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Appendices

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Appendix 1: A Memorandum Of Understanding

Cornwall Council



Improving Health and Care though the home in Cornwall:

A MEMORANDUM OF UNDERSTANDING

Between: Cornwall Council (Public Health)

and

<p>Coastline Housing</p> 	<p>Cornwall Housing Limited</p> 	<p>Cornwall Rural Housing</p>  <p>Cornwall Rural Housing Association Limited</p>	<p>Liverty</p> 	<p>Ocean Housing Group</p> 	<p>Westward Housing</p> 
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Dated the _____ day of _____ 2018

Memorandum of Understanding

1.0 Why a memorandum of understanding?

The right home environment is essential to health and wellbeing, throughout life. Our homes are the cornerstones of our lives. Housing affects our wellbeing, risk of disease and demands on health and care services. We need warm, safe and secure homes to help us to lead healthy, independent lives and to recover from illness. We work together across Cornwall Council, health and housing sectors to enable this.

The MOU brings together key organisations, decision makers and implementers from across the public and voluntary sector, to maximise opportunities to embed the role of housing in joined up action on improving health and better health and social care services.

The right home environment can:

- Protect and improve health and wellbeing and prevent physical and mental ill health.
- Enable people to manage their health and care needs, including long-term conditions, and ensure positive care experiences by integrating services in the home
- Allow people to remain in their own home for as long as they choose, with the following benefits:
 - Delay and reduce the need for primary care and social care interventions, including admission to long-term care settings
 - Prevent hospital admissions
 - Enable timely discharge from hospital and prevent readmissions to hospital
 - Enable rapid recovery from periods of ill-health or planned admissions

Key features of the right home environment (both permanent and temporary) are:

- It is warm and affordable and has adequate ventilation to support good air quality and thermal comfort in extreme conditions
- It is free from hazards, safe from harm and promotes a sense of security
- It enables movement around the home and is accessible, including to visitors
- There is support from others if needed
- Tenure that is stable and secure

Homes in Cornwall, a statistical overview

For a statistical overview of homes in Cornwall, see the [Director of Public Health's annual report](#)

Purpose

The purpose of this Memorandum is to:

- Set out the collaborative working arrangements between Cornwall Council, Health and the principal providers of housing in Cornwall.
- Provide a framework for developing an agreed programme of work based upon the priorities identified in the Director of Public Health's Annual Report 2017 – "Health Starts Where We Live".
- Evidence the affordable housing sector's contribution to the delivery of the Health and Well Being Board's strategic objectives.
- Develop shared success criteria to deliver and measure impact

2.0 **Policy Content**

- The Health and Social Care Act 2012 required Cornwall Council to establish a Health and Well Being Board. The Board is a statutory committee of the Council, and its core purpose is to provide leadership to:
 - (i) Improve efficiency;
 - (ii) Secure better care;
 - (iii) Secure better health and wellbeing outcomes for the local community; and
 - (iv) Reduce health inequalities.
- Under the Health and Social Care Act 2012, the Director of Public Health has a duty to report on the health of the population. The 2017 report was entitled 'Health Starts Where We Live' and focused upon the links between housing and health.
- The Homelessness Reduction Bill became an Act of Parliament on the 27th April 2017. The Homelessness Reduction Act 2017 places legal duties on English councils so that everyone who is homeless or at risk of homelessness will have access to meaningful help, irrespective of their priority need

- On 2 November 2017 the Director of Public Health co-ordinated a Health and Housing Roundtable event, the objectives of which were to highlight and discuss:
 - (i) The diversity and complexity of health and housing issues such as the interactions between built environment characteristics and resident behaviours;
 - (ii) How these cross cutting themes involved multiple internal (to the Council) and external stakeholders; and
 - (iii) Gaps in provision and how to work better collaboratively.
- Two of the Cornwall Council's key priorities are:
 - (i) Healthy Cornwall; and
 - (ii) Homes for Cornwall.
- Cornwall Council has made a business case to the Ministry of Housing, Communities and Local Government for enhanced levels of devolved funding to increase the supply of new homes. The affordable housing providers named in this agreement are party to a (draft) Memorandum of Understanding to support Cornwall Council's ambitions in this regard.
- Cornwall's Health and Well Being Stakeholder Group aims to support the Health and Well Being Board and has the following key objectives:
 - (i) To improve the health and wellbeing of the people in Cornwall
 - (ii) Reduce health inequalities; and
 - (iii) Promote the integration of services.
- Shaping our Future' is Cornwall Council's and the Isles of Scilly's Sustainability and Transformation Plan, and incorporates the Health and Social Care Plan 2016-2021. The plan makes reference to the contribution housing can make to deliver its ambitions.

3.0 **Governance**

The governance arrangements will include:

- Collaborative Steering Group meetings consisting of:
 - Director of Public Health (Cornwall Council)

- Service Director – Housing Economic Growth and Development (Cornwall Council)
- Chief Executive – Coastline Housing Limited
- Managing Director – Cornwall Housing Limited
- Chief Executive – Cornwall Rural Housing Association Limited
- Chief Executive – Liverty
- Chief Executive – Ocean Housing Group Limited
- Chief Executive – Westward Housing Group Limited
- External Affairs Manager (South West) – National Housing Federation.

Please note that additional steering group members will be added as we secure more partners for this Memorandum of Understanding.

- The Group will develop and approve an agreed work plan and provide overall strategic guidance to ensure collaboration takes place and agreed objectives met. The Group will meet quarterly.
- Where necessary, Task and Finish Groups may be established to deliver specific aspects of the work programme, with terms of reference and resources to be agreed by the Steering Group.
- The Group will feed into and support the Cornwall and Isles of Scilly Strategic Housing Group and the Health and Well Being Board's Stakeholder Group.
- On at least an annual basis, the Steering Group will provide a report on collaborative working progress and achievements to the Health and Well Being Board.

4.0 **How We Will Work Together**

- We recognise that by working together, we can accomplish more. We will explore opportunities to align priorities, develop a shared language and common approach in order to achieve common outcomes.
- We will identify common problems and develop joint solutions from the wider perspectives of Public Health, Health and Housing, with an emphasis on prevention and early intervention. We will look for ways in which we can work together to solve problems.

- We will aim to ensure that any improvements we identify can be implemented at scale across the partners and across Cornwall.
- We will look to work with other agencies to provide a broader partnership approach to improve our effectiveness and develop a holistic approach to tackling issues affecting our communities.
- We will draw upon best practice locally and nationally, and use an evidence based approach to ensure the best impact for Cornwall.
- We will support the Council in its external funding programme, making the case for health, social care and housing.
- We will use our collective strength to champion and promote the benefits of collaboration between the health, social care and housing sectors. We will ensure the public, service users and customers are heard and involved in collaborative work across health and housing.
- We will promote the adaptation of existing homes and the building of new accessible housing with support which is environmentally sustainable and resilient to changing needs and aspirations

5.0 **Early Work Themes and Priorities**

- At its first meeting, the Steering Group will develop and agree its shared objectives, outcomes and forward work programme. The work programme will be partly informed by the recommendations made by attendees at the Cornwall Health and Housing Roundtable, the Director of Public Health's Annual Report, and other relevant documents.
- A framework will be created to collate, report on and disseminate good practice between health, social care and housing, and to communicate the benefits of collaboration in Cornwall.
- Each housing provider will nominate a 'public health champion' who will be the key contacts for Public Health's nominated 'housing champions'. These nominated champions will collaborate in the identification and delivery of joint training (e.g. making every contact count), and in public health campaigns ensuring key messages are disseminated to the people that live in affordable housing.

6.0 **Future Ambition**

- The Steering Group will consider and plan for the evolution of the collaboration, including but not limited to developing a Shared Memorandum of Understanding with:
 - Service Director, Housing:
 - Service Director, Neighbourhoods and Public Protection:
 - Chief Operating Officer, Customer Support and Services:
 - Strategic Director, Adult Social Care and Health:
 - NHS Kernow (Clinical Commissioning Group)
 - Cornwall Partnership Foundation Trust
 - Royal Cornwall Hospital Trust
 - Kernow Health CIC
 - Healthwatch Cornwall
 - Adult Social Care – Cornwall Council
 - Childrens’ Social Care – Cornwall Council
 - Accountable Care Partnership.
 - Customer and Support Services – Cornwall Council
 - Planning and Sustainable Development – Cornwall Council
 - Neighbourhood and Public Protection – Cornwall Council

Please note that additional partners may be added as the Memorandum of Understanding progresses.

7.0 **About the Collaboration Partners**

- The affordable housing providers build, own and manage almost 30,000 homes in Cornwall.
- The National Housing Federation is the trade body for Registered Providers in England.
- The Residential Landlords Association is the trade body for Registered Landlords in England and Wales.
- The National Health Service delivers health and high quality care¹.
- The Director for Public Health is responsible for reporting upon and developing strategies for improving the health of the population in Cornwall.

Agreed by, and signed on behalf of the partners of this MoU:

¹ <https://www.england.nhs.uk/five-year-forward-view/next-steps-on-the-nhs-five-year-forward-view/executive-summary/>

Director of Public Health:

Chief Executive, Coastline Housing Limited:

Managing Director, Cornwall Housing Limited:

Chief Executive, Cornwall Rural Housing Association

Chief Executive, Liverty:

Chief Executive, Ocean Housing Group Limited:

Chief Executive, Westward Housing Limited:

External Affairs Manager (South West) National Housing Federation:

Appendix 2: Alignment with Corporate Objectives

1. In line with the Council's Strategy, this Policy provides support to some of the most vulnerable within our communities. The financial assistance set out in this Policy improves physical and mental wellbeing. Customer feedback is evidencing that the vast majority of service users agree that major adaptations reduce the risk of accidents in the home, reduce admissions to hospital, promote independence, reduce reliance on carers and social care and improves the quality of life of not only the disabled person but their spouses, carers and family.
2. The Housing Strategy sets out a clear vision to create a choice of housing that meets local need and provides safe good quality homes. Provision of advice and information on housing options, adapting existing homes, supporting with relocation, providing assistance to address serious hazards in the home and making best use of adapted stock is crucial if we are to meet this vision.
3. The Shaping our Future programme sets out some guiding principles for future planning of services which include: help navigating the system, increase awareness about where to go for information, encourage personal responsibility, encourage self-help and being braver & bolder in focusing our resources on prevention. The support provided by this Policy will deliver on these principles.
4. The Community Based Support & Housing Strategy is designed to offer more to people who want to stay living independently in their own homes for longer. Helping people to adapt their homes and ensuring housing reflects societal change by building new homes that are accessible are key objectives of this strategy. *"In most cases, it will be appropriate to better support people to live in their own homes for as long as possible. The new housing stock of the future must reflect this, and our existing stock must be adapted to it."*

Appendix 3: Guidance on Necessary, Appropriate, Reasonable & Practicable

1 Necessary & Appropriate

- 1.1 To be deemed necessary and appropriate the proposed adaptation must meet the current and long-term needs of the disabled customer taking into account all the functional implications of their disability/condition. The adaptation should enable the individual to gain further independence; careful consideration needs to be given to whether the customer will be able to use the adaptations.
- 1.2 When determining whether adaptations are appropriate the overall suitability of the accommodation for the disabled person's needs and likely suitability for a future disabled occupier should be taken into account. It is not always appropriate to undertake adaptation work, even where the customer is assessed as being at risk. For example, someone with severely restricted mobility living in an upper floor flat with no lift access and requiring a level entry shower would find it difficult to go out. Factors such as ease of access to the property, internal space standards and proximity to local amenities will be taken into consideration when determining whether adaptations are appropriate.
- 1.3 Decisions on what works are deemed to be necessary & appropriate for those customers who have a terminal illness will be based on individual circumstances. Where an applicant's prognosis implies that degeneration in the short term will occur then this should be taken into account when considering the relevant works. The OT or appropriately qualified person, in consultation with the disabled customer and their parent(s)/carer(s), may offer alternative solutions such as equipment, interim aids and/or additional care.

2 Reasonable & Practicable

- 2.1 In deciding whether works are reasonable officers will determine whether the dwelling is free from a category 1 hazard (for definition see Appendix 5), as determined by the application of the Housing Health & Safety Rating System (HHSRS). When considering whether works to common parts are reasonable the service will consider whether both the common parts and the dwelling are free from a category 1 hazard. If a category 1 hazard is present it may be considered unreasonable to adapt accommodation.

- 2.2 When determining whether adaptation works are practicable consideration will be given to a range of factors including: the type of construction, the design of the dwelling and /or property and geographical constraints.
- 2.3 Once officers have determined what works are necessary, appropriate, reasonable and practicable a schedule of the 'relevant works' will be produced.
- 2.4 The relevant works must meet all the needs identified within the occupational therapy assessment irrespective of who is funding the work. For example if an owner occupier agrees to fund part of the work the work must still be included as relevant work and identified as such on the schedule of relevant works. Where the Council is funding the work, final payment will not be authorised until all relevant works have been completed.

Appendix 4: Range of Financial Assistance

Type of assistance	Purpose	Eligible Works	Eligible Applicant	Assistance	Repayment	Certificates and Conditions
Mandatory Disabled Facilities Grant (DFG)	<p>To assist disabled persons* with the cost of adapting their home</p> <p>* A person registered or eligible to be registered as disabled under the Chronically Sick & Disabled Persons Act 1970</p>	<p>Works that fall within a purpose as set out under section 23 of the Housing, Grants, Construction & Regeneration Act 1996 and are determined by the Council to be necessary, appropriate, reasonable and practicable to meet the needs of a disabled person.</p> <p>Examples of the type of work that can be considered for assistance include-</p> <ul style="list-style-type: none"> • Facilitating access to the dwelling • Making a building or dwelling safe <p>dwelling safe</p> <ul style="list-style-type: none"> • Facilitating adequate access to bedroom, bathroom and kitchen facilities <p>bedroom,</p>	<p>All owner-occupiers, landlords, tenants or Licensees, occupiers of houseboats and caravans who are able to satisfy the criteria in Sections 19 to 22 of the HGC&R Act 1996</p> <p>Applicants must intend to continue to occupy the property for 5 years after the grant is awarded.(This is reduced to 2 years for the private rented sector)</p> <p>All applications must be accompanied by a certificate of future occupation either:</p> <ol style="list-style-type: none"> 1. An Owners certificate 2. A Tenants certificate or 3. An Occupiers certificate (in respect of 	<p>The Council will determine the estimated expense which is the sum of the cost of the eligible works and the costs of any properly incurred ancillary services & charges.</p> <p>The maximum amount of grant for an approved application is £30,000.</p> <p>The disabled person, spouse or partner will be subject to a test of resources known as a 'means test'. The means test will determine whether the grant should be reduced.</p> <p>Where the disabled person is a child or qualifying young person there is no means test.</p>	<p>The LA will place a Local Land Charge on approval of owner's interest applications which exceed £5,000. If the property is sold, assigned or transferred within 10 years repayment may be demanded. The demand will be for an amount in excess of £5,000 but no more than £10,000. In deciding whether to recover all or part of this amount the following factors will be taken into account:-</p> <p>(i) the extent to which the recipient of the grant would suffer financial hardship were he to be required to repay all or any of the grant;</p> <p>(ii) whether the disposal of the premises is to enable</p>	<p>The eligible works must be carried out within 12 months from date of approval of application.</p> <p>The eligible works must not have been begun before the application is approved. If works have commenced but are not completed the Council will vary the application so that eligible works do not include any that are completed.</p> <p>An application will not be approved if all the eligible works have been completed.</p> <p>Payment of grant is conditional upon the eligible works being executed to the satisfaction of the authority and upon receipt of an acceptable invoice.</p> <p>An acceptable invoice</p>

Type of assistance	Purpose	Eligible Works	Eligible Applicant	Assistance	Repayment	Certificates and Conditions
		<p>bathroom and/</p> <p>or kitchen facilities</p> <ul style="list-style-type: none"> • Improving or providing heating installations • Facilitating and enabling a disabled person to care for dependent residents <p>a disabled person to care</p> <p>for dependant residents</p> <ul style="list-style-type: none"> • Facilitating access to the garden <p>garden</p> <p>Eligible work includes:</p> <ul style="list-style-type: none"> • Adaptations to meet the needs of those with dementia • Extended warranties/insurance for servicing of lifts 	<p>qualifying caravans or houseboats).</p> <p>For a tenant's application, the landlord must certify that he/she intends to let the dwelling to the disabled person for 5 years for social rented and 2 years for private rented and must give their consent before works can be carried out.</p>	<p>*Qualifying young person is a person aged 16 – 19 in ordinary, non-advanced fulltime education or approved unwaged training.</p>	<p>the recipient of the grant to take up employment, or to change the location of his employment;</p> <p>(iii) whether the disposal is made for reasons connected with the physical or mental health or well-being of the recipient of the grant or of a disabled occupant of the premises; and</p> <p>(iv) whether the disposal is made to enable the recipient of the grant to live with, or near, any person who is disabled or infirm and in need of care, which the recipient of the grant is intending to provide, or who is intending to provide care of which the recipient of the grant is in need by reason of disability or infirmity.</p>	<p>must satisfy the authority and is not given by the applicant or a member of his family.</p> <p>Stairlifts, ramping and closomat (wash/dry toilet), may be recovered by the Council when no longer required.</p>

Type of assistance	Purpose	Eligible Works	Eligible Applicant	Assistance	Repayment	Certificates and Conditions
		<ul style="list-style-type: none"> • Necessary repairs to enable the adaptations to progress • Ancillary costs such as structural engineers report • Furniture storage where necessary to enable adaptations to progress • Adapting void stock on the Homechoice register 				
Accessible Homes Assistance	<p>Discretionary items of work which fall outside of mandatory DFG or to provide a cost-effective alternative to mandatory DFGs.</p> <p>To support those with learning disabilities and</p>	<p>Includes, but is not restricted to, the following works:</p> <p>Storage solutions and/or provision of workspace where works are deemed necessary & appropriate by an OT/Assessor</p> <p>To help fund work on RP properties where mandatory</p>	<p>Disabled residents who meet the eligibility criteria under the Housing Grants Construction & Regeneration Act 1996. The work to be prescribed by a competent assessor/social worker.</p>	<p>The Council will determine the estimated expense which is the sum of the cost of the eligible works and the costs of any properly incurred ancillary services & charges.</p> <p>Maximum grant of £30K apart from emergency works which have a maximum of £7K.</p>	<p>A Local Land Charge will be registered against the property for ten years and the grant may be repayable on disposal of the property. The first £2,000 is exempt from repayment.</p> <p>No further applications will be</p>	<p>The eligible works must not have been begun before the application is approved. If works have commenced but are not completed the Council will vary the application so that eligible works do not include any that are completed.</p> <p>An application will not be approved if all the eligible works have been completed.</p>

Type of assistance	Purpose	Eligible Works	Eligible Applicant	Assistance	Repayment	Certificates and Conditions
	those living with dementia	<p>work exceeds the £30K grant maximum</p> <p>Reinstatement works for private landlords</p> <p>Adaptations to a child's secondary residence</p> <p>Wheelchair risers</p> <p>Emergency Adaptations/repairs to facilitate discharge, terminal illness</p> <p>Adaptations for dementia can include ramps, door widening for wheelchairs, installing specially designed shower and toilet facilities, or changing the design of the home to make it more dementia friendly such as safety</p>	There is no requirement to provide a certificate of future occupation	<p>Grant is subject to a Means Test with exception of stairlifts and emergency works.</p> <p>This assistance is discretionary and as such the council has a right to refuse funding and to determine the maximum amount of funding per application.</p>	accepted within a 5 year period of the previous grant completion.	<p>Payment of grant is conditional upon the eligible works being executed to the satisfaction of the authority and upon receipt of an acceptable invoice. An acceptable invoice must satisfy the authority and is not given by the applicant or a member of his family.</p> <p>Specialised equipment, stair lifts and ramping may be recovered by the Council when no longer required.</p> <p>Tenants will need the permission of their landlord</p>

Type of assistance	Purpose	Eligible Works	Eligible Applicant	Assistance	Repayment	Certificates and Conditions
		<p>flooring and extra lighting.</p> <p>Adapts that remove or minimise barriers to independence, retain (or restore) dignity and meet wellbeing needs of those adults and children with learning disabilities. Example of work includes additional facilities such as kitchen and/or bathroom to enable transition to independent living.</p>				
Relocation Support Grant	To: Provide a cost-effective alternative to mandatory DFGs by assisting a move to a more suitable property and in order to match accessible accommodation and adapted stock to those in need	<p>Eligible works for owner occupiers & tenants:</p> <ul style="list-style-type: none"> • Legal costs, • Estate agents costs, • Furniture removal costs • Vinyl flooring to essential rooms for wheelchair users. • Council Tax 	<p>All owner-occupiers, landlords, tenants or Licensees, and some occupiers of houseboats and caravans who are able to satisfy the criteria in Sections 19 of the HGC&R Act 1996</p> <p>There is no requirement to provide a certificate of future occupation</p>	<p>The Council will determine the estimated expense for any properly incurred services & charges. No approved application will exceed £10K</p> <p>This assistance is discretionary and as such the council has a right to refuse funding and to determine the maximum amount of</p>	Repayment is not required.	<p>The fees and charges must not have been incurred before the application is approved.</p> <p>An application will not be approved if all the eligible works have been completed prior to approval.</p> <p>Payment of grant is conditional upon the eligible works being executed to the</p>

Type of assistance	Purpose	Eligible Works	Eligible Applicant	Assistance	Repayment	Certificates and Conditions
	<p>The council must be satisfied that the new home is more suitable for the needs of the disabled occupant or that it is more reasonable and practicable to adapt.</p> <p>Where the new home also requires adaptation, the combined cost of the Relocation Support Grant and any DFG to adapt the new home must not exceed the theoretical cost of adapting the existing home (Average works cost figures will be used to calculate).</p>	<ul style="list-style-type: none"> • Storage of furniture • Costs associated with transport to attend property viewings such as accessible taxi • Costs associated with the OTs Assessment & Statement of need advising how the new home meets the needs of the applicant or if needs aren't met what adaptations would be required to meet needs. • Void costs; funding to both social and private landlords to cover loss in rent where a home is being kept void waiting for adaptations to be undertaken prior to relocation of the tenant. Eligible works for owner occupiers: 	There is no means test	<p>funding per application.</p> <ul style="list-style-type: none"> • Funding is not available to fund rent in advance and/or deposits; the client will be supported to access charitable funding, loan schemes or Discretionary Housing Payments (DHPs) to help meet these costs. No cap will be adopted but officers will ensure adaptation work is expedited to minimise the void costs. 		<p>satisfaction of the authority and upon receipt of an acceptable invoice. An acceptable invoice must satisfy the authority and is not given by the applicant or a member of his family.</p>

Type of assistance	Purpose	Eligible Works	Eligible Applicant	Assistance	Repayment	Certificates and Conditions
	To fund the cost of temporary accommodation where a service user is having large adaptations or needs to move out on a temporary basis and it is more effective than funding void on any new property/client unable to remain for health reasons to enable work to progress	<ul style="list-style-type: none"> • Estate Agents fees, • Legal and stamp duty fees, • Furniture removal costs, • Disconnection/reconnection of utilities. <p>In the case of a move to a social rented property eligible works also include:</p> <ul style="list-style-type: none"> • Void rental; payment of rent to the Registered Provider to cover void periods of up to 15weeks where necessary adaptations need to be completed prior to occupation or to enable a suitable tenant to be secured. • Clearance/disposal or furniture where client is unable to remove themselves and 				

Type of assistance	Purpose	Eligible Works	Eligible Applicant	Assistance	Repayment	Certificates and Conditions
		<p>would incur charge which cannot be self-funded</p> <ul style="list-style-type: none"> Private surveyor fees if CHS surveyor cannot respond within given timescales 				
CHS Interest free loan or low interest loan from a partner organisation	To assist in meeting any shortfall between the amount of grant and the cost of work. For example if the cost of work exceeds the maximum grant of £30,000	<p>Works that fall within a purpose as set out under section 23 of the Housing Grants, Construction & Regeneration Act 1996 and are determined by the Council to be necessary, appropriate, reasonable and practicable to meet the needs of a disabled person.</p> <p>Examples of the type of work that can be considered for assistance include:</p> <ul style="list-style-type: none"> Facilitating access to the dwelling Making a building or dwelling safe <p>dwelling safe</p>	<p>Homeowners or tenants in privately rented accommodation.</p> <p>A Council loan will only be available in cases of hardship and where evidence is provided that the applicant is unable to secure a commercial loan.</p>	<p>The Council will determine the estimated expense which is the sum of the cost of the eligible works and the costs of any properly incurred ancillary services & charges.</p> <p>The maximum amount of an approved application is £30,000.</p>	<p>Loans will be secured by way of a Legal Charge on the property and there will need to be sufficient equity in the property to enable the Council to recover the loan</p> <p>Loans will be repaid in full either: - upon sale or transfer of the property or via regular payments in accordance with an agreed payment plan.</p> <p>In deciding whether to recover all or part of this amount the following factors will be taken into account:- (i) the extent to which the recipient of the</p>	The eligible works must be carried out within 12 months from date of approval of application.

Type of assistance	Purpose	Eligible Works	Eligible Applicant	Assistance	Repayment	Certificates and Conditions
		<ul style="list-style-type: none"> • Facilitating adequate access to bedroom, bathroom and kitchen facilities bedroom, bathroom and/ or kitchen facilities • Improving or providing heating installations • Facilitating and enabling a disabled person to care for dependent residents a disabled person to care for dependant residents • Facilitating access to the garden 			<p>grant would suffer financial hardship were he to be required to repay all or any of the grant;</p> <p>(ii) whether the disposal of the premises is to enable the recipient of the grant to take up employment, or to change the location of his employment;</p> <p>(iii) whether the disposal is made for reasons connected with the physical or mental health or well-being of the recipient of the grant or of a disabled occupant of the premises; and</p> <p>(iv) whether the disposal is made to enable the recipient of the grant to live with, or near, any person who is disabled or infirm and in need of care, which the recipient of the grant is intending to</p>	

Type of assistance	Purpose	Eligible Works	Eligible Applicant	Assistance	Repayment	Certificates and Conditions
					provide, or who is intending to provide care of which the recipient of the grant is in need by reason of disability or infirmity.	
Gas Safe Charity/ Hardship funding	To reduce the causes of gas poisoning, fires and explosions and to identify problems where they occur by delivering practical assistance to vulnerable gas consumers in Cornwall.	Repairs / Servicing / Testing: Gas Safety Check, Gas Servicing, Gas Cooker, Gas Fire, Gas Boiler, Gas Meter, Gas Pipework, Flue, Gas Boiler Combustion Analysis, Gas Water Heater. Replacements: Gas Boiler, Gas Cooker, Gas Fire, Gas Pipework, Gas Water Heater Flue	All clients must live in privately owned accommodation and be one of the following: *60 years old or over and have low household income and or a disability *Under 60 and have a low household income and or a disability, or *Considered exceptionally vulnerable by the HIA (you will need to provide a brief explanation)	Grants up to a maximum value of £500 per intervention, and only one intervention per household, per year.	Not applicable	
Home Safety Grant	To fund works for “vulnerable” owner occupiers including Park Homeowners to remove or reduce hazards in the home.	Hazards identified by an officer of CHS. Works can include provision of affordable heating & home insulation; removing trip hazards; provision of smoke/heat detectors & sprinklers.	Homeowner with an occupant over the age of 60 or one who is disabled or one who has a limiting long-term illness. The applicant will be subject to a test of resources known as a	Grants up to a maximum value of £10,000 per intervention, and only one intervention per household, per year.	Where possible a Local Land Charge will be registered against the property for ten years and the grant may be repayable on disposal of the property.	The eligible works must be carried out within 12 months from date of approval of application. The eligible works must not have been begun before the application is approved. If works have commenced but are not

Type of assistance	Purpose	Eligible Works	Eligible Applicant	Assistance	Repayment	Certificates and Conditions
			<p>'means test'. The means test will determine whether the grant should be reduced.</p>			<p>completed the Council will vary the application so that eligible works do not include any that are completed.</p> <p>An application will not be approved if all the eligible works have been completed.</p> <p>Payment of grant is conditional upon the eligible works being executed to the satisfaction of the authority and upon receipt of an acceptable invoice. An acceptable invoice must satisfy the authority and is not given by the applicant or a member of his family.</p>

Appendix 5: Levels of Intervention

Royal College of Occupational Therapists: Adaptations without delay: UNIVERSAL level of intervention

NATURE OF COMPLEXITY	WORKFORCE SKILLS	OPERATIONAL CONSIDERATIONS
<p>Health condition is:</p> <ul style="list-style-type: none"> • Predictable. • Stable. • No recent deterioration in health or wellbeing. <p>The need is related to:</p> <ul style="list-style-type: none"> • Reducing or preventing risk. • Enabling a person to maintain performance of basic activities of daily living. • Person and/or family can communicate and make decisions about their needs and the solution. <p>Complexity of the anticipated adaptations</p> <ul style="list-style-type: none"> • Person and/or family can communicate and make decisions about type of solution required. • The adaptation(s) being installed is an off-the-shelf solution and does not need specialising to meet the person's need. • It is anticipated the solution will be simple and intuitive to use and will not require any specialist training or support to use. • Person will require no or only minimal support to use the adaptation(s). 	<p>Staff with:</p> <ul style="list-style-type: none"> • Knowledge and understanding of how health conditions and the ageing/developmental processes impact on the performance of simple everyday activities. • Knowledge and understanding of how to arrange the installation of a range of off-the-shelf adaptations that reduce / prevent risk or enable a person to perform basic activities of daily living. • Ability to signpost appropriately to local services including retail and handyman services that can assist with installation of simple off-the-shelf adaptations. • An understanding of the circumstances when a person requires targeted or specialist input, including when it is appropriate to consult an occupational therapist. 	<p>Accessing service</p> <ul style="list-style-type: none"> • First contact triage tool to identify if it is a targeted case. <p>Delivery of service</p> <ul style="list-style-type: none"> • Agreed policies, procedures and system for the delivery of adaptations provided without an occupational therapy assessment. • Agreed criteria for when to refer to targeted or specialist services or when to consult with an occupational therapist. • Agreed training and competency levels for non-occupational therapy staff who will facilitate process. • Agreed best practice guidance on the installation of off-the-shelf products. • Simple and transparent processes for procurement and installation of adaptations. • Partnership agreements between social care, health and housing agencies, housing associations, home improvement agencies and care and repair involved in the delivery of adaptations. • Effective review processes following installation of the adaptation.

Royal College of Occupational Therapists: Adaptations without delay TARGETED level of intervention

NATURE OF COMPLEXITY	WORKFORCE SKILLS	OPERATIONAL CONSIDERATIONS
<p>Health condition is:</p> <ul style="list-style-type: none"> • Predictable. • Stable. • No recent deterioration in health or wellbeing. <p>The need is related to:</p> <ul style="list-style-type: none"> • Reducing or prevent risk. • Enabling a person to maintain performance of basic activities of daily living. • Person and/or family can communicate and make decisions about their needs. • A visit is required to identify solution. <p>Complexity of the anticipated adaptations</p> <ul style="list-style-type: none"> • Person and/or family can communicate and make decisions about their needs. • The adaptation(s) being installed is simple and readily available, and if a structural solution (e.g. bathroom adaptation) it does not need specialising to meet the person's need. • It is anticipated the solution will be simple and intuitive to use and will not require any specialist training or support to use. • Person will require no or only minimal support to use the 	<p>Staff with:</p> <ul style="list-style-type: none"> • Ability to take a person-centred approach to identifying priorities, needs and preferences. • Knowledge and understanding of how health conditions and the ageing/developmental processes impact on the performance of simple everyday activities. • Knowledge and understanding of how to identify hazards and barriers to independence within the home environment. • Knowledge and understanding of how to identify and recommend a range of off-the-shelf and standard structural adaptations (e.g. stairlifts/shower adaptations) that reduce/prevent risk or enable a person to perform basic activities of daily living. • Ability to select and use appropriate documentation to procure adaptations appropriate to identified needs. • An understanding of when the complexity of the situation requires specialist input and when it is appropriate to consult an occupational therapist. 	<p>Accessing service</p> <ul style="list-style-type: none"> • First contact triage tool to identify if it is a targeted case. <p>Delivery of service</p> <ul style="list-style-type: none"> • Agreed criteria for delegation. • Agreed policies, procedures and system for the assessment and delivery of adaptations provided without an occupational therapy assessment. • Agreed criteria for when to refer to specialist services or when to consult with an occupational therapist. • Agreed training and competency levels for non-occupational therapy staff who will conduct home visits. • Tools to support effective communication. • Agreed design standards and installation best practice for standard structural adaptations. • Agreed best practice guidance on the installation of off-the-shelf products. • Partnership agreements between social care, health and housing agencies, housing associations, home improvement agencies and care and repair involved in the delivery of adaptations. • Simple and transparent processes for procurement. • Effective review processes following installation of the adaptation.

Royal College of Occupational Therapists: Adaptations without delay SPECIALIST level of intervention

NATURE OF COMPIExITY	WORKFORCE SKILLS	OPERATIONAL CONSIDERATIONS
<p>Health condition is:</p> <ul style="list-style-type: none"> • Unpredictable. • Changeable/fluctuating. • Including cognitive impairment. • Combined with physical/sensory/ cognitive impairments. • Associated with being neuro-divergent. <p>Need is related to:</p> <ul style="list-style-type: none"> • Changing needs over time (child to adult). • Reducing or preventing risk. • A sudden change in health, independence and/or safety impacting on the identify and roles of the person and/or carer. • Safeguarding issues identified. • Advocacy needs during the assessment process. • Advocacy needs to make decisions about design of adaptation. • Carers using adaptations as part of care package. <p>Complexity of the anticipated adaptations</p> <ul style="list-style-type: none"> • Several areas of home need adaptation. • The adaptation will need to accommodate the use of specialist equipment. • Installing adaptations could impact significantly on other members of the household. • Solution is non-structural or a specialised structural solution and requires both occupational therapy and technical involvement. 	<p>Staff with:</p> <ul style="list-style-type: none"> • Ability to take a person-centred approach to identifying priorities, needs and preferences. • Knowledge and understanding of how health conditions and the ageing/ developmental processes impact on the performance of simple everyday activities. • Knowledge and understanding of how to identify and recommend a range of off-the-shelf and standard structural adaptations (e.g. stairlifts/shower adaptations) that reduce /prevent risk or enable a person to perform basic activities of daily living. • Knowledge and understanding of how to select a range of interventions, including reablement, activity adaptation, energy conservation, moving and handling, advice and support for families and carers. • Ability to effectively communicate the details of bespoke adaptations and liaise with technical officers to find the best solutions appropriate to needs. • Knowledge and understanding of when an occupational therapy specialist assessment is not needed and it is appropriate to delegate assessment to targeted or universal expert. 	<p>Accessing service</p> <ul style="list-style-type: none"> • Effective triaging tool to identify complexity of situation. • Consider access to short-term solutions (i.e. equipment) while longer-term solutions are considered. <p>Delivery of service</p> <ul style="list-style-type: none"> • Person-centred process bringing together the assessment, design, procurement and installation of complex specialised structural solutions. • Integrated teams and/or joint working arrangements between occupational therapy and housing technical expertise. • Clear delegation of roles in relation to the adaptation process and who considers design requirements, writes technical specifications, designs technical solutions and supports procurement of the adaptation. • Effective and efficient procurement processes. • Effective review processes following installation of the adaptation.

Appendix 6: Purposes for Which Mandatory DFG is available

Please note the term dwelling also includes reference to a qualifying houseboat or qualifying park home.

Purposes, for which a mandatory disabled facilities grant must be given, include works to remove or help overcome any obstacles which prevent the disabled person from moving freely into and around the dwelling and enjoying the use of the dwelling and the facilities or amenities within it. In particular they include the following (guidance in italics):

(a) Facilitating access by the disabled occupant to and from the dwelling or the building in which the dwelling or, as the case may be, the flat is situated;

Guidance – This includes works which are intended to remove or help overcome obstacles to the disabled person moving freely to and from the dwelling or the building. Examples include: widening of the main entrance doorway, automatic door opening, door entry systems, drop kerb within curtilage of the property, hard standings that are within the curtilage of the property, ramps, level access threshold, and external stairlifts. Ramping access for non-prescribed wheelchairs or scooters will generally not be eligible.

(b) Making the dwelling or the building safe for the disabled occupant and other persons residing there;

Guidance – Works include adaptations to minimise or eliminate the risk of danger posed by a disabled person's behavioral problems as well as (for example) the installation of enhanced alarm systems for persons with hearing difficulties. Any grant must reduce any identified risk as far as is reasonably practicable, if it is not possible to entirely eliminate the risk. Examples include enhanced alarm system for means of escape from fire, specialised lighting, toughened or shatterproof glass, guards around fires or radiators, reinforcement or cladding of walls, floors & ceilings.

(c) Facilitating access by the disabled occupant to a room used or usable as the principal family room;

Guidance – This includes works which are intended to remove or help overcome obstacles to the disabled person accessing the principal family room. Examples include: widening of doorways, door entry systems, alterations to facilitate wheelchair access, stair lifts, vertical lifts

(d) Facilitating access by the disabled occupant to, or providing for the disabled occupant, a room used or usable for sleeping;

Guidance – This includes works which are intended to remove or help overcome obstacles to the disabled person accessing a room for sleeping. Examples include: widening of doorways, door entry systems, alterations to facilitate wheelchair access, stair lifts, vertical lifts,

adaptation/conversion of a living/dining room to a bedroom, division of a large living space into two rooms. As a general guide, provision of a new room by means of an extension should only be considered if conversion or adaptation of an existing room is not possible.

- (e) Facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a lavatory, or facilitating the use by the disabled occupant of such a facility;**

Guidance - *This includes works which are intended to remove or help overcome obstacles to the disabled person accessing a room in which there is a lavatory or providing a room in which there is a lavatory or help overcoming obstacles preventing the use of such a facility. Examples include works to help a disabled person manage personal hygiene without assistance such as: alterations to an existing room in which there is a lavatory to facilitate wheelchair access, conversion of living space to provide a room with a lavatory, provision of an extension to accommodate a room with a lavatory, provision of specialist WCs. As a general guide, provision of a new room by means of an extension should only be considered if conversion or adaptation of an existing room is not possible.*

- (f) Facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a bath or shower (or both), or facilitating the use by the disabled occupant of such a facility;**

Guidance - *This includes works which are intended to remove or help overcome obstacles to the disabled person accessing a room in which there is a bath or shower or providing a room in which there is a bath or shower or help overcoming obstacles preventing the use of such a facility. Examples include works to help disabled person manage personal hygiene without assistance such as: level access shower, conversion of living space to provide a bathroom or shower room, provision of an extension to accommodate a bathroom or shower room, works to facilitate wheelchair access. As a general guide, provision of a new room by means of an extension should only be considered if conversion or adaptation of an existing room is not possible.*

- (g) Facilitating access by the disabled occupant to, or providing for the disabled occupant, a room in which there is a washhand basin, or facilitating the use by the disabled occupant of such a facility;**

Guidance - *This includes works which are intended to remove or help overcome obstacles to the disabled person accessing a room in which there is a washhand basin or providing a room in which there is a washhand basin or help overcoming obstacles preventing the use of such a facility. Examples include works to help disabled person manage personal hygiene without assistance such as: alterations to an existing room in which there is a wash hand basin to facilitate wheelchair access, conversion of living space to provide a room with a wash hand basin, provision of an extension to accommodate a room with a wash hand basin, provision of specialist wash hand basin. As a general guide, provision of a new room by means of an extension should only be considered if conversion or adaptation of an existing room is not possible.*

(h) Facilitating the preparation and cooking of food by the disabled occupant;

Guidance – works to enable a disabled person to cater independently, examples of work include: rearrangement or enlargement of a kitchen for wheelchair access, specially modified or designed storage units, alterations to a kitchen sink such as its height or position, provision of a specialist sink, safe accessible cooker point, provision of worktops at a height suitable for the disabled person, alterations to light switches and power points. Where most of the cooking and preparation of meals is done by another household member, it would not normally be appropriate to carry out full adaptations to the kitchen. However, it might be appropriate that certain adaptations be carried out to enable the disabled person to perform certain functions in the kitchen, such as preparing light meals or hot drinks. In certain cases consideration should be given to the provision of a wheelchair with a riser which may be preferable to adapting the kitchen.

(i) Improving any heating system to meet the needs of the disabled occupant. If there is no existing heating system or an existing system is unsuitable for use by the disabled occupant, providing a heating system suitable to meet the disabled person's needs;

Guidance – Improvements to heating should only be considered where it is required to meet a particular medical need arising from the disability. For example changing the means of control or providing a different type of heating to accommodate a particular medical condition. Improvements to heating that are not required for a medical reason or the provision of heating to rooms that are not used by the disabled person will not be considered 'relevant work'. Repairs to existing heating systems will not be considered as adaptations. Where older and/or disabled people are finding it difficult managing with solid fuel heating, provision of replacement heating should be considered as part of the Decent Homes programme and not via an adaptation.

(j) Facilitating the use by the disabled occupant of a source of power, light or heat by altering the position of one or more means of access to or control of that source or by providing additional means of control;

Guidance - Works also include to enable a disabled person to have full use of heating, lighting and power controls in the dwelling e.g. the relocation of power points to make them more accessible, the provision of suitably adapted controls where a disabled person has difficulty in using normal types of controls and the installation of additional controls.

(k) Facilitating access and movement by the disabled occupant around the dwelling in order to enable the disabled person to care for a person who is normally resident and is in need of such care;

Guidance - This may include spouse, partner or family member, another disabled person or a child. Importantly the dependent being cared for need not be disabled. Such works could include adaptations to a part of the dwelling to which the disabled person would not

normally need access but which is used by a person to whom they are providing care and therefore it is reasonable for such works to be carried out.

- (l) Facilitating access to and from a garden by a disabled occupant or making access to a garden safe for a disabled occupant. Garden includes a yard, outhouse, and other appurtenance within the boundaries of the land and includes land adjacent to the mooring of a disabled persons qualifying houseboat;**

Guidance – *Examples include adaptations or improvements to existing access to make safe and works to enable wheelchair maneuverability.*

Appendix 7: Enhanced Schemes

Enhanced Schemes

1. The council understands that sometimes a service user may wish to have a scheme designed which goes over and above the approved eligible scheme (i.e. the scheme recommended by the adaptations surveyor and occupational therapist). The council will allow this however to ensure council Surveyors prioritise their time on mandatory schemes the following procedure has been adopted:
 - a. The council (CHS/CHL) will advise the applicant of the indicative amount of allocation (either grant or council funding for Cornwall Council tenants) they may receive for the eligible scheme; this is based on standard prices for similar schemes the council has approved in the past.
 - b. The applicant will need to appoint their own architect to design the full scheme including the eligible elements. The council will allow an amount for payment of the architect. This amount will be 8% of the eligible schemes value if it is for the design and supervision of the works.
 - c. The design must incorporate all of the Occupational Therapists specification, and any additional works proposed must not impinge on these specifications.
 - d. CHS/CHL will secure confirmation from the OT that the scheme meets the needs of the applicant and the proposed scheme will then be submitted for planning and building control approval by CHS/CHL. The architect will be required to provide a detailed specification for pricing purposes.
 - e. The client's architect/surveyor should send the drawing and specification to a minimum of three contractors for pricing. For work valued at £25K or above they will undertake a Formal Tender and advertise on Council's E Tendering System & Contracts Finder
 - f. Once the appropriate planning and building control approvals and priced specifications are received by CHS/CHL, they will be subject to the necessary checks and the grant/HRA will be calculated taking into account any assessed contribution and approval notification issued.
 - g. Once the approval is received by the applicant works may commence on site.
 - h. As we are awarding grants of public money, the council needs to ensure that the contractors/professionals employed are registered with HMRC. As such we will need to see evidence of either VAT registration or CIS registration and/or their unique tax reference number (UTR). You should therefore ensure that you have evidence of this before you authorise the architect to undertake the works as without this, the authority will not consider releasing any monies'.
 - i. The council would expect to be in receipt of a valid application within 6 months of the original grant surveyor's visit. If not received by that deadline and no valid reason is provided the application will be cancelled and a new application will need to be made by the client.

2. All applications for enhanced schemes will need to be approved by the Area Manager and the decision will be based on the needs of the applicant and ongoing costs to the council, NHS, and other public bodies.
3. Works will be monitored by CHS/CHL and the architect will be responsible for providing weekly clerk of work site inspections & reports.
4. Where the cost of the enhanced scheme is greater than the cost of the eligible work the applicant will fund the difference. CHS/CHL will grant fund only eligible work and these works will be made clear on the schedule. Where higher specification material is included within the scheme CHS will advise the client of the cost to be funded from the grant based on standard prices for materials.
5. CHS/CHL will undertake a final inspection to ensure works are completed to both the customers and the Council's satisfaction and secure OT confirmation that work meets need of the applicant.

Appendix 8: Adaptations Panel Terms of Reference

Name of Group: Adaptations Panel

Purpose/role of the group:-

To ensure an equitable and transparent approach to decision making, value for money and the appropriateness of proposed adaptations the council has established an Adaptations Panel.

Membership

- Chair, CHS representative from management team
- Service Manager ASC
- Community Independence Team Team Lead OT x 1
- Home Solutions Area Manager for case being discussed
- Development/Supervision Lead – Paediatric Therapy Housing Solutions Manager (as required)

Co-opted for advice and information (non-voting members)

- Case OT
- Case Keyworker
- Case Housing Solutions Officer
- Case Surveyor

The PA to the Head of Service (CHS) will notify relevant officers, arrange a venue date and time and bring together all case notes and distribute those 3 days before the meeting complying with data protection guidelines at all times.

The Chair can co-opt additional members as necessary.

A Panel will be held each fortnight.

Areas of consideration for convening panel:

- Work costing over £30K such as extension, conversion;
- Work that is not for a purpose within section 23 (1) Housing Grants, Construction & Regeneration Act 1996;
- Loan applications of £20K and above
- Customer wishes the ARP to consider a case (this may be where an Area Manager does not approve a scheme or believes the property is unsuitable to be adapted).

Documents to be provided

- OT SON/DFG Recommendation
- Additional supporting information including diagnosis if relevant

- Where an extension or conversion is being proposed for example to provide additional facilities, a floor plan of existing and proposed must be provided. The plan can be a rough sketch but must be of the whole property and must give an indication of room size.
- Photos (optional)
- Paperwork to present an option appraisal with clear rationale as to why options have been rejected
- Where extension or conversion proposed – clear rationale for dismissing relocation
- Extension or conversion to be signed off by Surveyor before submission to Panel

Accountability

- Following Panel, action notes will be communicated to those involved with their actions highlighted
- Relevant decision points to be recorded on MOSAIC and HIACM
- The OT assigned to the case will confirm in writing the outcome of the panel meeting to the client.
- Records of DFG panel to be available to service user
- Reports of numbers of panel cases, outcomes and decisions to be reported quarterly to Heads of Services(CHS, Adults & Childrens)

Review

- Terms of reference will be reviewed 6 months from establishment of DFG Panel

Appendix 9: Service Standards

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

Appendix 10: Customer Satisfaction Questionnaire

Service Questionnaire

Your Adaptation: How did we do?

1. How would you rate your overall satisfaction?

Excellent

Very good

Average

Poor

Very Poor

2. How would you describe the overall attitude of the staff?

Excellent

Very good

Average

Poor

Very Poor

3. How satisfied were you with the support, advice and guidance you were given by staff?

Excellent

Very good

Average

Poor

Very Poor

4. Did the service meet your expectations?

Yes

No

5. Were you kept informed through the process?

Yes

No

6. Do you feel you were listened to and your opinion was taken into account?

Yes

No

7. As a result of the work being completed (please tick statements you agree with):

My quality of life has improved

I am more able to take care of my physical and/or mental health

I am at less risk of a fall or accident in my home

- I feel safer in my home
- I am less reliant on carers and/or social care
- I am less reliant on health care services
- I am less likely to be admitted to hospital
- It helped me be discharged from hospital sooner
- I feel more independent in my own home and better able to manage
- I am less likely to have to go into long term care

8. Do you have any comments you wish to add?

Please use the box below to let us know if we did anything especially well, or if there is anything you think we could do better next time (please do not include any information with which we may be able to identify you or anyone else within your household):

9. Would you be happy for us to contact you to discuss any of your answers?

If so, please contact us on 01872 224707

- Yes No
-

10. Help us improve our service

Our Service User Group meets two or three times a year to discuss our services. Expenses are paid for transport and refreshments provided. If you would like to help us improve our services by taking part in these meetings please contact us on 01872 224707 for further details and to register your interest.

Thank you for taking the time to complete this survey

Appendix 11: Comprehensive Impact Assessment

Comprehensive Impact Assessment

July 2019

Equality Impact Assessment

Safeguarding Assessment

Information Management Assessment

Community Safety Assessment

Health, Safety and Wellbeing

Comprehensive Impact Assessment Template

Assessment being undertaken		Adaptations & Relocation Policy
Directorate:		EGD
Service:		Cornwall Home Solutions within Housing Service
Name of Officer/s completing assessment:		Karen Sawyer
Date of Assessment:		
1.	Why are you doing this CIA? – A brief explanation of the reason. Is it for: new/change in policy, procedures, strategy, function, service. (Please refer to the guidance for the definitions)	Change to Policy Introducing new approach to assessments Increasing the preventative work to address outcomes under the Better Care Fund Widening scope of financial assistance One Policy covering all tenures delivering equitable services
2.	What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?	The Housing Solutions Policy aims to promote wellbeing, independence and social inclusion by supporting suitability of living accommodation for people over 55 and people of all ages with disabilities.
3.	Who implements or delivers the above? State if this is undertaken by more than one team, service, and department including any external partners.	The policy is delivered by Cornwall Home Solutions, Cornwall Housing Limited and the Therapy teams in HSC. Partners include Registered Providers (RPs) in Cornwall, Tremorvah, Contractors, manufacturers & installers of adaptations and equipment, Volunteers, Foundations,
4.	Equality and Diversity - Who will be affected by this proposal? Is the proposal likely to result in positive or negative impacts/risks? If so what are they? What plans do you have in place, or are developing, that will mitigate the likely identified negative impacts/risks?	Who will be affected by this proposal? The Policy affects people over 55 and disabled people of all ages and will deliver a positive impact for service users What are the positive impacts/risks – if any? <ul style="list-style-type: none"> • Increase the number of accessible and wheelchair user homes within the housing stock.

		<ul style="list-style-type: none"> • Improved access to appropriate housing • More equitable service for tenants • Ability to address hazards such as excess cold and falls • Improved access to information and advice on housing adaptations, housing options and related financial services • Timely delivery of solution • Improved customer journey • Improved guidance and advice for professionals delivering frontline services • Promotes good practice • Delivers on new statutory requirements under the care Act 2014 • Delivers outcomes under the Better Care Fund (BCF) <p>What are the negative impacts/risks – if any? Increased spend on DFG budget, however the spend will remain value for money and will deliver savings in the long term by providing sustainable solutions</p> <p>CC tenants aren't currently subject to a Means Test and don't contribute towards the cost of an adaptation. Introducing means test across all tenures will deliver an equitable service.</p>
5.	<p>Safeguarding - Who will be affected by this proposal? Is the proposal likely to result in positive or negative impacts/risks? If so what are they? What plans do you have in place, or are developing, that will mitigate the likely identified negative impacts/risks?</p>	<p>Who will be affected by this proposal? The Policy affects people over 55 and disabled people of all ages</p> <ul style="list-style-type: none"> • What are the positive impacts/risks – if any? • Increase the number of accessible and wheelchair user homes within the housing stock. • Improved access to appropriate housing • Improved access to information and advice on housing adaptations, housing options and related financial services • Timely delivery of solution • Improve customer journey

		<ul style="list-style-type: none"> • Improved guidance and advice for professionals delivering frontline services • Promotes good practice • Delivers on new statutory requirements under the care Act 2014 • Delivers outcomes under the better care Fund (BCF) <p>What are the negative impacts/risks – if any? Increased spend on DFG budget, however the spend will remain value for money and will deliver savings in the long term by providing sustainable solutions</p> <p>CC tenants aren't currently subject to a Means Test and don't contribute towards the cost of an adaptation. Introducing means test across all tenures will deliver an equitable service.</p>
6.	<p>Information Management – What type of information will be required to deliver this proposal? Is the proposal likely to result in increased risks to the information? If so, what are they? What plans do you have in place, or are developing, that will mitigate the likely identified negative impacts/risks?</p>	<p>What type of information will be required to deliver this proposal? No change to current requirements</p> <p>Is the proposal likely to result in increased risks to the information, if so what are they? No</p> <p>What plans do you have in place, or are developing, that will mitigate the likely identified negative impacts/risks? N/A</p>
7.	<p>Community Safety/Crime and Disorder - Who will be affected by this proposal? Is the proposal likely to result in positive or negative impacts/risks? If so what are they? What plans do you have in place, or are developing, that will mitigate the likely identified negative impacts/risks?</p>	<p>Who will be affected by this proposal? The Policy affects people over 55 and disabled people of all ages</p> <p>What are the positive impacts/risks – if any?</p> <ul style="list-style-type: none"> • Previous recipients of adaptations and equipment have advised that they feel safer and more secure in their homes and are less likely to have an accident.

		<ul style="list-style-type: none"> • Improvements to remove hazards such as excess cold and falls makes homes safer and contributes to improved health and wellbeing <p>What are the negative impacts/risks – if any? None</p>
8.	<p>Health, Safety and Wellbeing - Who will be affected by this proposal? Is the proposal likely to result in positive or negative impacts/risks arising from: Individual lifestyles, social and community influences, living, working and economic conditions, access to or quality of services or any other direct or indirect effects on health, safety and well-being? If so what are they? What plans do you have in place, or are developing, that will mitigate the likely identified negative impacts/risks?</p>	<p>Who will be affected by this proposal?</p> <p>What are the positive impacts/risks – if any?</p> <ul style="list-style-type: none"> • Improving living accommodation contributes to improved health and wellbeing. Adaptations promote independence, dignity, social inclusion and enable older and disabled people to regain control over their day to day living • Improved heating and reducing risks associated with falls improves health and wellbeing and reduces the risk of accidents • Approach to assessment will enable timely adaptations <p>What are the negative impacts/risks – if any? Allocating funds to undertake home repairs and improvements reduces the budget available for adaptations. However this approach will deliver better outcomes for individuals and ensure their homes are not only appropriate to meet their disability but are also free from hazards preventing accidents and further deterioration in health</p>
9.	<p>Have the impacts identified in Questions 4 to 8 been assessed using up to date and reliable evidence and data? Please provide a link to the evidence/data or</p>	

<p>state what the evidence/data is. The data and research page on the intranet is a useful resource.</p> <p>Do you need to engage or consult with any representative group/s?</p> <p>Are our staff affected? Have the unions or staff forums been involved? If not do they need to be?</p>	<p>Studies^{2 3 4} in a range of disciplines confirm that the home environment is a quantifiable determinant of health, quality of life and well-being. The quality and suitability of the home environment is particularly important for disabled people, older people, those living with a chronic disease [e.g. dementia] or the consequences of a serious injury, and those who experience functional and cognitive difficulties.</p> <p>Adaptations produce improved quality of life for 90 per cent of recipients and also improve the quality of life of carers and of other family members (Better Outcomes report).</p> <p>Adaptations can prevent admission to residential care, they prevent hip fractures and can speed hospital discharge; they relieve the burden of carers and improve the mental health of a whole household, they save money to health and social care sometimes on a massive scale (Better outcomes report).</p> <p>Loughborough University researched the impact of living in an adapted and an unadapted property on the lives of people with spinal cord injury who were fulltime wheelchair users. The study concluded the following:</p> <p>“For those who lived in an unadapted house, health and wellbeing was negatively impacted on and, over time, deteriorated substantially. People with SCI and the family suffer when living in</p>
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² Nicol S, et al (2010) Quantifying the Costs of Poor Housing BRE Information Paper

16/10: BRE

³ Oswald F, et al. Relationships between housing and healthy aging in very old age.

Gerontologist 2007;47:96-107

⁴ Lawrence RJ Housing and health promotion: moving forward Int J Public Health

2010;55:145-6

		<p>this type of home. It results in a significant reduction in quality of life. The physical health of people with a SCI is put at risk or damaged. Being in an unadapted home also damages people’s psychological health, and how they recover from a traumatic injury. It results in chronic depression, loneliness, stress, feelings of worthlessness, and can lead to people to thinking about ending their own life. The short-term and long-term damage done to their health and wellbeing as a result of being in this kind of home means that this environment is highly unsuitable. Placing a person in an unadapted home for any length of time is not an acceptable solution to their housing needs.”</p> <p>A 2010 survey by the Centre for Sustainable Energy, ‘You just have to get by’, reported that in low-income households, 47% of people with cold homes said the cold had made them feel anxious or depressed, and 30% said an existing health problem had worsened.</p> <p>Excess winter deaths are more common in, but are not confined to, older people. The Office for National Statistics' Statistical bulletin: excess winter mortality in England and Wales, 2014/15 reported: 56% of cold-related deaths were in people aged 85 and older 27% were in people aged between 75 and 84.</p> <p>Engagement has taken place with HSC/CSF Therapy teams, RPs, CH Ltd, Disability Cornwall,</p> <p>Further engagement is planned with service users, Tremorvah, contractors, Foundations, members</p>
10.	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? The full impact of the policy/decision</p>	<p>Monitoring of outcomes is undertaken via customer satisfaction forms. Monitoring of budget is undertaken</p>

	may only be known after the proposals have been implemented.	Monitoring of timescales is a Key PI and report to SLT
11.	<p>Are there other implications not covered by this CIA that need to be considered? These can include: staffing, procurement and contracts, property, climate change, transport, waste and economy. If yes then please explain.</p> <p>Refer to the Committee Report Template Guidance page for further information.</p>	<p>Training required for staff to undertake assessments</p> <p>Increase demand for Handyperson service may affect capacity to deliver service but will be closely monitored</p>

What course of action does this CIA suggest you take? More than one of the following may apply. Please state the Residual Risk score. (Refer to the CIA Guidance regarding Risk Management)	Highest Risk Score
Outcome 1 - Green: No change required. The CIA has not identified any potential for adverse impact or risk. (Residual risk score of 6 or less)	6
Outcome 2 - Amber: Continue with the proposal but mitigate the identified risk/s. Despite the potential of an adverse risk/impact continue but make sure you have suitable mitigation plans in place to manage and monitor the risk or impact. (Residual risk score of 8 to 16)	
Outcome 3 - Red: Stop and rethink. The risk and or impacts may not be acceptable even with mitigation. (Residual risk score of 20+)	

<p>Summary of this CIA (Copy and paste into the report template)</p> <ul style="list-style-type: none">• What are the key risks/impacts – both positive and negative?• Are there any groups affected more than others?• What were the identified risks and their mitigation?• Do you consider that the identified risks are cumulative? If yes make this clear in the Summary.• What course of action are you advising as a result of this CIA?
<p>Positive impacts:</p> <ul style="list-style-type: none">• Improved access to appropriate housing• Improved access to information and advice on housing adaptations, housing options and related financial services• Additional funding for adaptations and improvements to address hazards such as excess cold and falls• Timely delivery of solution• Improve customer journey• Improved guidance and advice for professionals delivering frontline services• Promotes good practice• Delivers on new statutory requirements under the care Act 2014• Delivers outcomes under the better care Fund (BCF) <p>Negative impacts/risks – Increased spend on DFG budget, however the spend will remain value for money and will deliver savings in the long term by providing sustainable solutions</p> <p>The risk score is low and risk will be managed by monitoring spend and outcomes</p>
<p>DEAG Sign Off</p> <p>Name –</p> <p>Date –</p> <p>Comments from DEAG</p>