



Home Adaptations
Consortium

Home Adaptations for Disabled People
*Equality and Excellence in Future
Provision*

**Addressing the Nine Key Comprehensive Spending Review Questions
posed by HM Treasury**

A submission by the Home Adaptations Consortium

*The Home Adaptations Consortium is made up of a broad spectrum of national
organisations working together to champion quality provision of home adaptations
for disabled people*



College of
Occupational
Therapists



Chartered
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Health



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The voice of
learning disability



Foundations
THE NATIONAL BODY FOR
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MS
Multiple Sclerosis Society

THE ROYAL BRITISH
LEGION



NATIONAL
HOUSING
FEDERATION

1. Is help with home adaptation essential to meeting government priorities?

- *'The Coalition: our programme for government'* states: "We will help elderly people live at home for longer through solutions such as **home adaptations** and community support programmes"
- Home adaptations are relevant to *all* policies relating to; independence for disabled people of any age; carers; enabling disabled people and carers to work; end of life care at home
- Home adaptations can enable disabled people and carers to remain active citizens, thereby contributing to the Big Society agenda
- Home adaptations provide direct economic benefits to the state through reducing calls on the health service (eg. falls, hip fractures, delayed discharge), reducing social care expenditure and enabling independent living for longerⁱ

Falls by older people in the UK cost over £1 billion annuallyⁱⁱ. One hip fracture costs £30,000ⁱⁱⁱ. Home adaptations reduce the risk of falls and fractures thereby reducing this expenditure.

We consider it vital that, at the least, national investment in Disabled Facilities Grant is maintained at £165m per annum for the forthcoming CSR period whilst a review is undertaken.

2. Why does government need to fund help with home adaptations?

- Whilst many people can and do pay for home adaptations from their own resources, the strong link between disability, poverty and poor housing means that some level of help from government is absolutely essential to meet the Coalition's Programme priorities as noted in 1 above
- Home adaptations help to meet the Prime Minister's objective of '*protecting the most vulnerable*'
- Help with home adaptations is a cost effective use of government funds because a one off capital investment can result in revenue savings year on year

Keeping a disabled child in hospital whilst waiting for home adaptations costs £251,850 a year^{iv}.

3. Do home adaptations provide substantial economic value?

- In a world which is ageing and with rising levels of disability, there is substantial economic value to the UK's building, technology and commercial sectors in encouraging more widespread installation of home adaptations to enable independence in mainstream housing
- The UK is at the forefront of some of the technological developments in the field; there are economic benefits to be gained from expanding and developing the domestic and foreign markets
- Home adaptations enable more disabled people and carers to remain economically active
- There is substantial economic value to Treasury linked to demands on the NHS and social services

"With the current demographic changes in society, any policy with the power to reduce the costs of health and social care for older and disabled people must be of interest to government" i

4. Can home adaptations help be targeted at those most in need?

- Funding is already highly targeted through disability criteria and means testing

- Many people who are in great need of help with home adaptations do not receive this critical help because of shortcomings in the current funding and administrative systems. *Targeting adaptation resources at this unmet need would result in even greater savings to health and social care*

5. Can home adaptations be provided more cheaply?

- The overhead costs of delivering help with home adaptations could be reduced through introducing more streamlined, co-ordinated, timely and locally tailored systems
- There is potential for bringing down unit costs of some adaptations through economies of scale eg. collective procurement, recycling schemes and social enterprise. Better planning and design of new homes also has the potential to reduce future adaptation costs

6. Can home adaptations be provided more effectively?

- A fast, simple, locally configured, single point of access system underpinned by a nationally defined framework would be most effective and efficient (see Q 8)
- A national framework not only reduces inequality and uncertainty for disabled people, but also avoids duplication and enables savings through economies of scale (*see illustrations below*)
- Speedy delivery is key to efficiency savings. Up-front funding of lower cost adaptations enables rapid installation for urgent need which result in cost savings eg. hospital discharge, prevention of admission to residential care. A recharging system for larger items can enable re-circulation of funds

7. Can home adaptations help come from a non-state provider or by citizens, wholly or in partnership?

- Home adaptations costs are already being met by individuals and the charity sector as well as the public purse. What all parties want from a future system is clarity of roles and expectations
- The re-location of public health within local authorities offers an opportunity to both radically improve local home adaptation delivery and also to plan for and design new homes which will reduce future adaptation need

8. Can non-state providers be paid to carry it out according to the results they achieve?

- A single point of access delivering impartial, independent information about housing options, home adaptations advice for self funders, targeted financial help and rapid response delivery could be provided via a partnership between state, voluntary and social enterprise sectors
- The private sector could continue to be a major provider of building work and equipment but there needs to be safeguards in place to ensure best use of both public and private funds

9. Can local bodies, as opposed to central government, provide help with adaptations?

- Local bodies are already the delivery mechanism for help with home adaptations, operating within a national framework, backed by national funding. The continuation of a national framework setting out clear responsibilities is critical to fairness and impartiality in provision of home adaptations

APPENDIX A: Illustrative Examples and References

Essex Stairlift Contract: Better Service, Lower Cost

Essex Social Services occupational therapy section pioneered a new way to delivery a better service for disabled people combined with major efficiency savings. By block contracting stairlift provision with a single supplier for less money they secured:

- 10 year guarantee and regular servicing for every installation
- 24 hour emergency repair service
- Recycling and reconditioning facility

Newham: Efficiency Savings

Newham Social Services found that they were able to significantly reduce the cost of assistance with helping people to bathe through faster, efficient installation of level access showers for disabled people in all housing tenures by Newham Home Improvement Agency:

20 level access showers installed using disabled facilities grants: Cost £110,000

20 assisted bathing packages delivered for 5 years. Cost £1,976,000

Saving: £1,866,000

South Staffordshire: Faster service, cutting costs

The Independent Living initiative by South Staffordshire Housing Association reduced both costs and waiting times:

The waiting time for minor adaptations was cut from 12 months to 7 days

The average cost of a major adaptation was cut from £7,000 to £4,200 – a 40% reduction

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ⁱ Heywood, F and Turner (2007) *Better Outcomes, Lower Costs: implications for health and social care budgets of investment in housing adaptations, improvements and equipment: A review of the evidence* Office for Disability Issues

ⁱⁱ Scuffham, P, Chaplin, S and Legodd, R (2003) 'Incidence and costs of unintentional falls in older people in the UK' *Journal of Epidemiology and Community Health* 57 740-744. Price adjusted to 2009 levels in line with ONS inflation statistics

ⁱⁱⁱ Parrott, S (2000) *The economic cost of hip fracture in the UK* York: University of York

^{iv} ODPM ((2005) *Reviewing the disabled facilities grant: 21* (cost adjusted to 2009)