent Living Manager to ensure cohesive service, but this may not be in accordance with Gateshead's scheme of delegation.
- 7.3. It is strongly advised that the Independent Living Manager be given complete authority for determining if common adaptations (such as ramps, showers and stairlifts) in council owned properties should be permitted.

Independent Living Surveyor Team Leader

- 7.4. The Independent Living surveyor team leader will have the following key responsibilities:
- Line manage the Independent Living surveyors.
 - Oversee the working arrangements for works undertaken directly by the council.
 - Oversee the framework of contractors.
 - Ensure compliance with relevant legislation.
- 7.5. The Independent Living Surveyor team leader will also hold a caseload of their own, albeit smaller than other surveyors due to their line management responsibilities.

Independent Living Surveyor

- 7.6. The Independent Living surveyors will:
- Compile schedules of rates.
 - Create schedules of works (when getting quotes).
 - Design straightforward extensions.
 - Act as CDM principal designer.

- Make building control, planning and party wall act applications as and when necessary.
- Oversee works on site.
- Authorise unforeseen additional works.
- Sign off completed works.

Independent Living Caseworker Team Leader

7.7. The Caseworker team leader will

- Line manage the Independent Living Caseworkers.
- Support the Independent Living Manager with promotion of the ILT.
- Form strong links with key stakeholders, particularly in the voluntary sector and the PCNs.

7.8. Additionally, like the Independent Living Surveyor Team Leader, the Independent Living Caseworker Team leader would hold a caseload of their own.

Independent Living Caseworker

7.9. Independent Living Caseworkers have the following main responsibilities:

- Triage incoming referrals.
- Act as a single point of contact for clients accessing the ILT's service.
- Be an advocate for the clients to achieve the best result for them.
- Identify funding streams for clients (from the councils own grants as well as from charitable organisations).
- Ensure cases progress, unpicking barriers and preventing cases stagnating.
- Attend initial visits, pre-work meetings and any other visits to clients felt appropriate.

7.10. Caseworkers should be empowered and given the autonomy to run the cases as they see fit to meet the specific needs of the client.

Independent Living Practice Consultant

7.11. The main responsibilities of the Independent Living Practice Consultant (PC) are:

- Provide clinical supervision and line management to the OTs and OTAs.
- Field enquiries from social services and other OTs.
- Work with the Independent Living Manager and the social services lead to ensure strong relationships between the 2 services.

7.12. Like the other senior positions in the team, they would also be expected to hold an assessment caseload of their own, particularly the most complex of cases or cases which were initially assigned to an OTA but upon visiting were found to require a qualified OT.

Independent Living Occupational Therapist (OT)

7.13. The Independent Living OT will undertake the following duties:

- Establish that adaptations are the right solution and pathway for the person.
- Assess for complex adaptations.
- Order equipment.
- Deal with minor moving and handling needs.
- Work with other social care staff jointly on shared complex cases.
- Carry out reviews of completed adaptations to ensure they meet the client's needs.

Independent Living OT Assistant (OTA)

7.14. The Independent Living OTA carries out similar roles to the OT, albeit for non-complex cases. They:

- Assess for non-complex cases.
- Order equipment.
- Carry out reviews of completed adaptations to ensure they meet the client's needs.

Independent Living Support Team Leader

7.15. The support team leader is responsible for the ongoing support of the whole of the ILT, working with the Independent Living Manager to identify and implement efficiency measures, particularly from a systems point of view.

7.16. They will need a good level of IT literacy, to maintain the systems used by the ILT as well as be able to create and run reports on performance and expenditure as well as to answer any freedom of information requests.

7.17. Their main duties are:

- Line manage the Independent Living administrators.
- Maintain the ILT systems.
- Improve and streamline working procedures and process.
- Produce and run reports on the ILT's performance.
- Provide additional administration support as and when needed.

Independent Living Administrator

7.18. The Independent Living Administrators' main duties are as follows:

- Raise purchase orders.
- Create grant approvals.
- Pay invoices.
- Arrange surveys.
- Order small works/minor adaptations.

Anticipated gradings and costings

Including on costs

Role	Grade	FTE	Starting Scale	Top of Scale	Total (Lowest Cost)	Total (Highest Cost)
Independent Living Manager	N	1	£65,314.00	£69,522.00	£65,314.00	£69,522.00
Independent Living Surveyor Team Leader	L	1	£57,160.00	£61,232.00	£57,160.00	£61,232.00
Independent Living Surveyor	K	3	£53,082.00	£57,160.00	£159,246.00	£171,480.00
Independent Living Caseworker Team Leader	I	1	£45,356.00	£48,763.00	£45,356.00	£48,763.00
Independent Living Caseworker	H	5	£41,728.00	£45,356.00	£208,640.00	£226,780.00
Independent Living Practice Consultant	J	1	£48,763.00	£53,082.00	£48,763.00	£53,082.00
Independent Living OT	I	2	£45,356.00	£48,763.00	£90,712.00	£97,526.00
Independent Living OT assistant	G	2	£36,133.00	£39,219.00	£72,266.00	£78,438.00
Independent Living Support Team Leader	F	1	£32,854.00	£36,133.00	£32,854.00	£36,133.00
Independent Living Administrator	D	3	£28,234.00	£28,772.00	£84,702.00	£86,316.00
Total					£865,013.00	£929,272.00
As a % of Budget					24%	26%

7.19. The above table shows the teams cost as a percentage of the total budget for indicative purposes. HIAs were traditionally funded through an agency fee based on a percentage of the works undertaken, although not proposed for this model a percentage fee of between 24% and 26% would be considered good value for money, particularly for a service including OT assessments and administrators organising minor works, which more commonly would be financed from social services budgets.

7.20. Given that the organising of minor works is funded from a different budget, the administrators time spent on this activity could be capitalised against that budget, which would be estimated to bring the ILT cost as a percentage of the Independent Living budget down to between 22% & 24%.

7.21. The surveying roles have been graded in accordance with market demands. These roles can be very difficult to recruit to, and significantly, unlike other roles within the team, are competing with the private sector where pay tends to be higher.

The grades suggested may not be reflected when the roles are evaluated, in which case, Gateshead's market supplement policy may need to be considered.

Alternatively, the roles could be specified to focus on more straightforward works such as ramps and showers where a lower grade may suffice.

7.22. As the teams' activities will be divided between HRA activity and General Fund Activity a mechanism of time recording will need to be established to recharge appropriately against the correct budgets and capture any staff activity that could not be capitalised (and would not be considered *de minimus*).

8. Optional Roles to be considered

- 8.1. The following roles could be considered as part of a comprehensive service. They are, however, unlikely to meet the criteria for capitalisation, but may be able to be funded from other work streams including external funding from partner organisations, in particular the Integrated Care Board.
- 8.2. Each of these detailed below, would complement the service and enhance the offer to residents. They may be however, best considered in the future, should the proposals in this report be adopted, allowing the time for the core service/team to establish itself.

Strategy Officer

- 8.3. A Strategy Officer may not immediately seem an obvious choice for additional resource within the HIA. However, their role would be one to develop the service with partner organisations.
- 8.4. They would lead on funding bids as and when opportunities arise to gain external income and bolster or expand the HIA service.
- 8.5. They would also work closely with the Independent Living Manager and would form relationships with key stakeholders in both statutory and non-statutory services and identify gaps in service that the ILT could fulfil and source funding for them (when a bid has not been invited).

Social Prescriber

- 8.6. Gateshead Council already has strong links with the 3rd sector, particularly the Citizens Advice Bureaux, but at present there are no charitable organisations working in a multi-disciplinary way within the council setting.
- 8.7. Having social prescribers based within the ILT presents an opportunity to offer an even greater holistic solution to the health and wellbeing of clients. Social prescribers would be able to help with things like:
 - Benefit entitlement checks.
 - Social isolation.
 - Debt advice.
 - Energy advice.

Resettlement officer

- 8.8. Being a stock owning authority presents both opportunities and challenges for Gateshead. Moving people to homes more suitable for them, particularly tenants under occupying, could greatly assist the challenges faced by the council for housing residents needing family sized homes.

- 8.9. Tenants needing adaptations presents an opening to help free up family homes and moving tenants onto more appropriate accommodation. The caseworker role will support tenants move to more suitable accommodation, but their capacity and specialization in this work would be somewhat limited.
- 8.10. Having a dedicated resettlement officer would provide tenants with more specialist support to move, unpicking barriers to moving, expanding tenants' choices and likelihood to successfully bid on properties.
- 8.11. They would be able to support with practical measures too, like arranging removal men, supporting with the disposal of unneeded property and assisting with changing utilities. This dedicated help could potentially be the difference between someone moving to more appropriate accommodation or staying in their under occupied home.
- 8.12. The role, if adopted, would greatly benefit from having responsibility for the asset register maintenance and allocations assessment.

Hospital Discharge Co-Ordinator

- 8.13. This role would be to enable timely discharge from hospital when linking patients up with district council functions, particularly when a housing issue is the significant barrier to the patient being discharged in a timely manner and also helping to prevent the need to go into a planning bed or care home setting (which would likely have to be funded by the local authority).
- 8.14. Specifically, they would link up with the ILT to ensure that adaptations or minor alterations are put in place in a timely fashion to support residents in their own home and support them convalesce.
- 8.15. The role could also support with the homelessness pathways as hospitals face significant barriers when patients have no fixed abode or are street homeless.

9. Current Housing OTs

- 9.1. Although not part of this review it is recognised that there are already OTs at Gateshead Council outside of the social care setting, based within the housing directorate.
- 9.2. These 2 FTEs:
 - Review medical assessment forms to determine priority on the choice based lettings register.
 - Ensure properties are suitable for applicants who have a disability rating on the housing register.
 - Arrange for further adaptations to allocated properties when required.
- 9.3. The work they do provides a great service for residents needing appropriate housing and also makes best use of Gateshead's stock, particularly with regards to helping residents move from under occupied properties to more appropriate accommodation. This brings much needed family homes back onto the register and avoids unnecessary adaptations being installed.
- 9.4. Given that the work these OTs do is closely aligned with the ethos of the Independent Living Service, a review should be carried out to see if their current setting is where they would be best placed within the organisation.
- 9.5. Placing them within the ILT offers the potential for the service to bring in some expertise of Gateshead's housing stock, housing departments, allocation policy and a good understanding of resettling clients to more appropriate accommodation. Additionally, it would give the occupational therapist resource within the ILT a greater level of resilience as well as additional peer support.

Although not covered in the job overview above, there is no reason that the workload these OTs currently carry out could not be shared amongst all the OTs within the ILT.

- 9.6. Also, at present there is no one that provides them with clinical supervision, other than each other. It is good practice for registered Health & Care Professional Council (HCPC) staff to have regular supervision. Being placed within the ILT would provide the infrastructure and correct line management to provide this much needed support.

10. Backlog of cases

- 10.1. The structure proposed above, is for a service with a blank sheet so to speak based on new cases coming through the door. It does not reflect the backlog of more than 300 cases awaiting an assessment.
- 10.2. At present, the backlog represents a risk to Gateshead, both reputationally, and, should an Ombudsman have warrant to investigate the service, potentially financially as well.
- 10.3. An improvement plan will need to be developed and implemented to work through the backlog of cases.
- 10.4. A reasonable timescale should be set to clear these cases. Once set, the staffing levels, needed to clear them can be set using staffing level calculations detailed above.

However, recruiting surveyors and OT staff for fixed term contracts may prove difficult to recruit to. Therefore, market supplements may need to be considered.

- 10.5. Funding for these posts may be able to be drawn from previous underspends of the better care fund, but a business case may need to be made for HRA activity.

11. Minor Adaptations

- 11.1. Minor adaptations, small, inexpensive alterations such as grab rails and additional banisters are considered to be delivered effectively in Gateshead.
- 11.2. They are offered free for all residents and cover alterations up to the value of £500.
- 11.3. A portal has been created that professionals across the Health and Social Care system can access to request minor adaptations.
- 11.4. This portal sends a request to the current grants team who arrange the works to be carried out, either through construction services or with Registered Providers (who may cover the cost of works themselves).
- 11.5. Residents coming through social care's front door requiring minor adaptations are assessed and recommended by a Social Work Auxiliary. They also use the same portal to request this work.
- 11.6. The arrangements in place appear to work well. This report does not recommend any changes to the already established process.

12. The Gateshead OT Review

- 12.1. It is acknowledged that there has been a wider piece of work undertaken in Gateshead looking at occupational therapy across the system.
- 12.2. The review proposes 'Trusted Assessors' are expanded, potentially to incorporate recommendations for adaptations.
- 12.3. Trusted Assessors in the context of the review are Occupational Therapists who are in different settings, for example hospital-based OTs, trained to undertake assessments for adaptations and provide a recommendation to the council. This negates the need for multiple OTs to be involved with a client, avoids over-assessment, and improves the customer journey.
- 12.4. The review and specifically the proposal for trusted assessors does offer benefits for residents, Gateshead Council and system partners that will complement the proposed service, but it will take time to upskill Health OTs as well as to implement.
- 12.5. The focus for Gateshead at this time needs to be on improving the statutory duty of DFGs (and adaptations within stock owned properties), however, once the Independent Living Manager is in post, work can begin on establishing relationships with health colleagues as well as implementing clear and easy to access pathways into the Independent Living Service.

The working model detailed below suggests, simple, quick to use, secure ways for health care professionals to refer into the service.

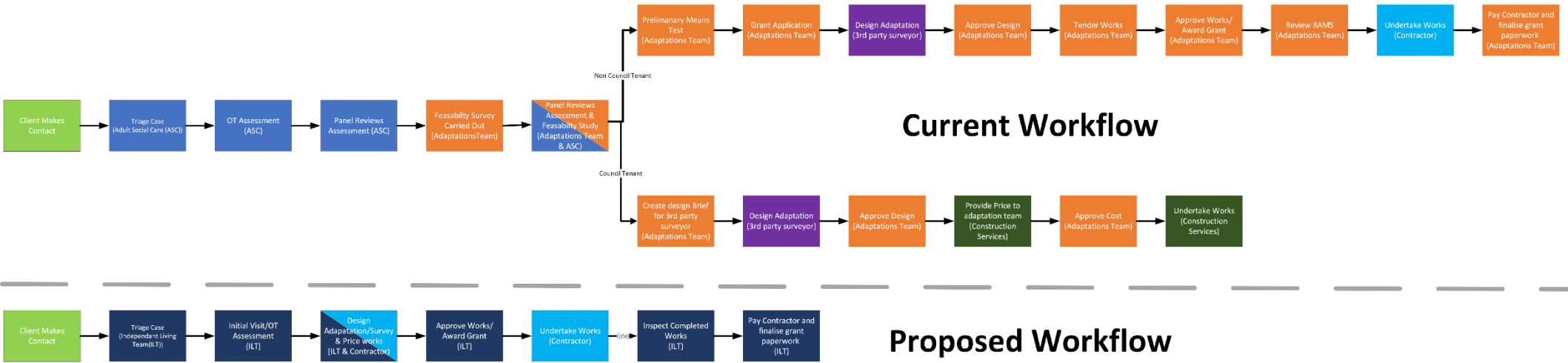
13. The Working Model

- 13.1. This section should be read in conjunction with attached document 'Gateshead ILT workflow' and provides a 'manual' of sorts in how the ILT should operate.
- 13.2. The proposed workflow is for the tenure neutral ILT team and is based on clients needing adaptations for their homes. The principles outlined in the workflow are fairly universal, but should other forms of assistances be offered by the ILT, for example, works to tackle disrepair or hazards in the home, then the workflow would need to be amended to reflect this.
- 13.3. The structure detailed above coupled with this proposed working model will deliver greater efficiencies in service delivery times, the number of adaptations completed and a greater customer/client/tenant experience.

In short, if implemented, Gateshead should see more residents supported, in a quicker timescale at a cost that is likely to be a saving to the general fund (when compared to the current set up).

- 13.4. For comparison purposes only the below diagram shows a simplified version of the workflow alongside the simplified existing workflow shown in section 2 of this report:

Figure 8



- 13.5. The model incorporates three major principles for the service to work. They are:
- Adaptations first.
 - The right resource carrying out the right activity at the correct time. Or to put into more plain English, everyone does their bit when needed.
 - Diaries, appointments and work will be shared between the team.
- 13.6. Fundamentally, what is meant by adaptations first is a recognition of the preventative nature of adaptations and how by doing something early, will prevent more costly interventions in the future. The approach outlined in the workflow is to remove as many barriers or gateposts to the service and enable the client to access a service as quickly as possible.

First point of contact

- 13.7. The workflow shows that when a referral or call comes in for an adaptation the details will be passed immediately to the ILT to explore this further.
- 13.8. Other than this, there is no other proposed change to the social care 'front door' and all other social care work would remain unchanged.
- 13.9. Development work would be required at a granular level so front door staff understand this referral pathway. There would also likely be the need to develop a way of screening cases at first contact for clients who require adaptations to prevent, reduce, or delay health and social care needs from those who require other social care input or who request an assessment under the Care Act (2014) to identify eligible needs.
- 13.10. A service standard would need to be agreed on when the ILT would call the client back, typically 3 days response times are appropriate, but Gateshead may have an overarching service response time that the ILT would need to work to.

When passing the case to the ILT, the customer contact centre would need to make the client aware that someone will be in contact within the agreed time.

- 13.11. At times of high demand where return call cannot be made within service standard response times, a holding letter could be sent on the same day of referral.

Cases not initially identified as requiring an adaptation

- 13.12. The workflow identifies that not all cases will be identified as requiring adaptations at first point of contact and there will be instances that initially need input from social care OTs for other aspects of occupational therapy, for example moving and handling and/or reablement work.
- 13.13. When social care OTs identify an adaptation is required, if the case is straightforward then a recommendation can be made into the ILT for the team to progress. The workflow requires them to keep the OT informed of progress and arrange for the OT to conduct a review once works are completed.

13.14. As the ILT and this workflow matures, non ILT OTs will have limited exposure to adaptations. For complex situations the workflow proposed that when an adaptation is needed that has initially gone to the social care department, then it is joint worked with the ILT OTs working in partnership with social care OTs. Giving clients consistency with the professionals they are used to seeing whilst drawing upon the specialism in adaptations the ILT's OTs will bring, as well as sharing knowledge and experience across the organisation.

Webform

13.15. A webform form should also be developed for digital self-referrals from clients, their friends, family or another professional. The webform should be simple to use and request as little information as possible and have conditional formatting to only ask relevant questions depending on how questions are answered. We would recommend limiting the information requested to:

- Who are you (Self-referral, family member, friend, professional).
- Name, telephone number and email address of referrer (if applicable).
- Name, address, telephone number and email address of client.
- Reason for enquiry (free text box, with a character limit).
- What other ways has the person tried to address their problems.

13.16. The webform should also incorporate an easy to remember 'friendly URL' for example www.gateshead.gov.uk/adpatations

Email referrals

13.17. An easy to remember email address (for example independantliving@gateshead.gov.uk) should also be created and widely shared with professionals to contact the team (although referrals should be encouraged through the webform).

Duty number

13.18. Consideration could also be given to having a duty number for professionals to contact and get service updates – although referrals should not be accepted through this route.

Triage

13.19. Triage will be undertaken by a caseworker. Triage would capture necessary information to establish the need of the client and how to proceed with the case as well as explain to the client the DFG and the service being offered by the ILT. This triage model is based around removing barriers to service and maximising the delivery of DFGs in terms of number of DFGs awarded and the speed of the delivery.

- 13.20. A caseworker carrying out triage should have sufficient permissions to access the council's benefits system or DWPs 'spotlight' benefit system. A benefits check should be carried out prior to triaging to establish if the client is on a passporting benefit.
- 13.21. A systems-based approach to capturing the triage information will be imperative to accurately capturing performance data for the newly established service.
- 13.22. Key to triage will be to establish who will undertake the assessment, an OTA or OT. The model proposed follows the guidelines outlined in RCOTs adaptations without delay. Namely OTs should be reserved for complex assessments.

Complex assessments are cases where the client:

- Is a child.
 - Has a neurological condition.
 - Is a full-time wheel chair user.
 - Has had an amputation of a limb.
- 13.23. Triage will also need to establish the urgency with which a visit should be offered. Cases where the clients are in a palliative situation or have an extremely life limiting condition such as MND should be offered a visit as soon as practically possible.

Guidance on timescales can be found in DLUHCs 'Disabled Facilities Grant delivery: Guidance for Local Authorities in England' ([Disabled Facilities Grant \(DFG\) delivery: Guidance for Local Authorities in England \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612122/dfg-delivery-guidance-for-local-authorities-in-england.pdf)) sets out anticipated timescales for this. It may be in certain circumstances that an additional visit slot needs to be created or a visit already booked in, be postponed and replaced with urgent cases. The Independent Living Manager will need to make the appropriate judgement on this.

If an additional visit slot is created, a visit slot in the future should be removed to allow for officers to keep on top of their workload.

- 13.24. Diaries will need to be set up with designated visit slots for all officers who undertake visits to client's homes. It is anticipated that because of the use of caseworkers this working model will maximise the efficiency of OTs and OTAs and it should be expected that an OT would be able to undertake 4 new assessments per a week and 6 for an OTA.
- 13.25. Once triage has been undertaken and the relevant information gathered and the need for a visit and who should visit is established, a joint visit with a caseworker and OT/OTA should be offered to the client from the next available visit slot or another slot that is more convenient for them. Wherever possible visit slots should always be fully utilised to maximise officer efficiency especially in regard to OTs and OTAs.

- 13.26. The caseworker triaging may or may not assign themselves as the caseworker to the client. Unless there is good reason to, caseworkers should be assigned based on the soonest availability. It should be made explicitly clear to the client that the assigned caseworker who will undertake their initial visit will be their single point of contact throughout the time they are accessing the ILT's service.
- 13.27. After the visit has been arranged the caseworker should confirm the visit in writing. This letter should again clarify who the client's caseworker is and their direct telephone number. It may be worth considering avoiding any other person's name and telephone number on the letter (for example the person producing the letter) to avoid confusion for the client and to reinforce their single point of contact. The letter could be addressed from the ILT or the Independent Living Manager.
- 13.28. The caseworker who arranged the visit should then compile the necessary paperwork that will be needed for the visit. Specifically:
- The agency agreement.
 - The DFG Application form.
 - The DFG owner's certificate.
 - The DFG tenant's certificate.
 - A GDPR agreement and the privacy notice.

A systems-based approach is advised for compiling this paperwork to prepopulate as much information as possible to avoid unnecessary work whilst on the visit.

- 13.29. If not a council owned property, the caseworker will also run a land registry search with the results held on file to establish ownership. Access to land registries business e-service (<https://eservices.landregistry.gov.uk/>) should be arranged for all caseworkers to achieve this.
- 13.30. It is not uncommon for clients whilst working with the ILT to come back through the social care 'front door' either directly or through professional involvement. Therefore, it would be beneficial for the caseworker to then update the Care First system to show the professional involvement of the ILT and who the relevant officers are who will be working with the client.
- 13.31. If the resources of the team have been calculated correctly, an initial visit should be carried out in circa 15 working days from initial contact (if there is no waiting list inherited by the new service).

Covid

- 13.32. Although Covid has changed the way services operate, virtual assessments and working over the phone with clients is not advised. The cohort of clients accessing the ILT will typically be vulnerable people who often do not have access to, or the ability to use, video calling facilities.

Even when clients are able to utilise video calling or have the support of a family member who can aid this, the quality of the assessment of the OT/OTA is compromised and the fundamental nature of the caseworker role in establishing a good relationship with the client is hindered. Visits to a client's home is now on the whole considered safe to do (although it is unknown what Gateshead risk assessment considered safe) hence the working model always offering clients face to face visits and assessments, although a safeguard should be implemented to always contact clients when going to visit them to ensure they are well enough for a visit.

Preliminary Test of Resources

- 13.33. Based on Gateshead current policy, Gateshead may wish to consider pausing triage for non-passporting clients sending a Preliminary Test of Resources (PTOR) to establish if clients will have a significant contribution towards any DFG.

PTORs are a barrier to the service that the proposed workflow tries to avoid. They also create additional work for the team and give the potential for a bottleneck in the service.

It is strongly recommended that Gateshead's financial assistance policy be amended (see policy section of this report) to avoid the need for PTOR.

The Initial Visit

- 13.34. The initial visit should go over the service being offered by the ILT, the T&Cs of the DFG and establish the need and eligibility of the client for a DFG. It should be caseworker led who should holistically work with the client to identify their goals and see how the service can help them achieve them.
- 13.35. Particularly for tenants of the council (or for properties where the council has nomination rights), where the tenant(s) are under occupying, the caseworker should explore with the client their openness to moving to more suitable accommodation. The approach should be one of using their disability as a carrot to move somewhere more suitable for them as opposed to a stick.

I.e., if the client does not want to move then their adaptation need should not be withheld as undoubtedly adapting their home to suit their needs is better for the council overall, particularly social services.

Time should be taken with the client to fully explore the possibility of moving and what their perceived barriers are. They should clearly understand the preferential banding they will be given to moving to a more suitable property and how the ILT would help and assist them if they did decide to move.

- 13.36. Relevant information should be gathered, such as their intention to remain living in the property for the grant period as well as their financial information being captured in the cases where they are not in receipt of a passporting benefit.

- 13.37. For owner occupiers and tenants of registered providers or private landlords it should be made clear to the client that the ILT service is a discretionary service and not a requirement of the DFG and that clients could go 'non-agency'.

Although tenants of the council can technically apply for a DFG without signing up to the ILT service, as a landlord wishing to ensure a set level of quality within their asset, if the question arises, it should be explained to tenants that landlord permission will only be granted when the ILT service is used.

- 13.38. The OT/OTA should gather the required information for sound clinical reasoning of what adaptations are needed for the client (if any). They will need to gather all relevant information to ensure quality assurance for the council. Additionally, they should identify any equipment needs and if there is the need for any significant moving and handling or reablement work.
- 13.39. If possible, where they are able to form a complete idea of the client's adaptation requirements, they can inform them of their findings on the visit.
- 13.40. The caseworker should finalise the visit by explaining what the next steps will be for the client.

Post Visit

- 13.41. The caseworker should follow up the visit with a 'next steps' letter or email detailing what the next steps will be.
- 13.42. Being an integrated multi-disciplinary team means that if the OT/OTA is clear on the need for an adaptation there is no need to wait for them to write up their assessment and recommendation. That work can be done in parallel to the case proceeding forward.

Clients wanting to move

- 13.43. For cases where the clients want to move, the OT/OTA should produce a housing needs report to assist with getting the client the appropriate banding on the CBL register.
- 13.44. Once the client is registered and given the appropriate banding, the caseworker should continue to engage with the client to highlight appropriate properties coming available on the register, encourage them to maximise their chances of achieving a successful bid (i.e., work with them to broaden their scope of areas and properties they would consider) and where appropriate, assist them with bidding on properties.
- 13.45. To aid caseworkers in this work, access on the NEC system to the bidding module should be given.
- 13.46. Once the client has been shortlisted for a property of their choosing, The caseworker and, depending on the situation, the OT/OTA or a surveyor could

support the client by attending the viewing with them to see if the property is suitable or could easily be made suitable.

- 13.47. Once the client has secured a move, they then may need adaptations provided to their new home and the workflow should proceed to the adaptation stages.
- 13.48. Not shown on the workflow, but when there are barriers in the way of being able to join the housing register, such as significant rent arrears, the caseworker should work with the client to try and remove those barriers, for example helping them engage with the income team to establish a repayment plan.

In certain cases, when the need to move is urgent or imperative to the client's health and wellbeing, the Service Manager and/or the caseworker may need to work with the housing options manager to try and overcome these barriers and come to a pragmatic solution. For example, a direct let to a more suitable property could be awarded.

OT/OTA Write Up

- 13.49. Running parallel to any adaptation or moving requirement the OT/OTA should write up their assessment and recommendation.
- 13.50. The OT recommendation should aim to be descriptive, rather than prescriptive. By this, it is meant that the OT should not be detailing how any work should be done but rather what the client needs, and the parameters needed to meet the client's needs.

i.e. rather than state 'the existing bathroom should be replaced with a level access shower, with the toilet situated in the right hand corner and the shower to the left hand wall' the OT should recommend 'the client needs access to a level access shower facility. The client will need a turning circle of 900m'.

This approach to recommendations will ensure that the HIA surveyor has the flexibility to determine how to provide the works in the most necessary and appropriate way utilising their skills as a surveyor.

- 13.51. As well as being recorded on the primary ILT system, these documents should also be recorded on the social services Care First system. This 'double handling' of information is a necessary and important requirement to ensure social services have readily available information on what is happening with the client.
- 13.52. If possible, a system-based solution should be investigated to automate this double handling of information. However, even if this cannot be achieved, the duplication should not be too laborious as the information should easily be copied and pasted between the two systems.
- 13.53. In cases where it is identified that there is a need for other schools of occupational therapy intervention, such as significant moving and handling needs, a referral should be made to the social care OT team for them to pick up.

Equipment or minor works

- 13.54. If it's identified during the visit that the client's needs can be met from a piece of equipment or some minor adaptations such as grabrails then these should be arranged as quickly as possible with no requirement for any paperwork to be completed.
- 13.55. Pieces of equipment should be ordered by the OT/OTA accessing the equipment contract Gateshead has in place.
- 13.56. Minor adaptations should be ordered by an administrator via the Northgate system.
- 13.57. As there is a mechanism for small adaptations to be carried out by the councils' in-house operatives for tenants, if possible Gateshead should explore the possibility of these same personnel delivering the equivalent works for the private sector.
- 13.58. Any works carried out in this way would need a recharge mechanism to ensure the BCF and not the HRA is financing the work.

Proceeding with Straightforward Adaptations

- 13.59. In order to deliver a swift, efficient and effective service the workflow places an emphasis on programming in works in advance of surveying them.
- 13.60. This approach will only work if the procurement recommendations outlined in section 10 are adopted.
- 13.61. For council owned properties where the works are going to be undertaken by the councils' in-house trades, the same approach should be followed, with the HIA working with them in the same fashion as they would a private contractor.
- 13.62. This method is for works that would be considered straight forward adaptations (typically ramps and level access showers).
- 13.63. Once a caseworker passes a case through, the senior technical officer will determine from the information available if the proposed works fall within these criteria. If they do, they will then decide which surveyor will be assigned the survey.
- 13.64. An administrator will then arrange the joint survey (with the surveyor and contractor), pre works meeting and start date with the client and contractor. When arranging this, they would need to work backwards from a proposed start date which should normally be in 5 to 6 weeks from that point.

However, Gateshead will need to determine the capacity of the viable number of works in progress. Based on the current budgets the minimum number of works on site at any given time should be at least 9 new projects starting each week. With each set of works usually taking 2 weeks, Gateshead should be aiming for between 18 and 25 works on site at any given time. 25 being the maximum.

- 13.65. The pre works meeting should take place approximately a week prior to the proposed start date and the survey a fortnight before then.
- 13.66. Once the dates are agreed, the administrator will then programme the relevant dates in each person's diary. It is advised that the works on site diary entry is sent to the whole team so every officer is aware of what works are on site. A letter or email should be sent to the client confirming the dates as well as an equivalent email to the nominated contractor.
- 13.67. During the survey, the surveyor will design the adaptation and the contractor and surveyor will jointly agree the schedule rates for the works. Where the schedule of rates (SOR) does not have a relevant item covering an aspect of the work required the contractor will need to provide the surveyor with a miscellaneous price for that item to be added to the schedule.
- 13.68. The HIA will act as a Principal Designer for the works as defined by the Construction Design Management Regulations 2015. To meet their obligations in this regard the surveyor will also need to identify the relevant health and safety information during the survey for them to compile the 'pre-construction information'.

This will likely require a localised Risk and Design Asbestos survey to be arranged. For council owned properties there may be a register in place that already has this information.

- 13.69. After the survey the surveyor will need to finalise the schedule, any associated drawings and pre-construction information as well as submit a building control notification.
- 13.70. The caseworker would then check all the necessary paperwork is in order to award the grant to the client. Once complete an administrator will raise an order on Gateshead's finance system. The Service Manager will then authorise the expenditure.
- 13.71. Once authorised, an administrator will produce the grant award and send to the client. They will also provide the contractor with all the documentation compiled by the surveyor as well as the purchase order number.
- 13.72. If during the survey it is apparent the works are too complex for the timescales arranged to be stuck to, the surveyor should notify the contractor and complete the survey designing the required work and compiling the schedule.

When this occurs, the surveyor will need to notify the caseworker and an administrator as soon as possible so they can formally notify the client and contractor respectively.

More complex adaptations

- 13.73. For more complex work, the workflow alters slightly but the principles remain the same.

- 13.74. The surveyor would undertake a survey on their own. Wherever possible they should attempt to use the SOR, but for larger works, this may be impracticable, or the rates would be disproportionately expensive for the works being carried out.

When this occurs, the surveyor would produce a schedule of works and a mini competition should be run with contractors from the framework to ensure best value is achieved.

- 13.75. If the SOR is used then the chosen contractor should be offered the chance to visit the site to check they are in agreement with the SOR produced.
- 13.76. Not shown within the workflow, but at the stage 'Compile schedule, arrange building control, compile CDM information and any planning requirements. It may be practical for the surveyor to produce an options appraisal for larger schemes for approval from the Service Manager. This would demonstrate all options have been considered when schemes are likely to be considerably above the average grant award.
- 13.77. For more complex adaptations that would fundamentally alter a council owned property (such as extensions or adaptations that would reduce the number of bedrooms) a more joined up approach to decision making will be required. The views of colleagues from the stock management team, the allocations team and social services will be required to form a cohesive decision that is in the best interest of Gateshead overall.

The role of the ILT sometimes will conflict with the needs of the council as a landlord. Making the correct decision with all relevant parties involved will alleviate any potential friction and challenge to the authority further down the line.

Works requiring no technical input

- 13.78. For straight forward works there should be no requirement for surveyor input.
- 13.79. This would normally be stairlifts, but could be very straightforward small ramps, half height steps or any other simplistic work that requires no technical oversight.
- 13.80. The works should be straightforward enough for the caseworker to produce a simple schedule of works detailing to the contractor what is required. An administrator would then arrange for a quote to be received.
- 13.81. These works should not require a pre-works meeting, unless the caseworker feels it is warranted (but this should only be in exceptional circumstances) and once instructed, the contractor should be able make arrangements to carry out the works directly with the client.

Pre works meeting

- 13.82. A pre-works meeting is crucial to the smooth running of a contract whilst the works are on site. They provide the opportunity to confirm to the client what works are going to be undertaken as well as answer any questions they may have.
- 13.83. Significantly, the workflow proposes this meeting is conducted between the caseworker, client and the contractor. The caseworker is utilised for this (as opposed to the surveyor) to ensure the conversation is in lay persons speak so the client can fully understand everything that will be happening in their home.

The caseworker may choose to have the surveyor join them for a pre-works meeting, but this should be at their discretion and should normally only be needed in cases where the works are complex.

- 13.84. This is not an exhaustive list, but the pre works meeting should cover:

- Hours of work.
- Start date.
- Anticipated finish date.
- Details of the work being carried out.
- Where the client will go to the toilet during the works.
- Is a chemical toilet or commode needed.
- Safe working areas.
- Client specific queries.
- Parking arrangements.
- Use of power and water.

- 13.85. The caseworker needs to be the voice of the client during the pre-works meeting. They must ensure questions that the client should ask but may not think to, or have the courage to ask, are asked of the contractor.

- 13.86. The case worker would then produce a contract 'call off' document for the contractor setting out the agreed schedule, costs and timescales under the terms and conditions of the framework.

Building Control

- 13.87. The ILT may wish to negotiate with the relevant building control department as to whether delegated authority should be given to the HIA surveyors for straightforward works where the reason for building control certification is down to drainage connections.

- 13.88. Having building control oversight is helpful in some occasions, particularly as they can be an independent department to the ILT in cases where there is disputes between the client and ILT. Therefore, it is advised not to seek delegated authority initially.

- 13.89. This can be revisited at a later date when the ILT is more established and confident in its work.

Works on site

- 13.90. Regular site visits should be undertaken whilst works are being carried out in a person's home. This is a core principle of a ILT. Ideally at least 2 site inspections should occur in a working week. By doing this, potential issues can be headed off early which avoids costly and timely interventions later on.
- 13.91. Surveyors also need to be available to attend site at the request of contractors, especially to approve and authorise any unforeseen works as and when they occur.
- 13.92. To enable regular site visits, it would be impractical for each individual survey to inspect their respective works. Therefore visits to works whilst they are being undertaken should be shared between the surveyors.
- 13.93. A rota system, for who is carrying out site visits, who is available to survey new cases and who is office based, is an effective way to manage this and would ensure the administrator knows who is available when booking in surveys, the same way that visit slots for caseworkers and OTs/OTAs is suggested.
- 13.94. A final site inspection should always be carried out to ensure compliance with the schedule and to make sure the finish is of a quality expected by the council.
- 13.95. Defects found should be addressed through a 'snagging' list provided to the contractor. The contract with them should set out service standards for how quick remedial action should be carried out.

OT/OTA review

- 13.96. Once the works have been practically finished a review should be undertaken by the OT or OTA who made the recommendation to check the adaptation is meeting the client's needs.
- 13.97. Equipment, if needed, should then be ordered for the client. Discretion could be used to either conduct this review in person or over the phone, although for complex cases a face-to-face review should always be carried out.
- 13.98. In certain circumstances, additional works or amendments to the works installed may be identified. When this occurs the surveyor should instruct the contractor who carried out the work to make the alterations or changes required. There should be no need to carry out a further survey or track back in the workflow.

Considerations for council adaptations

- 13.99. A procedure should be put in place for adaptations in council owned properties to:
- Update the asset register.
 - Ensure a maintenance regime is put in place, with annual maintenance arrangements made for stairlifts, wash/dry toilets, through floor lifts and ceiling track hoists.

- Have a clear procedure for repairs if an external contractor is used.
- Hand over relevant operational and maintenance documentation as well as any H&S file as and when needed.

Closing the case

13.100. At the point of case closure, the caseworker should capture outcomes achieved, these outcomes should be developed with commissioning partners to effectively demonstrate the value of the ILT and the works provided.

13.101. The types of outcomes captured should be agreed at a local level, but could incorporate things like cases where the ILT:

- prevented carer breakdown.
- Avoided a care home placement.
- Avoided an admission to hospital.
- Assisted in the discharge from hospital.
- Supported to move to more suitable accommodation.
- Maximised income/benefits.

Customer satisfaction survey

13.102. A customer satisfaction survey 3 months after the completion of works is considered good practice.

13.103. Leaving 3 months allows the client to use the adaptation provided and gives them the opportunity to raise any issues, be it defects with the work or issues with the adaptation making it not suitable for them.

13.104. It should be voluntary for clients to return, and consideration could be given to capturing self-assessed health and wellbeing information (such as the DIALOG+ approach) at triage and asking the same questions 3 months after the HIA has finished working with them. This could provide some additional powerful performance data on the effectiveness of the HIA at a local level.

14. Policy

- 14.1. In addition to the statutory DFG Gateshead's adaptation policy provides:
 - Assistance with moving.
 - Removing the means tests for stairlifts.
 - Repairs grant of up to £15k.
 - Minor works of less than £1k (the social care capital grant).
 - Provide an additional discretionary DFG for children with shared custody.
- 14.2. Gateshead also exercise their right to reclaim up to £10k of DFGs in certain circumstances.
- 14.3. Furthermore, there is a mechanism and commitment to awarding grants in as timely a manner as possible for emergency cases (critical fast track).
- 14.4. There does not appear to be any distinct policy around permitting or refusing adaptations within council owned properties.
- 14.5. Tenants can apply directly to Gateshead for an adaptation, where presumably these are provided outside of the formal mechanisms of the DFG. It is unclear what scope of works are offered via this route for an adaptation.
- 14.6. A lack of policy for deciding when adaptations within their own stock should be permitted represents a risk to Gateshead, especially if one were to be refused. If one does not exist, a policy should be created as soon as feasibly possible and published on the council's website.
- 14.7. Gateshead Council has struggled to spend their allocation of the Better Care Fund for DFGs. Therefore, it is recommended that the current financial assistances offered be reviewed and a more generous policy be created to maximise expenditure for the benefit of Gateshead's residents.
- 14.8. Types of assistances that should be considered are as follows:
 - A non means tested adaptation grant of up to a certain value or a grant that pays an amount towards a calculated contribution.
 - A dedicated hospital discharge/prevention grant.
 - Increasing the offer for home repairs assistance.
 - Grants to assist low-income households with the rising cost of living, particularly around old and inefficient boilers.
- 14.9. Thought should also be given to the benefit of reclaiming grants in the event of owner occupiers moving homes. This can be seen by clients as a barrier to proceeding with an adaptation provided. Analysis should be undertaken as to the amount of monies reclaimed and if there is the need to recycle the money into the BCF pot.

15. Procurement

- 15.1. Currently for private sector DFGs, the works are tendered on a case-by-case basis via an online platform ran by North Eastern Procurement Organisation (NEPO).
- 15.2. Officers reported difficulty in getting contractors to price for works, with often only one supplier supplying a price, which in turn leads to difficulty on the lead times of contractors from having such a small pool of suppliers.
- 15.3. For council stock adaptations, the council's own in-house works teams deliver the works. These works are costed and recharged through a schedule of rates basis.
- 15.4. The current arrangement of going out to quote could be greatly improved by procuring a framework of contractors, operating on a schedule of rates.

The frameworks sets out the overarching contractual terms and conditions for awarding works to a supplier. It does not guarantee contractors any work, but gives them assurances that if work needs doing, it would be ringfenced to the contractors on the framework.

The Schedule of Rates (SOR) is a set of pre agreed prices for the building components required to carry out the required building works. In the context of DFGs it is, in effect, a menu for building adaptations.

- 15.5. Gateshead would need to explore what their individual requirements would be for a framework. There are 'off the shelf' frameworks in common use.
- 15.6. A common framework used by HIAs, which could be considered by Gateshead, would be the Joint Contracts Tribunal (JCT) Framework Agreement 2016.
- 15.7. There are also options with the schedule of rates. Foundations could arrange for one to be supplied to you that another local authority already uses, Gateshead could create their own SOR or there are off the shelf solutions available which Gateshead may already be using for their responsive repairs and void work, such as the National Housing Federations M3NHF schedule of rates (This is unlikely to be financially viable if not already purchased and in use).
- 15.8. For a budget the size of Gateshead, for their private sector work, approximately 15 local small and medium-sized enterprises (SMEs) should be procured for the framework.
- 15.9. It is recognised that Gateshead has historically had difficulty in finding suppliers. To achieve a successful procurement exercise, significant market engagement will need to be undertaken.
- 15.10. Local SMEs will need to be approached and encouraged to submit a tender submission for the framework, if necessary, support and guidance may need to

be provided to suppliers to help them go through the process of submitting a tender application, which is something local SMEs may not be familiar with.

- 15.11. Another option, which could be considered, would be a dynamic purchasing system that is already operational and could be rolled out into Gateshead. Independence Community Interest Company is one such organisation set up for and specialising in DFG work (<https://www.incic.org.uk/>).
- 15.12. Given the size of Gateshead's budget, a framework developed and managed locally would be the recommended approach.
- 15.13. Gateshead will also need to procure a supplier for asbestos testing. This should be a fairly straightforward procurement exercise for a single supplier contract.
- 15.14. The specification will need fixed prices for localised risk and design surveys that can be carried out and results returned in a sufficient timeframe to not impede work.
- 15.15. It may be that Gateshead already has in-house workmen undertaking this work for council owned assets. If this is the case, then discussions with the relevant department should be held to see if it is possible for this team to carry out the work for DFGs in the private sector (and recharged from the DFG budget).

16. Systems

- 16.1. At time of writing Gateshead are already going through a comprehensive ICT review.
- 16.2. The outcomes of this review will no doubt set the principle for what systems should be used by the ILT. Therefore, this report will not go into too much detail on this area.
- 16.3. For the benefit of the review, in order to maximise efficiency of the proposed workflow, the HIA would greatly benefit from a 'workflow system' which easily transfers processes or cases easily and automatically between users as a process flows from stage to stage.
- 16.4. There has been a lack of readily available data in undertaking this review. In addition to the workflow, any system implemented will also need to be able to easily report on data around key timescales, spend, commitment and outcomes achieved.
- 16.5. If the HIA should need a standalone system, then a demonstration of Foundations Case Manager could be arranged.
- 16.6. Irrespective of the ICT review, it is recommended that if not already being used, 'Ferret Renovator' be purchased for carrying out means tests.

Ferrets' software is the industry standard for carrying out means tests, and its licenses are very inexpensive (and if required, can be run concurrently). The licence also provides access to their means test help line which can be an invaluable resource when undertaking complex means tests.

Some local authority systems with that have grant modules come with connectors that automatically link up with Renovator.

17. Recommendations

- 17.1. It cannot be underestimated how effective a HIA will be in delivering significant outcomes for the residents of Gateshead.

For example, the recommendations in this report would contribute to the all six aims set out in [Gateshead's Health and Wellbeing Strategy](#):

- Give every child the best start in life, with a focus on conception to age two.
- Ensure a healthy standard of living for all, in accordance with international law on economic and social rights.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create and develop sustainable place and communities.
- Create the conditions for fair employment and good work for all.
- Strengthen the role and impact of ill health prevention.

- 17.2. However, the changes proposed in this report are substantial and will require time to implement. Coupled with this is the need for the core service of DFG/adaptation to council homes to be improved as soon as possible to avoid potential reputational and financial damage (in the form of ombudsman penalties) to Gateshead Council.

- 17.3. Therefore, it is recommended that to begin with, the formation of the new Independent Living Service structure be implemented and the workflow be put into practise.

- 17.4. This element of the report alone will be a large undertaking. To begin with work will need to start imminently on the recruitment of the Independent Living Manager. Once appointed to, there will need to be a review of the existing roles and staff that will be subject to any restructuring, after which any vacant posts will need to be recruited to.

- 17.5. Whilst this is being undertaken, the following tasks will need to be completed in order for the team to function as per the proposals in this report:

- The creation of an Agency Agreement.
- Reviewing the current arrangements with constructions services, specifically establishing a contractor/client relationship underpinned with a Service Level Agreement (SLA).
- Procuring a framework of contractors.
- Establishing a Schedule of Rates.
- Reviewing IT systems and implementing a workflow-based approach.
- Creating simple and easy to access pathways e.g., secure webforms.
- Creating a policy for council stock adaptations.
- Review where the current Housing Based OTs would be best situated within the organisation.

- 17.6. The newly formed team will then need to be given the space and time to establish themselves and improve the core offer of delivering adaptations.
- 17.7. Once established the Independent Living Manager can then look to expand on the offer of the Home Improvement Agency and seek to:
- Build relationships and dialog with commissioning partners and key stakeholders and promote the work and rationale of the new Independent Living Service.
 - Implement the Trusted Assessor Model outlined in the Gateshead Occupational Therapy review.
 - Develop a new financial assistance policy.
 - Create business cases for the funding and recruitment of the ancillary roles detailed in this report.
 - Review where the current Housing Based OT's would be best situated.

Appendix 1 – Identifying Capital Expenditure for DFG purposes

The Ministry of Housing, Communities and Local Government (MHCLG) provides funding for Disabled Facilities Grants (DFGs) to local housing authorities in England. The previous ring fence was relaxed in 2008 to allow for expenditure on items covered in a local housing assistance policy. However, this is still capital funding and as such should only be spent on items deemed to be capital expenditure.

Capital expenditure typically includes expenditure on non-current assets such as land, buildings and plant and equipment.

To qualify as capital, expenditure incurred must result in either the acquisition/construction or addition/enhancement of an asset. In addition, the benefits to the entity from the works must last for more than one accounting period (i.e.: more than one year).

Monies spent must be recorded as capital expenditure and certified as such in a return to MHCLG.

Below are some examples of expenditure, explaining whether or not they might qualify as capital spend:

Type of Expenditure	Is it Capital Expenditure?	Reason
Construction of an extension to an existing dwelling	yes	Creation of an asset, which will provide benefit for more than one accounting period.
Major adaptations to existing facilities such as a shower adaptation, ramp or stairlift	yes	A major adaptation, which will increase the economic benefits offered by it – e.g. Increased independence / reduced care costs.
Replacing a floor covering or repairing a shower unit	no	Repairs only maintain the asset; they do not increase the life of the dwelling.
New stairlift	yes	Creation of an asset, which will provide benefit for a period of more than one accounting period.
Repairs to stairlift after breakdown	no	Repairs only maintain the asset; they do not materially increase the life of the stairlift.
Slings for hoists and shower seats	yes	Can be considered for capitalisation as part of the overall project costs of the new adaptation, which results in the creation of an asset that will provide benefit for more than one accounting period

Hoists, shower tables, etc..	yes	New assets that provide benefit for more than one accounting period.
Refurbishment of existing adaptations	sometimes	The repair of broken or worn-out adaptations is not capital. However, costs could be capitalised if adaptations are being replaced with a better product (enhancement). For example, flush floor shower replacing a tray with a step would qualify as betterment.
Conversion of a garage into a habitable room	yes	Enhancement of an existing asset which will last for more than one accounting period.
Installation of a new kitchen including new cooker, dishwasher, microwave	yes	Enhancement of an asset that will extend its useful life.
Internal decoration of an existing property	sometimes	Decoration only maintains the asset; it does not increase the life of the building. Can be considered as capital expenditure if included as part of the whole project costs of the adaptation
Purchase of materials only for a major adaptation project	yes	If the materials will be use for enhancement/betterment of the property the purchase of materials is classed as capital. Materials for routine repairs and maintenance are classed as revenue costs.
Purchase of materials for repairs and maintenance (e.g. a new shower hose, replacement sections of fencing, parts for equipment etc)	no	Purchases associated with routine maintenance and repairs would be classed as revenue expenditure.
Agency fees - for a major adaptation. Applies to other fees such as planning etc.	yes	Can be considered as capital expenditure if included as part of the whole project costs of the adaptation – see services and charges order
Staff costs for supporting the delivery of major adaptations	yes	Can be considered as capital expenditure for direct support to clients/applicants (including advice) linked to the activities in

		the services and charges order
Occupational therapy assessment fees	yes	Can be considered as capital expenditure if included as part of the whole project costs of the adaptation and carried out and invoiced by a private OT (see services and charges order)
Training of staff	no	No, as no asset is being created.
Funding towards purchase of a new dwelling?	yes	Acquisition of an asset, which will provide benefit for more than one accounting period. Be careful around leases. Can also include cost of advising and supporting someone to move.
Assessment and approval of grant applications	no	No, as no asset is being created.
Developing policies and strategies on home adaptations	no	No, as no asset is being created.
Supervision of staff	no	No, as no asset is being created.
Monitoring of the program	no	No, as no asset is being created.
Delivering a handy person service	sometimes	Yes, where new adaptations are being fitted that will last longer than a year and support someone to live independently. But not if the service is predominantly carrying out repairs

Note: In all cases, an entity's own *de minimus* limits should apply as to whether or not an item is classified as capital expenditure.

Specified services and charges order

(1) The services and charges specified for the purposes of section 2(3)(b) of the Housing Grants, Construction and Regeneration Act 1996 (meaning of preliminary or ancillary services and charges) are those for which the applicant is liable in respect of—

- (a) confirmation, if sought by the local authority, that the applicant has an owner's interest,
- (b) technical and structural surveys,
- (c) design and preparation of plans and drawings,
- (d) preparation of schedules of relevant works,
- (e) assistance in completing forms,
- (f) advice on financing the costs of the relevant works which are not met by grant;

- (g) applications for building regulations approval (including application fee and preparation of related documents),
- (h) applications for planning permission (including application fee and preparation of related documents),
- (i) applications for listed building consent (including application fee and preparation of related documents),
- (j) applications for conservation area consent (including application fee and preparation of related documents),
- (k) obtaining of estimates,
- (l) advice on contracts,
- (m) consideration of tenders,
- (n) supervision of the relevant works,
- (o) disconnection and reconnection of electricity, gas, water or drainage utilities where this is necessitated by the relevant works, and (p) payment of contractors.

(2) In a case where the application is for disabled facilities grant, the services and charges of an occupational therapist in relation to the relevant works are also specified for those purposes.

Disabled Facilities Grant – The Package of Changes to Modernise the Programme (2008)

Relaxing the DFG ring fence

From 2008-09 the scope for use of DFG funding will be widened. Initially, the ring-fence will remain, but its scope will be widened to support any local authority expenditure incurred under the Regulatory Reform (Housing Assistance) (England and Wales) Order 2002 (RRO). This will enable authorities to use specific DFG funding for wider purposes, which may be more appropriate for individuals than current DFG arrangements allow.

Creating greater flexibility will allow the DFG to be used for associated purposes, such as moving home, where this is a more appropriate solution, or funding could be pooled to purchase portable extensions which are suitable for re-use, through improved procurement models.

The relaxation of the restrictive ring-fence on the funding will help improve delivery and reduce the bureaucracy involved in the DFG application process helping to speed up the process. This change will enable local authorities to develop a simplified system which could deliver small-scale adaptations more quickly, for example by offering a service which rapidly deals with inaccessible housing, or the need for quick discharge of people from hospital.

In recognition of the crossover of services and of the contribution the DFG makes to social care and health areas, the relaxation of the ring-fence will also enable DFG funding to be pooled with other larger funding sources, such as social care, telecare and community equipment.



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