

Review of Home Improvement Agency Services in Cambridgeshire

A Report for Cambridgeshire Supporting People

November 2009

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1 Executive Summary

The Current Home Improvement Agency (HIA) Service Provision

- 1.1 There has been much positive work carried out by the five separate HIAs in Cambridgeshire. The managers and staff teams are working together more closely since the core specification was drawn up several years ago. It is, however, widely agreed that at the current time the services being delivered by HIAs are not consistent across the county.
- 1.2 In order to achieve consistency in the quality and standard of services and outcomes, all partners and commissioners should agree and ensure implementation of a common countywide outcome focused specification.

The Strategic Environment

- 1.3 As the various pressures intensify around managing growth and an ageing population, the county economic and funding priorities and other housing, health and social care issues, it is anticipated that leading strategic partnerships, like Cambridgeshire Together and its Local Area Agreement, will demand increased joined up delivery of services to meet the priorities set out.

Benchmarking Results

- 1.4 The pattern of interventions by Cambridgeshire HIAs is different to the sector in general. The significant difference is in the low proportion of handyperson jobs which is partly explained by their provision by alternate providers. The productivity of Cambridgeshire HIAs, in terms of outputs achieved, compares well with the sample of HIAs operating across a number of districts.
- 1.5 There is wide variation in throughput times for the various stages of the Disabled Facilities Grant process with the total number of days from initial enquiry to practical completion ranging from 136 days to 422 days. There are obvious opportunities for improvement through a collective partnership review of resources and processes and reaching agreement around standard processes and procedures.

Future HIA Service Delivery Options

- 1.6 The ambitions and attitudes of Housing Managers, Strategy Officers and their key Councillors towards developing HIA services across district boundaries and their willingness to share HIA services were generally positive but some politicians, particularly in East Cambridgeshire, will need convincing about the benefits of changing to a larger and/or different provision.
- 1.7 The financial modelling of three options (5 HIAs, 2 HIAs and a single countywide HIA) showed that cost savings of between £305,000 and £445,000 could be realised with a single countywide HIA service. Cost savings of between £205,000 and £365,000 could be realised with two HIAs delivering services to a common specification across 2 and 3 district authorities.

Savings on staff, overheads, duplication of back office functions all help to keep costs down.

- 1.8 A large proportion of the current £348,889 funding from district authorities is imputed and it needs to be determined how much of it is available in cash to fund an external provider.
- 1.9 Using unit price (defined as the price per hour of support) to determine the value for money of HIA services it was found that:
 - A single countywide HIA would range from £1002 to £1224 per hour
 - Fenland service is £1049 per hour

- Two HIAs range from £1066 to £1306 per hour
- East Cambs is £1164 per hour
- LA in-house HIAs range from £1382 to £1507 per hour.

A single countywide HIA is potentially the best VFM and LA in-house HIAs are the least VFM.

1.10 The main risks involved in moving to a single or two HIAs covering the county revolve around:

- Lack of agreement across authorities and commissioners on an acceptable model
- Lack of funding
- TUPE and Pension issues – cost might make procurement exercise uneconomical
- Deterioration of service provision from current providers and during transition
- Lack of suitable provider tenders/proposals.

1.11 There could be potential redundancy costs for changes to staffing complements of between £50,000 and £75,000. Transfer of staff to a new employer could, in some circumstances, also trigger pension deficits in existing Pension Funds. Expert advice is needed in order to determine whether Pension Fund deficits would be triggered by the transfer of staff to a new organisation as a result of procurement of HIA services. Competitive tendering could be an uneconomic proposition if significant Pension deficit payments for transferring staff have to be covered in addition to the costs of procurement and redundancy payments.

1.12 Ahead of any tendering exercise, a number of formal or informal improvements to service delivery could be realised which include:

- Develop a countywide Handyperson brokerage model using approved contractors to cover the whole county and any gaps in services delivered by other providers. This could be built around an amalgamation of East Cambridgeshire and Fenland HP services.
- Joint procurement of work and equipment could be established.
- All partners involved in the delivery of adaptations funded via Disabled Facilities Grant could undertake a Lean Thinking/Vanguard analysis of the processes, resources and procedures with a view to simplifying and streamlining the systems involved and agreeing a unified countywide approach.

Ingredients for Success

1.13 Successful restructuring requires:

- A strong committed partnership of the key stakeholders with a common set of aims and objectives, which includes the realisation of consistent comprehensive client focused HIA services as detailed within the agreed specification and sufficient long term revenue and capital funding to build a strong, vibrant HIA service that will deliver the outputs and outcomes required.
- The retention and/or recruitment of a talented and committed staff team with appropriate skills which is ably managed and supported to consistently improve and develop the services in enterprising, efficient and innovative ways that are sensitive to customer needs and deliver value for money.

The best model for HIA Services in Cambridgeshire

1.14 Taking into account savings that could be made, improvements to services that could be realised, the populations of people over 60, the geographical areas covered, the attitudes and ambitions expressed

by Housing Managers and the stated preferences on developing or sharing services suggests the restructuring of the existing 5 separate HIAs into 2 HIAs with one covering Fenland and

Huntingdonshire and the second covering East Cambridgeshire, Cambridge City and South Cambridgeshire would be the best model. This is further strengthened by initial contacts and talks that have taken place between some of the partners in the latter grouping. It is, therefore, recommended that this option offers the greatest chance of success in the short term over a contract period of three years. It will allow for the possibility of a continued mixed market of provision and increase the ability to co-ordinate with other health and social care agencies.

Towards the end of the contract period, a review of performance and quality of services could be undertaken and commissioners should consider whether they needed to procure countywide HIA services via open competitive tendering or if a business case could be made for entering into a negotiated tender with the preferred existing provider.

2 Background

- 2.1 Cambridgeshire Supporting People Commissioning Body reviewed HIA services in 2004/05 and then again in 2007/08. The main drivers for the second review revolved around financial pressures, the end of a three year funding agreement, achieving value for money, making service improvements in delivery, provision and flexibility, maximising outputs and outcomes for users and the changing social landscape occasioned by CAA's, LAA's and the National Outcomes and Indicators.
- 2.2 An in-depth report was produced in October 2008 entitled "Review of Home Improvement Agency Services" which made some key findings and recommendations. Amongst the recommendations, the Commissioning Body were asked to agree to further work being undertaken on an appraisal of delivery models including outcomes, successes, costs, risks, value for money and benchmarking.
- 2.3 Following negotiations, CEL Transform on behalf of Foundations, the National Body for Home Improvement Agencies, was commissioned by Cambridgeshire SP to produce a service delivery plan which best meets the realities on the ground, indicating:
 - Areas where cost savings and service improvements can be achieved in a future tender.
 - Areas where some formal or informal amalgamations of service delivery can be achieved between neighbouring authorities ahead of a tendering exercise.
 - A realistic timed programme for achieving a county HIA services delivered by one provider.

3 Methodology

- 3.1 Work was undertaken to establish the operating realities of HIA services in Cambridgeshire which included visits to each of the existing HIAs, local housing managers and health and social care commissioners to discuss operational activities and the strategic environment in which the HIAs are operating. Information and documentation was received on levels of funding, costs, outputs and HR issues relevant to current operational activities.

The ambitions and attitudes of HIA staff and service managers to possible change in services were discussed and the barriers that exist to working to county based agendas were explored.

- 3.2 Desktop research was undertaken on benchmarking the Cambridgeshire HIA services outputs against similar sized county based HIAs.
- 3.3 Financial modelling of the options was undertaken using the information supplied and checking the resulting estimated costs against the known budgets of HIAs operating in similar arrangements. Value for money for the different models was calculated using the key SP measure of unit price (defined as the price of support per hour).
- 3.4 Risk analyses of the options was undertaken based on the experiences of procurement undergone by commissioners and providers, the extensive knowledge and experience of the HIA sector by Foundations and the practical situation that existed within Cambridgeshire as expressed by interviewees.
- 3.5 Costs associated with TUPE and Pensions were arrived at using the information supplied by HR departments in relation to staff who would be affected by relevant transfer of business or services.

4 The Current HIA Service Provision

4.1 Key Elements of HIA Services

4.1.1 All HIAs in Cambridgeshire when describing the key elements of the services they deliver include:

- Advice, information and client centred support, signposting and income maximisation. To varying degrees, they also find funding for customers from a wide variety of sources although as with many HIAs the majority of funding is local authority grants
- Carrying out repairs to vulnerable homeowner's properties to Decent Homes standard
- Major adaptations using DFG funding and funding from private and charitable sources
- Warm Front and energy efficiency work.

Handyperson services carrying out low level preventative work, odd jobs and small repairs are run by East Cambridgeshire Care & Repair (C&R) and Kings Lynn & West Norfolk (KL&WN) agency. The other agencies signpost clients to other organisations delivering HP services e.g. Age Concern.

A widespread experience of HIAs working in different local authority districts within the same county is one of delivering common elements of work and additional local schemes to meet differences and priorities demanded by Housing Renewal Policies and local opportunities to meet the needs of their client groups. The large private rented sector in Cambridge City and the energy efficiency solid wall insulation project in Fenland are examples of this.

4.1.2 Customer care, flexibility and the responsiveness of their services and the ability to find solutions to clients' problems were noted as strengths by several people. But many varied weaknesses were also identified about their own services. The main issues identified included:

- Council culture and rules could be restrictive or have undue influence
- Presence and profile of agencies at a county level was inadequate
- Too reliant on fee income
- Not proactive and preventative enough
- Procurement of work and equipment could be better
- Uncertain future funding.

4.1.3 When it came to how agencies would or could respond to increasing demand over time, many of the approaches to this issue were somewhat negative as can be seen from the responses (Appendix 1).

4.2 Cambridgeshire HIA core specification

4.2.1 Cambridgeshire HIA managers and their staff teams are working more closely together than prior to the drawing up of the core specification. Managers meet on a regular basis and Caseworker meetings have also recently started. Caseworker and technical staff have helped out in neighbouring districts when there have been staff shortages and sickness or excessive workloads.

Whilst every HIA individually claimed to be working to the common core specification, it was also a widely held view that not all HIAs delivered their services in accordance with this specification.

Differences existed around how the services were accessed by clients and the degrees of accessibility, the range and type of services and levels of face to face assistance for clients.

4.2.2 The major reasons for differences and the barriers and difficulties to working to a common HIA specification are believed to be:

- Reluctance to change - it needs all local authorities to sign up to it and not just the HIAs. A council's culture, rules and priorities could distort practical implementation
- Inadequate monitoring against the specification by Supporting People
- Inconsistencies in funding, lack of resources, lack of political will, inertia.

In addition, there were the usual differences across housing authorities in assistance policies, procedures and paperwork, local needs and priorities, housing stock, local politics, organisational cultures and operational practices.

4.2.3 The Key Findings in the 2008 Review of HIAs resolved that:

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

In drawing up this new specification it is essential that any future HIA service should share two key facets¹:

1. Client-centred support provided in a person's own home
2. Expertise in making changes to the physical fabric of the home.

Two quotes on client-centred support make clear what is required:

"Client-centred support is very powerful because face-to-face contact, at a person's home, is the preferred method of receiving support for many vulnerable people, especially older people. It gives HIAs the ability to fully understand how a client can maximise independent living and provides vital clues when assessing the client's housing needs and finding the right range of choices."¹

"Person centred approaches are ways of commissioning, providing and organising services rooted in listening to what people want, to help them live in their communities as they choose. These approaches work to use resources flexibly, designed around what is important to an individual from their own perspective and work to remove any cultural and organisational barriers. People are not simply placed in pre-existing services and expected to adjust, rather the service strives to adjust to the person."² www.cpa.org.uk/sap/sap_about.html

1 The Future Home Improvement Agency: Supporting choice and maintaining independence A report overview

2 Centre for Policy on Ageing: Single Assessment Process

4.2.4 It is essential that if consistency in the quality and standard of services and outcomes is to be achieved for vulnerable, older and disabled people from the delivery of the core HIA specification, then an agreement by all partners and commissioners is reached, adopted and implemented on:

- Equal access to the provision of practical advice, information and assistance they need to make decisions that will achieve their wishes in relation to their housing problems – *Support for Choice*
- Who, how and what should be involved and covered in undertaking a comprehensive assessment of the client's circumstances, aspirations and needs?

4.2.5 An example of how an outcome focused specification might be constructed is given in Appendix 2.

4.2.6 A number of additional services were identified for inclusion in a common specification. Some of the following will be dependent on finding additional resources or using savings from the procurement or remodelling exercise:

- Comprehensive information, advice and support leading to a wider range of choices being offered (Foundations would see this as part of any core Future HIA service)
- Full integrated Housing Options services that assist vulnerable people to find and move on to properties/accommodation across private, public and care sector
- Hospital discharge scheme
- Combat hoarding scheme/De-Cluttering homes and dealing with clients with complex needs.
- Falls prevention scheme
- Gardening services offering longer term solutions
- Decorating services.

4.3 Strategic environment in which HIAs operate

4.3.1 There is general acceptance amongst Housing Managers, Strategy Officers and Supporting People within Cambridgeshire that HIA services make a significant contribution to local and national strategic priorities relating to older and vulnerable people. (See examples Appendix 1 page 33).

4.3.2 There are signs that joint working between housing partners is beginning to increase with the sub-regional choice based lettings scheme being the most recent notable success.

4.3.3 Examples of joint working across housing, health and care tended to be dominated by joint reviews, policies and partnerships. Practical services mentioned included Homeshield, Extra Care Housing and Domestic Violence Sanctuary Scheme. There are undoubtedly a few more examples but progress has been slow. It is to be expected that the various bodies like Cambridgeshire Together Partnership and its sub groups will insist on an increase in the tempo of joined up delivery of the priorities outlined in the LAA and other strategies.

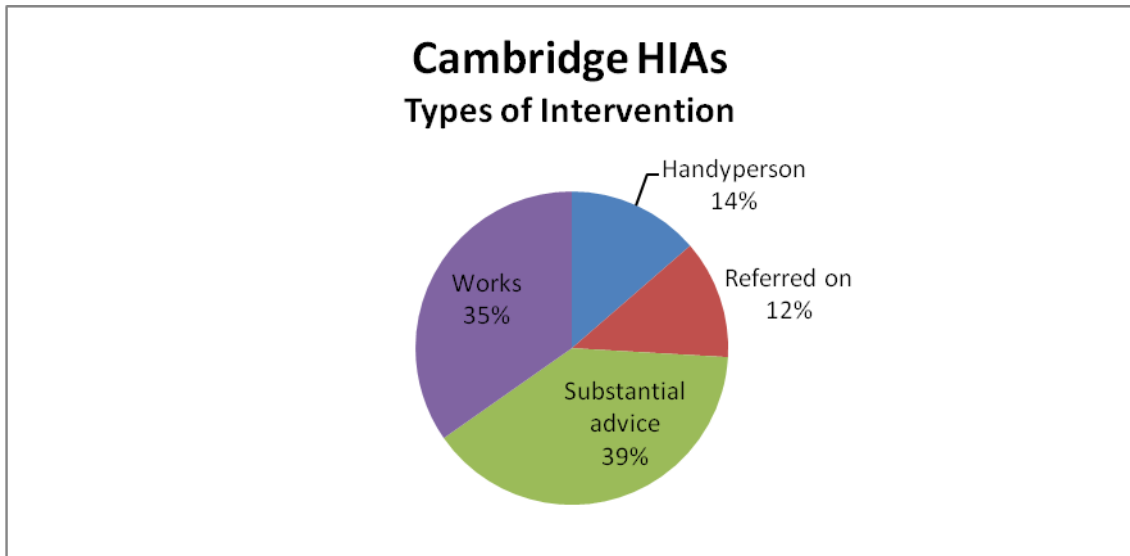
4.4 Cambridge HIAs: Benchmarking

Comments on Performance

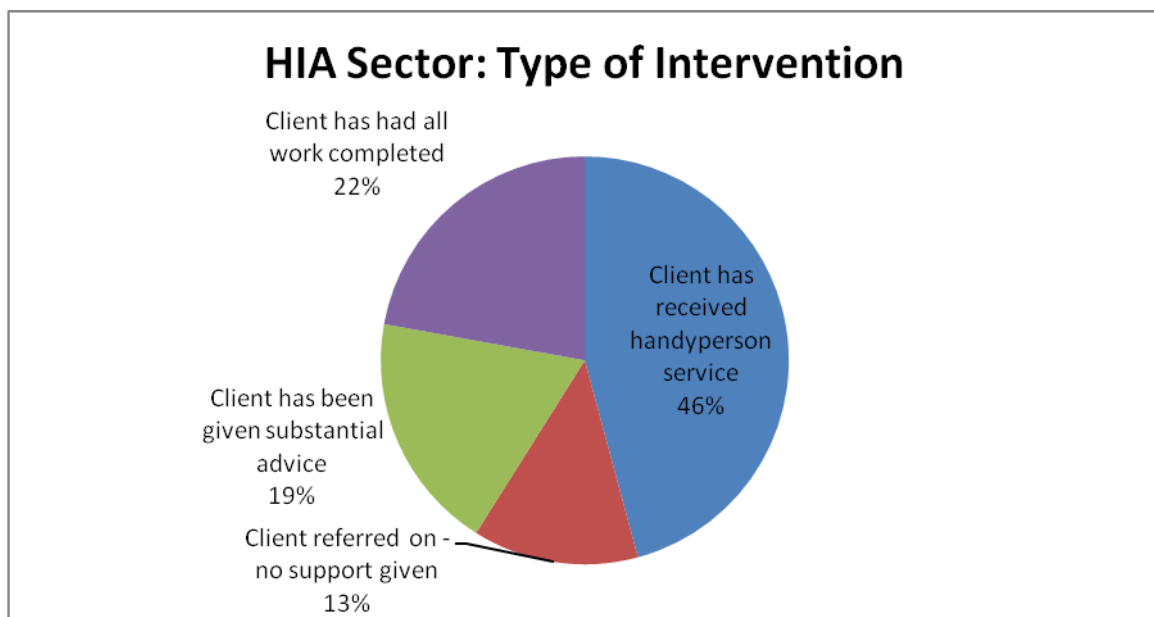
4.4.1 Types of intervention

Interventions by HIAs can be classified into four categories: Referred on, substantial advice, handyperson service and works.

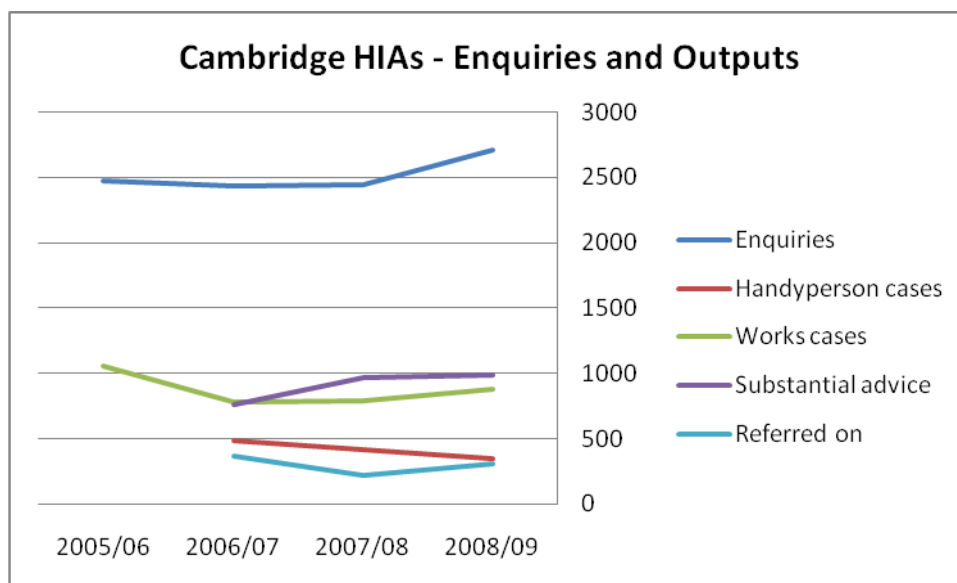
The overall distribution of cases closed in 2008 – 2009 for the HIAs in Cambridge is represented in the following chart:



This is somewhat different from the pattern of interventions for the sector in general. The significant difference is the low proportion of handyperson interventions in Cambridgeshire, where apart from East Cambridgeshire and Fenland, handyperson services are delivered by alternate providers.



4.4.2 Trend over time



4.4.3 “Productivity” measures

Comparing the outputs from the Cambridge HIAs with a sample of HIAs operating across a number of districts in other counties.

County A – service is provided by a single provider.

County B – service is provided by one provider in each district, mainly in-house.

County C – service is provided by a single in-house provider.

	Enquiries per fte	Jobs per fte	Value of work per fte
Cambridge	116	34	£163,862
County A	191	24	£87,349
County B	210	29	£112,323
County C	162	28	£125,224

The HIAs in Cambridge are “productive” in terms of number of jobs (works cases) completed and the value of work carried out.

Consistency

A common area of work for the HIAs in Cambridge is the delivery of adaptations funded by DFG.

We have analysed the time taken between a limited selection of milestones in the DFG process to provide some indication of any differences that might be experienced by service users across the county.

4.4.4 DFG Milestones

Average times for cases completed in 2008 – 2009

	Suggested times (medium priority)	Cambridge	East Cambs	Fenland	Huntingdonshire	South Cambs
Enquiry to first visit	55	60	17	20		46
First visit to tender issued	56	37	68	18		133
Tender issued to grant submitted	42	51	59	41		60
Grant submitted to grant approved	7	9	81	21	3	11
Grant approved to work started	42	61	49	50	40	67
Work started to practical completion	10	28	31	29	21	105
Total (days)	212	246	303	179	136	422
Total (weeks)	30	35	43	26	19	60

The good practice guide published by ODPM in 2006 suggests that the total time from referral (enquiry) to completion should be targeted at 259 working days for low priority cases, 151 days for medium priority and 83 days for high priority.¹The indicative times are shown in the table in the appendix. For medium priority cases this implies a “target” time of 212 calendar days from enquiry to practical completion. If all the cases being facilitated by the Cambridge HIAs in 2008 – 2009 were medium priority, we can see from the table that only Fenland and Huntingdonshire are meeting this expectation.

Cambridge and South Cambridgeshire are reporting the longest times from enquiry to first visit.

South Cambridgeshire and East Cambridgeshire are reporting the longest times from first visit to tender issued.

East Cambridgeshire is reporting a significantly longer time from grant submission to grant approval. The suggested interval for this stage is 7 days.

South Cambridgeshire is reporting a significantly longer time for works to be completed.

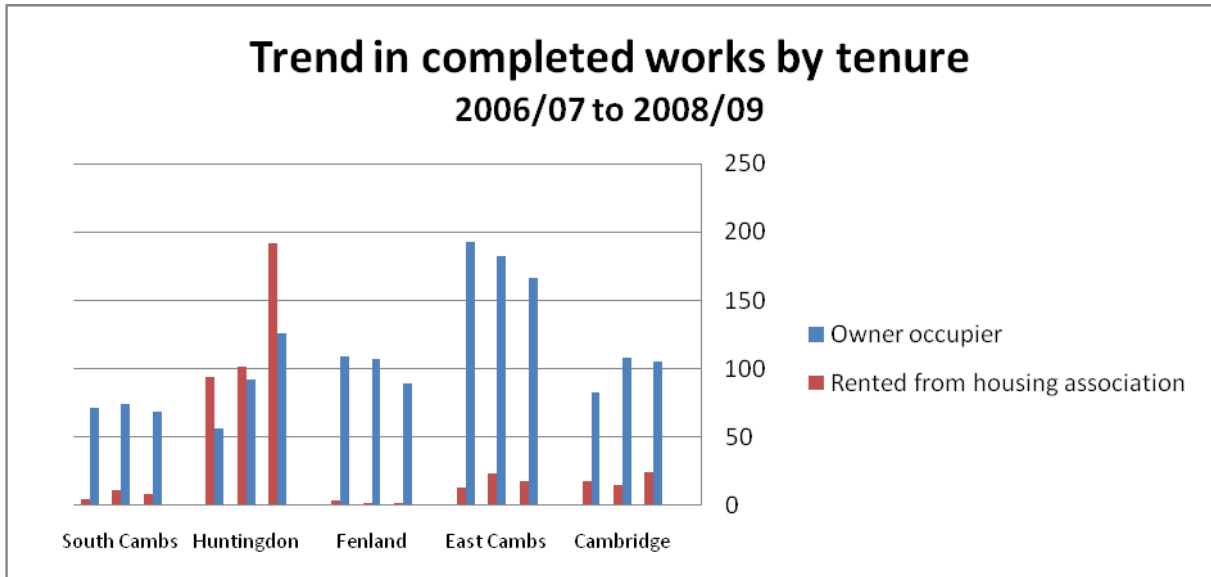
There are always a number of factors that will affect the times taken to assist a client through the adaptations process. This can be problems obtaining proof of title, amendments to the proposed scheme following consultation with the client with the need to obtain approval of the proposals from the Occupational Therapist, unforeseen works and so on.

It does appear, since times are noticeably quicker in some areas, that there are opportunities for improvement either through review of resources or of processes. If all districts were in a position to perform at the same level as the “quickest” district at each of these stages and/or the process, the average time taken across the county would theoretically be reduced from the current 257 days to 165 days from enquiry to practical completion.

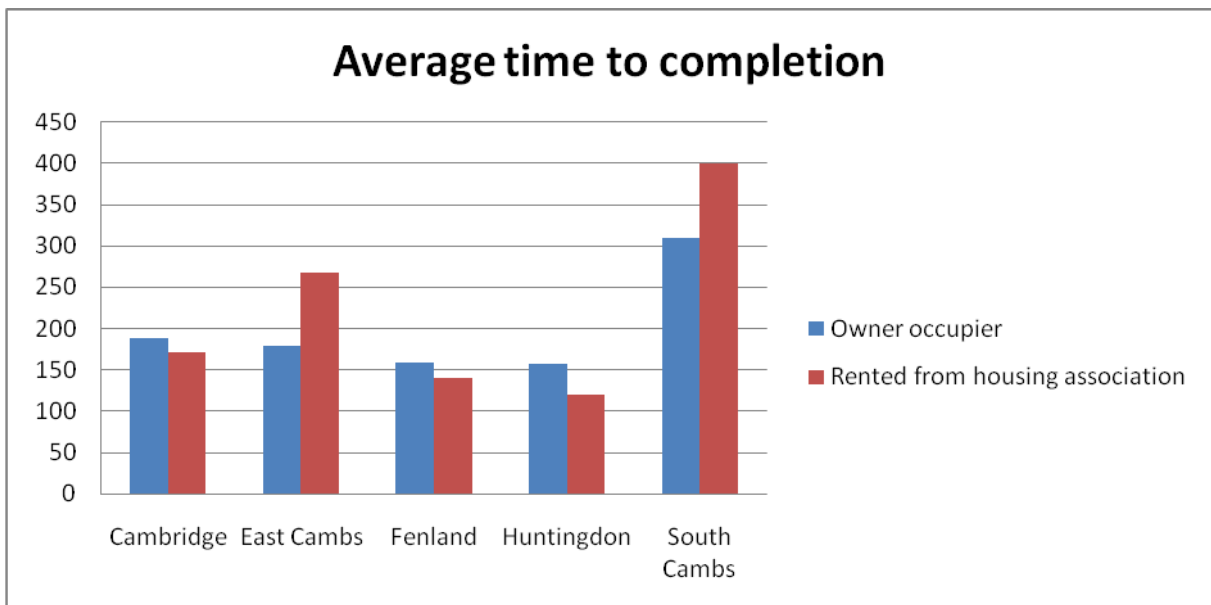
¹ Communities and Local Government. *Delivering Housing Adaptations for Disabled People*
A good practice guide
June 2006 Edition

4.4.5 Factors affecting speed of service

The total time for completions of works cases, including DFGs, can be affected by the tenure of the client. The number of works completed in different tenures varies considerably between the HIAs in Cambridge.



The average time in days from enquiry to practical completion is affected by tenure – but in different ways. An analysis of the works completed in 2008 – 2009 shows:



We can see that in Huntingdonshire, for example, 60% of cases are for social housing tenants and that these cases are completed in 120 days. Works for owner occupiers take longer to complete. In South Cambridgeshire, although the proportion of works for social housing tenants is small (at 9.8%), these cases take significantly longer to complete than works for owner occupiers.

5 Future HIA Service Delivery Options

- 5.1 Historically, HIA services were established in single district housing authority areas. Over the past 6 years, the sector has seen a consolidation of services within two tier authorities, so that the most common model is one of a single HIA delivering services across 2, 3 or 4 districts. There are a handful of countywide or nearly countywide HIAs (Devon, Shropshire, Lincolnshire, Suffolk, and Dorset) that cover 5 or more districts. The scene is set, over the next 12 months or so, for the establishment of several more countywide services as Supporting People contracts end and re-commissioning and restructuring of HIA services takes place (Worcestershire, Somerset, Northumberland etc.).
- 5.2 The ambitions and attitudes of Cambridgeshire Housing Managers, Strategy Officers and their key Councillors towards developing HIA services across district boundaries and their willingness to share HIA services were generally positive. The following views were expressed:
- Cambridge City Executive Councillor and officers are happy to consider any HIA service that offers high quality and most cost effective delivery and are not adverse to merger especially with South Cambridgeshire. HIA services in the City must play a central role in improvement of housing and health for vulnerable people living in the private sector (1600 vulnerable households in the private sector are living in homes that don't meet the Decent Homes Standard).
 - Fenland District is already part of a larger HIA spanning 3 districts (KL&WN HIA) and believes it derives good benefits from this arrangement including the sharing of services across a larger area and improved chances of attracting funding for new schemes and projects resulting from submitting a joint bid instead of separate bids. The cabinet post holder for housing and Fenland Officers are in favour of maintaining their current arrangement where they are part of a HIA service which includes KL&WN and Breckland. They are happy to be part of any re-commissioning exercise planned for KL&WN during 2010/2011.

Since the interviews took place, officers at KL&WN Borough Council have received advice from a Pensions specialist relating to the transfer of staff to a new employer. They were advised that the existing local authority employer KL&WN would be responsible for making good any deficits in the pension fund relating to the transferees. This advice has resulted in them advising Councillors that open tendering and transfer of staff to another employer is an uneconomical proposition. There are also implications on subsequent onwards transfer i.e. if another tender took place in 3 years time another deficit might have to be plugged.

Fenland DC now wish to be part of any Cambridgeshire HIA restructuring and have no reservations about sharing HIA services since they already do so.

- Huntingdonshire District are aware of Supporting People's priority to ensure they are getting value for money and reduce their overall spend. If a county wide service is not acceptable or possible then the districts could be combined in a 2 and 3 split. South Cambridgeshire/Cambridge City and Huntingdonshire/Fenlands/East Cambridgeshire could be a possibility.
- East Cambridgeshire District believe HIA services spanning 2 or 3 districts which could include a combination from East Cambridgeshire, South Cambridgeshire, Fenland and Cambridge City is a distinct possibility. Councillors and the Board of Care & Repair robustly defend the HIA service and would like to see an expansion not reduction in its scope. They will need to be convinced about the benefits of changing to a larger and different provision. Any suggested changes to the current configuration of agencies via tendering, mergers or consortium arrangements will need to take into consideration the cost and legal implications and the possibility of triggering pension deficits etc.

- South Cambridgeshire District has previously had tentative talks with East Cambridgeshire District about the possibility of merging their two HIA services. This still seems the most preferred option.

5.3 PCT/Health Commissioners preferred to see a single countywide HIA which delivered its services in accordance with a single service specification. This should also allow for a single data set for monitoring and evaluating performance.

5.4 Consideration and analysis of Models

5.4.1 Three possible options for HIA services delivering a common specification were identified for consideration:

1. Five HIAs – one for each district area
2. Two HIAs – one covering 2 districts and one covering 3 districts
3. One county-wide HIA

Options 1 and 3 were evaluated in the 2008 Review of HIAs.

Option 2 is evaluated in Appendix 4

This model's advantages and disadvantages lie between a single county-wide and 5 separate HIA services. It has the potential to bring about greater consistency of services but experience elsewhere has shown that inconsistencies and inequalities continue to persist. There is also no single point of access or common brand.

5.5 Costs and Funding of Models

5.5.1 The estimated costs of the options 2 and 3 were financially modelled using the information supplied by Cambridgeshire HIAs for year 2009/10 on staffing structures, total salary and non-salary costs and the range of salary costs for different posts to arrive at the total running costs for options 2 and 3. The total cost for 5 separate HIAs with one in each district is the current arrangement – see Appendix 5

OPTIONS	COST COMPARISON OF MODELS		
	Cost Range £	Potential Cost Reduction from current model £	Staff Total numbers
5 HIAs one in each District	1,073,526	N/A	22.23 4.72 Man 4.8 Admin
2 HIAs covering 3 districts and 2 Districts	710,000 to 870,000	365,000 to 205,000	18 2 Man. 2 Admin
1 Countywide HIA Covering all 5 Districts	630,000 to 770,000	445,000 to 305,000	17 1 CEO 2 Man. 2 Admin

The funding for 2009/10 for similar arrangements for Options 2 and 3 in Worcestershire and Lincolnshire respectively was;

Worcestershire / North Worcs. Local authority managed HIA covering 3 districts and South Worcs. RSL managed HIA covering 2 districts receives £820,000 funding for 15 staff.

Lincolnshire Independent HIA covers 5 districts and receives £640,000 funding for 18 staff inclusive of handyperson administrators. They operate out of 2 Offices, one in the north and the other in south central Lincolnshire. They also have access to a couple of desks at Boston BC.

It can be seen that considerable cost reductions could be realised on the existing arrangements which could be used to employ more staff and/or expand the range of services. Savings on staff, overheads, duplication of back office functions all help to keep costs down.

Cost savings of between £305,000 and £445,000 could be realised with a single countywide HIA service.

Cost savings of between £205,000 and £365,000 could be realised with two HIAs delivering services to a common specification across 2 and 3 district authorities.

5.5.2 The current total funding from District Councils is £348,889. A large proportion of this funding is imputed and it needs to be determined how much of it is available in cash revenue to fund an external provider.

5.6 Value for Money

It was recognised in the 2008 Review of HIAs report that “making value for money judgements about HIA services, such as average cost of delivery of a grant, would have many caveats attached because each HIA carries out to a varying degree, advisory work, signposting, and falls prevention works that sometimes does not result in a grant”.

An approach based on the CLG (ODPM) publication (2005) “A streamlined approach to assessing Value for Money and eligibility in Supporting People funded services” uses the key measures of:

- Unit price (defined as the price per hour of support)
- The weekly number of hours of housing related support which the programme is prepared to fund for different categories of support.

The first measure can be used but the second has no meaning for HIA services.

The price of the service in this instance is taken as the Revenue Operating Costs for each agency and the hours of support used will be the total number of hours of core staff (excludes handypersons, HP admin. and grant officers etc)

VALUE FOR MONEY					
HIA	ECDC	HDC	CCC	FDC	SCDC
Operational Cost (£)	201,864	260,260	230,810	156,052	224,540
FTE staff	4.69	5	4.515	4.02	4
Cost per FTE support (£)	43,041	52,052	51,121	38,819	56,135
Staff Support Hours	173.5	185	167	148.75	148
Cost per Hour Support (£)	1163.5	1406.8	1382.1	1049.1	1507

These figures demonstrate that the Fenland and East Cambridgeshire services offer best value for money in terms of cost per hour of support.

VALUE FOR MONEY		
HIA	2 HIAs (2 and 3 Districts)	1 HIA (Countywide)
Operational Cost £	710,000 to 870,000	630,000 to 770,000
FTE Staff	18	17
Cost per FTE support (£)	39444 to 48,333 Av.43,889	37,059 to 45,294 Av 41,177
Staff Support Hours	666	629
Cost per Hour Support (£)	1066.1 to 1306.3 Av.1186	1001.6 to 1224.2 Av. 1112.8

These figures for the two options show that Fenland remains the best VFM and that the single local authority in-house HIAs are by far the most expensive. The countywide HIA average figures are second VFM to Fenland although it is better VFM at the lower end of the range of possible total operational cost.

5.7 Risk Analysis

5.7.1 A risk analysis of the two options (Option 2- two HIA services covering 2 and 3 district areas and Option 3 – a single county wide HIA service) can be found at Appendix 6.

The main risks revolve around:

- Lack of agreement across authorities and commissioners on an acceptable model
- Lack of funding
- TUPE and pension issues – costs might make the procurement exercise uneconomical
- Deterioration in service provision from current providers – a short term reduction in performance during transition and change management might be experienced
- Lack of suitable provider tenders/proposals.

It would be inadvisable if not impossible to try to re-commission or restructure the HIA services where several districts cannot agree on an acceptable model for the delivery of HIA services across the county or across 2 or 3 district clusters to a common specification.

Experience also suggests that where support and commitment to the HIA re-commissioning or restructuring project is half hearted, it will lead to difficulties, disappointment and in the worst case scenario a collapse of some services (Oxfordshire).

Sufficient funding needs to be assembled and committed from commissioning partners to purchase the required services.

Commissioners will need to take specialist advice on TUPE and pension considerations to understand the cost liabilities that will need to be built into the procurement documents.

The mitigation of these risks will require all commissioners to be committed to working in partnership and champion an agreed HIA specification of services that will deliver the required outputs and outcomes for vulnerable client groups, attract sufficient funding to make it work, and maintain the enthusiasm of existing providers and staff through transparent and open dialogue and consultation. If the Service (s) is to be tendered, the package has to be a fair and attractive proposition to prospective providers.

5.8 TUPE and Pension issues

5.8.1 Transfer of Undertakings (Protection of Employment) Regulations (1981) and (2006) provide employment rights to employees when their employer changes as the result of a relevant transfer of either business or service. All existing employers have completed a questionnaire indicating which employees are currently assigned on a permanent basis to the delivery of HIA services.

The staffing in the current 5 HIAs is given in the following table:

Core Staff Structure (FTE)	STAFFING STRUCTURES OF HIAs 2009/10					
	East Cambs	Hunts	Cambridge	Fenland	South Cambs	Total Cambs
Manager	1	1	1	0.72 Agency and Operations	1	4.72
Caseworkers	1.69	2	1.515	1.25	1	7.455
Technical Officers	1	1	1	1.25	1	5.25
Administration	1	1	1	0.80	1	4.80
Total HIA Staff	4.69	5	4.515	4.02	4	22.225

Source: Cambridgeshire HIAs and HR Depts.

The changes in staffing in moving to 2 HIAs or a single countywide HIA are shown in the following table:

HIA OPTIONS	Staff Total numbers	Differences In Managers and Admin posts
5 HIAs one in each District	22.23 4.72 Man 4.8 Admin	N/A
2 HIAs covering 3 districts and 2 Districts	18 2 Man. 2 Admin	2.72 Managers 2.8 Admin
1 Countywide HIA	17 1 CEO (2 Operation Man.) 2 Admin	3.72 Man 2.8 Admin

There is the same number of Technical Officers (6) and Caseworkers (8) in all models. There will be a decrease in the number of Managers by 2.72 fte or 3.72 fte and in the number of Administrative Staff by 2.8 fte.

There will, therefore be potential redundancy costs of between approximately **£50,000 and £75,000**.

5.8.2 Pension rights are not transferred under TUPE. However the Government requires (Code of Practice on Workforce Matters in Public Sector Service Contracts) that Councils ensure that the new employer provides access to a similar occupational pension scheme for the transferred employees' future service.

Kings Lynn & West Norfolk in-house HIA (covers KLWN, Breckland and Fenland) were intending to go out to tender next year because their Councillors wanted the service outsourcing. The authority sought advice from a Pensions specialist relating to the transfer of staff to a new employer. They were advised that the existing local authority employer KL&WN would be responsible for making good any deficits in the pension fund relating to the transferees. This advice has resulted in them advising Councillors that open tendering and transfer of staff to another employer is an uneconomical proposition. There are also implications on subsequent onwards transfer i.e. if another tender took place in 3 years time another deficit might have to be plugged. This problem does not arise under TUPE regulations since pensions do not transfer and the employees' pensions are frozen and they should be invited to join their new employer's pension scheme.

Competitive tendering could be an uneconomic proposition if significant Pension deficit payments for transferring staff have to be covered in addition to the costs of procurement and redundancy payments. If this is the case then a business case should be made for an exemption sought from Procurement regulations on the grounds of economic viability.

An alternative to competitive tendering would be a District Council Co-operative. District Councils would work together to create a non-tendered arrangement such as a 'Joint Venture Agreement', 'Joint committee formally constituted under part IV Local Government Act 1972' or a company jointly controlled or owned by the participating councils.

5.9 The best model for HIA services in Cambridgeshire

- 5.9.1 There are a number of factors to be considered in reaching a decision about the model for HIA services in Cambridgeshire. These involve the potential level of savings that could be delivered, the extent services will be improved and which model best aligns with the ambitions and attitudes of the partners involved.
- 5.9.2 A single countywide HIA service offers the biggest savings and potentially the greatest improvement of services but it also carries with it the highest risk of failure to reach unanimous support from district authorities. This model is most popular with health and social care. If support could be guaranteed from all funders, partners, stakeholders and local politicians for a countywide HIA service then this would be the best option.
- 5.9.3 The option of two HIAs covering the county offers fewer savings than a single HIA and an increased likelihood of continued variations in services but there is a reduced risk of the districts not reaching agreement on this model.
- 5.9.4 There are several possible arrangements for a 2 districts and 3 districts split across the county. South Cambridgeshire and Cambridge City will necessarily need a common HIA service given the geographical location of Cambridge within the boundaries of South Cambridgeshire DC area. The combinations could be:
SC/CC + F/H/EC
SC/CC/EC + F/H
SC/CC/H + F/EC
(Key: CC = Cambridge City; SC= South Cambridgeshire; F=Fenland; H=Huntingdonshire; EC= East Cambridgeshire)

The client groups for HIAs are predominantly 60+. Using the population statistics in the tables in Appendix 3 of the 2008 report, if the population statistics for people over 60 in each of the districts for 2001 are totalled according to the above combinations, the following table results:

District Combinations	Population 60+ (Total 107,500)
CC/SC/EC + F/H	59,000 + 48,500
SC/CC/H + F/EC	71,800 + 35,700
F/H/EC + CC/SC	63,600 + 43,900

Source: CCCR: 5 Cambs Districts 2001

If the total population for people 60+ for the 5 districts 107,500 is split in the proportion 3:2 it results in figures of 64,500:43,000. The district combination closest to this population split is F/H/EC + CC/SC. However, these were the statistics in year 2001.

The forecast figures for population growth 2001 to 2021 for people in the age bands over 60 are:

CC = 7,900 SC = 25,000 EC = 9,800 F = 11,000 H = 19,650

At 2010, we are half way into the forecasted growth period. The largest growth in 60+ populations is in South Cambridgeshire and Huntingdonshire which suggests keeping these two districts in separate groupings. The remaining two combinations of CC/SC/EC + F/H and F/H/EC + CC/SC have populations of people over 60 within two or three thousand of each other so either combination would be sensible in terms of populations of people over 60.

A further consideration is the relative sizes of the geographical areas to be covered. The combination of CC/SC/EC + F/H gives roughly equal areas.

5.9.4 So taking into account the populations of people over 60, the geographical areas covered and the attitudes and ambitions expressed by Housing Managers, the stated preferences on developing or sharing services suggests the restructuring of the existing 5 separate HIAs into 2 HIAs with one covering Fenland and Huntingdonshire and the second covering East Cambridgeshire, Cambridge City and South Cambridgeshire. This is further strengthened by initial contacts and talks that have taken place between some of the partners in the latter grouping. It is, therefore, recommended that this option offers the greatest chance of success in the short term over a contract period of three years. It will allow for the possibility of a continued mixed market of provision and increase the ability to co-ordinate with other health and social care agencies.

Towards the end of the contract period, a review of performance and quality of services could be undertaken and commissioners should consider whether they needed to procure countywide HIA services via open competitive tendering or if a business case could be made for entering into a negotiated tender with the preferred existing provider.

6.0 Outcomes, Successes and Issues – Examples from elsewhere

6.1 Issues Causing Failure

In our experiences, where the true cost of the services has failed to be established and/or the commissioners are seeking to make unrealistic savings at the expense of the organisational needs to achieve the targets set and partnerships have not had robust agreements between commissioning parties then this has led to failure. Tenders have exceeded the funding available and the partnership between county and districts has broken down (Oxfordshire).

There have also been situations where district authorities and commissioners have been unable, over a considerable period, to agree on a preferred model of service, the specification of services to be delivered or funding contributions to be made. The county preventative services commissioners in one case has decided to withdraw its funding to develop countywide low level preventative services involving Preventative Adaptations and Handyperson services (Nottinghamshire).

6.2 Single Countywide Projects

The three home improvement agencies in Warwickshire formed a partnership in 1999 to provide a countywide Home Safety Scheme. Warwickshire's Health Authority and Social Services jointly fund the project.

ROSPA trained co-ordinators undertake a complete home safety analysis and identify any potential hazards (trip hazards, poor lighting, unsafe heating, re-routing cables/flex, need for grab rails, steps, lifeline services etc). Any work or services needed identified during the assessment is referred to appropriate agencies by the co-ordinator. A majority of the hazards can be rectified through minor repairs/adaptations carried out by the handyperson services. Approximately 1,000 properties are inspected every year with over 50% of clients being 75 or over.

6.3 Jointly Commissioned HIA Services across 3 Unitary Authorities

Reading, West Berkshire and Wokingham jointly commissioned and procured a home improvement agency service to provide repairs, improvements and major adaptations, minor adaptations and handyperson services. The contract was awarded to Ridgeway Care & Repair and commenced on 1 April 2008. The key benefits realised by this collaborative approach for the local authorities involved include:

- Harmonised services
- Rationalised services and reduced duplication of activities
- Easier access to a range of housing services within and across housing health and care and across three unitary authorities
- Efficiencies through economies of scale and more robust service delivery
- Marketing and business strategies that reflect the contract size but deliver benefits to older people and disabled people over and above statutory duties and the individual stakeholder agencies
- Contract, governance and reporting structures that enable all stakeholders to monitor and develop services based on clear evidence

- 'Future proofed' services – the HIA partnership is capable of admitting further partners and accommodating new initiatives as the structures of the procurement project anticipated new performance frameworks.

6.4 A Single Countywide Home Improvement Agency

6.4.1 Lincolnshire HIA (LHIA) was incorporated in January 2006 as a company Limited by Guarantee with charitable status. Since 2006, the agency's area of operation has expanded from 2 to 5 districts, and in the case of handyman services, they are available across the whole county. Two districts continue to operate in-house services for DFGs and repairs assistance. LHIA has achieved continuous service improvement and a strong partnership ethos between the agency and councils to ensure a uniform service is provided across the 5 districts. Strong protocol and service level agreements are in place to govern relationships and responsibilities and monitor performance. Partners and LHIA are also working with other organisations to improve countywide uniformity e.g. defining a standard schedule of works for grant aided works and Occupational Therapists working towards a joint protocol.

Caseworker functions have expanded to include Basic First Aid, Falls Prevention through hazard identification, Fire Safety Checks and Home Safety Checks. The agency is working with Trading Standards to establish a countywide registered traders list of builders and related traders. During the next 3 years it plans to establish a Housing Options service, a Crisis Support Caseworker, a gardening assistance service, a Befriending service using volunteers and the exploration of an Equipment Recycling facility.

The agency manages the brokerage of handyman services across the whole county. Age Concern delivers a handyman service in Lincoln City, there is also a Royal British Legion Poppy Calls service and the agency uses approved contractors to cover the county and any gaps in services of other providers. All referrals are handled by the agency and distributed by dedicated administrative coordinators to an appropriate Handyman/contractor. Lincolnshire Supporting People provides £54,000 to fund the brokerage service (includes two administrators) and the 7 District Councils contribute £25,000 each in grants to clients to fund the work (a guideline upper limit of £250 per job is in place). The service is free to clients who are over 60 or disabled.

6.4.2 Worcestershire currently has services delivered by two HIAs which are neither consistent within the areas they work or across the county area. There are also concerns over the variable alignment of services with health and social care. It is felt that the model of provision is not designed to meet the changing environment of Supporting People with funding moving to the LAA from 2010/11. A priority for SP will be to ensure that outcomes align with LAA priorities. A multi disciplinary group has been established called the Home Improvement Agency and Housing Adaptations Project Management Group to progress the re-commissioning of home improvement agency services on a countywide basis.

The commissioning of a county wide HIA service gives an opportunity to re-design the service to meet the strategic objectives of a wider range of partners including the PCT and Social Care. This will ensure greater value for money, reduce duplication and improve service quality, consistency, accessibility and resilience. Early discussions have taken place looking at the potential for closer working between all strategic partners ensuring strategic alignment and potentially using the HIA as a hub for a wider range of services in the future e.g. ICES, telecare / telemedicine, handy-person etc.

The commissioning of this new service is seen as timely as there have been fundamental changes to the Disabled Facilities Grant programme as well as increasing local budgetary constraints and increasing demands. It is envisaged that within the next few years the government subsidy for this

area of work is likely to go to the area based grant. This will inevitably change the role that district councils play in respect of DFG's in the future and the local resources provided to support the HIA service. However there will still need to be strong strategic influence alongside other partners regarding the HIA service and how it is delivered to meet the needs within the county.

6.5 Adaptations – a new approach

In response to increasing demands for adaptations, budgetary pressures and the lengthy waiting times being endured by the majority of disabled people, several authorities have been reviewing the whole adaptation and DFG processes using Vanguard/Lean Thinking approaches. The overall objective is to simplify the process, cut out unnecessary paperwork, procedures and time delays to speed up the delivery of adaptations so that disabled people can enjoy a much improved living situation and regain their independence in a matter of weeks not years (Wychavon and Bromsgrove Councils in Worcestershire; East Sussex Districts and County; Blackpool BC – has reduced waiting times for OT assessments from 36 weeks to 8 weeks). In addition, further savings in funding and waiting times are being realised through the procurement of stair lifts from one provider (Blackpool) and the production of a schedule of rates for level access showers which is used with a small number of approved contractors (Blackpool, Wychavon, planned for East Sussex).

6.6 Ingredients for Success

The restructuring of HIAs into larger units covering more than local authority housing district has had successes and failures. Regardless of whether the restructuring is undertaken through a procurement exercise or a joint partnership venture between local authorities, the ingredients for success are similar to those already mentioned in the section on Risk Analysis in 5.7.1 in mitigating the risk of failure.

Successful restructuring requires:

- A strong committed partnership of the key stakeholders with a common set of aims and objectives, which includes the realisation consistent comprehensive client focused HIA services as detailed within the agreed specification, sufficient long term revenue and capital funding to build a strong, vibrant HIA service that will deliver the outputs and outcomes required.
- The retention and/or recruitment of a talented and committed staff team with appropriate skills which is ably managed and supported to consistently improve and develop the services in enterprising, efficient and innovative ways that are sensitive to customer needs and deliver value for money.

6.7 Lessons Learned from Procurement Exercises

There have been numerous procurement exercises undertaken across the country and some valuable lessons have been learned. The following conclusions and recommendations were derived from a survey conducted for the South West Supporting People Regional Providers Forum and SW Regional Implementation Group of SP Managers (http://www.sitra.org.uk/fileadmin/sitra_user/TEMP/Procurement_Lessons_Learned_Sept_08.pdf):

- **Timetables** – there has been a significant underestimation of the work involved for both commissioners and providers in preparation, submission and evaluation of tender documents and post tender award, in contract termination, hand-over and start-up. There is a good cause for extending the times allocated to all stages of the procurement procedure. If bids are to be

invited from partnerships and consortia notice of intent to invite such bids needs to be in the order of 6 to 12 months.

- **Transfer of staff and TUPE** – this is complex and time consuming. Where there is a complex reconfiguration of services, it is unlikely that out-going and in-coming provider organisations, can by themselves resolve all transfer issues without difficulties.
- **Tender Documentation** – needs to take into account the advice given by CLG in their Guide to Procuring Care & Support Services.
- **Communication** – the stress caused by the competitive procurement process should not be underestimated. Better communication between commissioners and providers is needed to avoid mistrust, anxiety, frustrations and accusations of lack of professionalism.

Recommendations

1. A new outcome focussed core HIA specification is developed which includes the key ingredients:
 - Client-centred support provided in a person’s own home
 - Expertise in making changes to the physical fabric of the home.
Agreement of all partners and commissioners is reached, adopted and implemented on:
 - Equal access to the provision of practical advice, information and assistance that older, disabled and vulnerable people need to make decisions that will achieve their wishes in relation to their housing problems – *Support for Choice*
 - Who, how and what should be involved and covered in undertaking a comprehensive assessment of the client’s circumstances, aspirations and needs?
2. A countywide Handyperson brokerage model is developed that uses approved contractors to cover the county and any gaps in services delivered by other providers such as Age Concern. It could be built around an amalgamation of the East Cambridgeshire and Fenland HP services. All referrals would be handled by the combined service and distributed by the dedicated administrators to an appropriate Handyperson/contractor. The existing directly employed Handypersons would be developed to operate as emergency or special project (hospital discharge, falls prevention etc) operatives.
3. Commissioners should decide what additional services (e.g. Housing Options service; Hospital Discharge scheme etc see 4.2.6) could or should be delivered by the restructured HIA services. These should form part of any HIA specification and contract.
4. All Districts Housing, HIAs and Occupational Therapists services collectively review resources and processes involved in the delivery of adaptations funded by Disabled Facilities Grants and make changes to implement best practices to reduce throughput times from initial enquiry to practical completion of the works.
5. Develop a joint procurement approach to work and equipment.

6. The Supporting People Commissioning Board seeks expert advice regarding the transfer of local authority and Independent HIA staff to a new employer and the triggering of Pension fund deficits and the economic impact on competitive tendering in particular and procurement in general.
7. If support for a countywide HIA service cannot be guaranteed from all funders, partners, stakeholders and local politicians, then the Supporting People Commissioning Board should restructure the current 5 separate HIAs into 2 HIAs with one covering Fenland and Huntingdonshire and the second covering East Cambridgeshire, Cambridge City and South Cambridgeshire. This is to be seen as the first step towards a single countywide HIA service which could be achieved through a competitive or negotiated procurement exercise after the initial 3 year contract for two HIAs.
8. The preferred method of achieving this restructure would be through an open competitive tender process. This could be an uneconomic proposition if significant Pension deficit payments for transferring staff have to be covered in addition to the costs of procurement and redundancy. If this is the case then a business case should be made for an exemption sought from Procurement regulations on the grounds of economic viability.
9. An alternative to competitive tendering would be a District Council Co-operative. District Councils would work together to create a non-tendered arrangement such as a 'Joint Venture Agreement',
10. 'Joint committee formally constituted under part IV Local Government Act 1972' or a company jointly controlled or owned by the participating councils. The issue of triggering Pension deficits would again need to be explored in relation to establishing a new company or organisation.

7 Appendices

Appendix 1: Consultation responses relating to HIA operational activities and their strategic need

The information and views on HIA operational activities and their strategic relevance and restructuring/remodelling was gained from interviews and written evidence from the following people:

King's Lynn & West Norfolk HIA/ Fenland DC – Dan Horn, Harry Baxter (Fenland DC); Duncan Hall (KL&WN), David Hanson (HIA Manager KL&WN)

East Cambridgeshire C&R/East Cambridgeshire DC – Yvonne Thresh (Manager HIA); Roderick Maire and Anne Tuite (Board Members); Staff of the HIA; Liz Knox and Jane Hollingworth (East Cambs DC).

Cambridge Home Aid/Cambridge City – Dee Irving (HIA Manager) and Staff; Helen Reed, Bridget Keady and Bob Hadfield (Cambridge City).

Huntingdonshire HIA/DC – Lorraine Gardiner (HIA Manager) and staff; Steve Plant and Jo Emmerton (Huntingdonshire DC).

South Cambridgeshire HIA/DC – Maureen Nudds (HIA Manager), Michael Stares (TO) and staff; Geoff Keerie (South Cambs DC).

Cambridgeshire County Council ASC – Allan James (Prevention Grant)
Cambridgeshire Supporting People – Jane Mansfield (SP Accountable Officer).

PCT/Health Commissioners – Richard O'Driscoll, Katie Baldwin.
Community Rehabilitation Manager – Jane Crawford-White

OPERATIONAL CONSIDERATIONS

Key elements of the HIA services include:

- Advice, information and client centred support and signposting (e.g. CAB; Age Concern Handyperson scheme; Homeshield). Income maximisation/sources of funding
- Carrying out repairs to vulnerable homeowners and private landlords' (mainly Cambridge City) properties towards or to Decent Homes standard
- Adaptations using DFG funding, and private and charitable sources of finance
- Handyperson services carrying out low level preventative work, odd jobs and small repairs. (EC; KL&WN)
- Pilot energy efficiency solid wall insulation project. (KL&WN)
- Warm Front and energy efficiency work.

Strengths and Weaknesses:

Strengths	Weaknesses
Customer care Working flexibly and respond quickly Holistic “can do” approach Finding solutions to client problems Stable, dedicated and skilled staff team Good working relationships with health and social care High levels of customer satisfaction Slick and quick on DFGs IT and monitoring	Remembering to be advocates of the client and not the “Council” Client assessments should be more holistic to capture a wider range of needs Lack of back up by a larger organisation Presence and profile of agency at county level Governance could be stronger and more strategic Too reliant on fee income Difficult to bring in changes due to council rules Reactive rather than proactive on some areas (hospital discharge; housing options) More preventative approach needed No home security and project work e.g. smoke alarms Performance monitoring and targeting minority groups Staff resources overstretched Procurement of work and equipment could be better (across region?) Uncertain future funding No regional loans scheme Marketing skills Spend too much time with customers Management of health & safety Non-fee income generating work

Marketing and Promotion:

All the HIAs undertake the usual range of promotion and advertising including talks, leaflet distribution, advertising in newsletters, attending events with displays, posters in doctors’ surgeries etc. In addition some agencies promote specific grants (e.g. energy efficiency grants) or specific schemes (e.g. smoke alarms) to target groups. Marketing of HIA services is an area that could be improved.

To respond to increasing levels of demand there will need to be:

- Lobbying for more resources
- Increase volume and value of low level preventative work via Handyperson service
- An increase in the volume and value of private work
- More stop gap work will be done “patch and mend”
- More work carried out using loans. An East of England equity release scheme needs to be developed
- Reduce some activities to meet demand
- More consistent, reliable OT service.

New services identified as being needed by customers:

- Housing options advice and information. Links with FirstStop
- Falls prevention scheme
- Hospital discharge scheme
- Combat hoarding scheme/De-Cluttering homes
- Gardening services offering longer term solutions
- Decorating services
- Privately funded work
- Sources of subsidised equity release loans
- Home energy advice needs additional work and alternative energy schemes.

Cambridgeshire HIA core specification:

Cambridgeshire HIA managers and their staff teams are working more closely together than prior to the drawing up of the core specification. Managers meet on a regular basis and Caseworker meetings have also recently started.

Whilst every HIA individually claimed to be working to the common core specification, it was also a widely held view that not all HIAs delivered their services strictly in accordance with this specification. Differences existed around how the services were accessed and the degrees of accessibility, the range and type of services and levels of face to face assistance from staff.

The major reasons for differences and the barriers and difficulties to working to a common HIA specification are believed to be:

- Reluctance to change - it needs all local authorities to sign up to it and not just the HIAs
- Inadequate monitoring against the specification by Supporting People
- Inconsistencies in funding, lack of resources, lack of political will, inertia.

In addition, there were the usual differences across housing authorities in assistance policies, procedures and paperwork, local needs and priorities, housing stock, local politics, organisational cultures and operational practices.

Additional services identified for a new common specification includes:

- Comprehensive information, advice and support leading to a wider range of choices being offered
- Full integrated Housing Options services that assist vulnerable people to find and move on to properties/accommodation across private, public and care sector
- Hospital discharge scheme
- Combat hoarding scheme/De-Cluttering homes and dealing with clients with complex needs.

Sharing and/or merging services:

The King's Lynn & West Norfolk HIA already works across 3 local authority districts (KL&WN, Breckland in Norfolk and Fenland in Cambridgeshire). There have also been examples and experiences of HIAs in Cambridgeshire sharing Caseworkers and Technical Officer time during times of high workloads and staff shortages.

STRATEGIC CONSIDERATIONS

Contribution of HIA services to strategic priorities:

There is general acceptance amongst Housing Managers, Strategy Officers and Supporting People within Cambridgeshire that HIA services make a significant contribution to local and national strategic priorities relating to older and vulnerable people. Examples given:

- Document on Strategic Priorities, their link to National Indicator set and contribution by HIA services to these
- Important role in helping to deliver Older People's Strategy which seeks to help people remain independent in their own homes for as long as possible thereby reducing the reliance on otherwise more expensive and/or institutional forms of care
- Cambridge City Council – Relevant Objectives and Priorities for HIA Review
- Supporting People Strategy and Priorities around prevention, community development, social inclusion, promoting independence and user control which are closely aligned to wider priorities for health, housing and social care partners.

Current joint work between housing partners:

The following examples were given of joint work with other housing partners:

- City & South Cambridgeshire Hoarding Policy
- Sub-regional choice based lettings scheme
- County Disability Strategy looking at operational practice and location of adapted properties
- Recycling stairlifts
- Sub-regional Strategic Housing Market Assessment
- County wide Children's Housing Panel to mediate/make decisions on complex/difficult cases
- Countywide Housing Officer meetings discuss issues of common concern e.g. homelessness, adaptations. A current issue being considered is the development of a joined up equity release strategy.

Joint services across housing, health and social care:

The following examples were given:

- Supporting People framework
- Domestic violence sanctuary scheme
- Housing Options policy for Cambridge City (Mental health, OTs, LDP, EH) to provide joined up approach to complex housing needs
- Extra care housing
- Joint Strategic Needs Assessment
- Joint best value reviews on sheltered housing and learning disabilities
- Joint review of Occupational Therapy services
- Cambridgeshire Together Partnership and its sub groups (e.g. Community and Well Being Strategic Partnership)

- Making Cambridgeshire Count – recently formed to develop more coordinated and joined up services across housing, health and social care (mainly politicians)
- Local Area Agreement funding
- Homeshield
- Health and Social Care fully integrated 4 years ago.

It was felt by some people that there is a lack of clarity around the LAA process and that existing links with Health/PCT are weak.

What policies and plans are being put in place to deal with increasing levels of demand by older, disabled and vulnerable people?

- Cambridgeshire Together required thematic partnerships to lead on the delivery of the priorities outlined in the Cambridgeshire Vision and the LAA. One of the thematic groups is Health, Care, Well Being and Supporting People Partnership
- JSNA shows Fenland has greatest needs of all districts
- Reviews of Private Sector Housing Strategies
- Cambridgeshire is a growth area – Sub Regional Housing Board is working on strategic priorities.

Barriers to working to county wide agendas:

- Different local priorities
- Inequity across county e.g. OT waiting times, extra care provision
- Inconsistency of funding, resources
- Lack of clarity in LAA process
- Lack of political will

Ambitions to develop HIA services across district boundaries and considerations of possible merger or sharing of HIA services:

- Cambridge City Executive Councillor and officers are happy to consider any HIA service that offers high quality and most cost effective delivery. Not averse to merger especially with South Cambridgeshire
- Fenland District is already part of a larger HIA spanning 3 districts (KL&WN HIA) and believes it derives good benefits from this arrangement including the sharing of services across a larger area and improved chances of attracting funding for new schemes and projects resulting from submitting a joint bid instead of separate bids. The cabinet post holder for housing and Fenland Officers are in favour of maintaining their current arrangement where they are part of a HIA service which includes KL&WN and Breckland. They are happy to be part of any re-commissioning exercise planned for KL&WN during 2010/2011
- Huntingdonshire District is aware of Supporting People’s priority to ensure they are getting value for money and reduce their overall spend. If a county wide service is not acceptable or possible then the districts could be combined in a 2 and 3 split. South Cambridgeshire/Cambridge City and Huntingdonshire/Fenlands/East Cambridgeshire could be one possibility.
- East Cambridgeshire District believe HIA services spanning 2 or 3 districts which could include a combination from East Cambridgeshire, South Cambridgeshire, Fenland and Cambridge City is a distinct possibility. Councillors and the Board of Care & Repair robustly defend the HIA service and would like to see an expansion not reduction in its scope. They will need to be convinced about the benefits of changing to a larger and different provision.

Any suggested changes to the current configuration of agencies via tendering, mergers or consortium arrangements will need to take into consideration the cost and legal implications and the possibility of triggering pension deficits etc

- South Cambridgeshire District has previously had tentative talks with East Cambridgeshire District about the possibility of merging their two HIA services. This still seems the most preferred option
- PCT/Health were most keen on a single countywide HIA delivering more support to help older people to remain at home, a reduction in falls, fewer admissions to hospitals and an improved sense of well being.

Who should commission the HIA services?

Supporting People is still seen by most people to be the most appropriate body to commission HIA services since all funders are represented. One view expressed was that SP was too small. Another suggested joint commissioning with other local authorities.

Configurations of contract areas:

Contract areas should be based on District Council boundaries in clusters of 2 districts and 3 districts.

Other considerations:

There were commonly held views that there should be:

- No reduction in the quality of services
- No loss of control by main funders
- Services must be value for money and cost effective
- Performance levels must be maintained or even improved
- Certainty that there would be equitable funding from partners for outputs and outcomes to be delivered in their areas
- Preferred option must come with a full risk assessment.

Appendix 2: Outcome Focused HIA specification

B1	Repairs, maintenance & improvements (Helping Service Users identify problems with their homes and providing technical assistance to deal with them)
B1.1	<p>The Provider will:</p> <ul style="list-style-type: none"> • Arrange home visits to Service Users • Help Service Users identify repairs, maintenance and improvements needed to their property • Explain options and the process for carrying out the work and the costs involved • Agree the action to be taken by the Agency and obtain the Service User’s written authorisation to act on their behalf • Confirm any financial contribution to be made by the Service User • Act on behalf of Service Users to prepare applications and obtain all necessary consents for work to be carried out • Maintain a list of contractors whose references have been sought • Select contractors with appropriate skills and experience to carry out work on behalf of Service Users • Liaise with contractors, Local Authority etc • Keep Service Users informed of progress throughout • Help resolve disputes between the Service User and contractor • Ensure that all works are undertaken in accordance with health and safety guidance and legislation • Where works are carried out with Local Authority Grant, ensure the process complies with local Grant policies • Have variation and defect procedures in place to ensure the satisfactory completion of works • Ensure that all works are satisfactorily completed and provide a completion certificate • Where works do not rectify identified unfitness or hazards, discuss the options with the Local Authority and Service User and agree the appropriate action
B1.2	<p>Service User requirements</p> <p>An understanding of what can be/needs to be done and how – demystifying the process</p> <p>As little disruption as possible</p> <p>To be safe and able to manage while work is underway</p> <p>To be able to do things that were difficult or impossible before the work was done.</p> <p>Reduce pressure on the family/carers.</p> <p>Feel safe & confident.</p> <p>Able to continue caring for spouse.</p> <p>Cope better with disability/better health/reduced stress.</p> <p>Feel warm and have more affordable heating costs.</p> <p>Maintain/increase the value of the home.</p> <p>Feel the HIA service is good value for money</p> <p>Happy to return to the HIA again in future</p>

<p>B1.3</p>	<p>Commissioner requirements</p> <ul style="list-style-type: none"> Positive feedback from Service Users and partner agencies Good HIA knowledge of services/information available through partner agencies – effective referrals Evidence of good partnership working Effective administration systems Addressing disrepair and hazards. Effective use of Grant funding Helping achieve energy efficiency/fuel poverty targets Reducing risk of accidents Reduced hospital admission Ability to respond quickly to help prevent hospital admission/delay in discharge Reducing ill health & disability and their impact on health services and carers Reduced care input
<p>B1.4</p>	<p>Output/outcomes/performance/quality measurement</p> <ul style="list-style-type: none"> Number of jobs completed each Quarter Satisfactory Grant spend by Grant type e.g. Moving to alternative accommodation, Home Repairs Assistance etc Number of home visits made each Quarter Length of time between first contact/referral and first contact Length of time between first contact/referral and first visit each Quarter Number of cases closed each Quarter

Appendix 3 - Copy of the Indicative DFG Time Targets table

INDICATIVE TIME TARGETS (working days)			
	Priority ranking in assessment		
	High	Medium	Low
Referral to allocation/response (including screening, prioritisation and preliminary test of resources form issued) <i>(NB where complex needs are identified some time may elapse before the need for adaptation is clarified and the process proceeds)</i>	2	2	2
Assessment carried out within	3	15	40
Recommendation and report prepared and forwarded	2	5	5
Notice to disabled person of recommendation and application form issued	2	2	2
Home visits to assist in completion of form, measure up and consult on proposals	5	15	30
Preparation of schedule and drawings	10	20	30
Second home visit to confirm proposals	5	15	30
Issue specification to contractors, concurrently seek confirmation of title, etc	3	5	5
Await return of tenders, concurrently seek completion of full test of resources	30	30	30
Evaluate tenders, calculate and check DFG, issue confirmation of DFG	3	5	5
Date to start not exceeding	10	30	60
Time on site will depend upon the size and complexity of works but allow 5 days per £5,000 value for general building work, less when value includes major items of equipment such as stairlifts:			
For average DFG of £5,000	5	5	5
Inspection on completion	1	2	5
Secure guarantees and documentation, advise on repair and maintenance, consult disabled person on satisfaction, consider any remaining needs	2	5	10
TOTALS	83	151	259

Appendix 4: Cambridgeshire HIA Review Option Evaluation Template - Option: - 2 HIAs covering 2 and 3 district areas

Criteria	Advantages	Disadvantages
Capacity <ul style="list-style-type: none"> ○ Add services ○ Volume of work ○ Improve services 	<ul style="list-style-type: none"> ○ Improvement of services across all 5 areas ○ Flexibility of staff to shift resources 	<ul style="list-style-type: none"> ○ Complicated through district variations and sensitivities
Financial Viability <ul style="list-style-type: none"> ○ Unit Costs ○ Fixed Costs ○ Restructuring costs ○ Pay back of restructuring costs over contract period ○ Comparative costs of joint commissioning ○ Ability to secure economies of scale 	<ul style="list-style-type: none"> ○ Economies of scale and potential for greater cost savings but not as good as single provider ○ Easier to set up procurement club ○ Easier to recycle equipment than currently undertaken as less organisations involved. 	<ul style="list-style-type: none"> ○ Potential staff costs (TUPE) ○ Financial accountability to each commissioner ○ Advertising and Marketing costs for changes. ○ Procurement costs bespoke for this approach (MOU)
Continuity of quality service to customer <ul style="list-style-type: none"> ○ Option impact on customer – Implementation ○ Option impact on customer for contract period 	<ul style="list-style-type: none"> ○ Improved ability to cover in times of HR absence ○ Two approved contractor list for the County. More efficient use of contractor base. 	<ul style="list-style-type: none"> ○ Change management traditionally sees short-term dip in performance before improvement ○ Customer identity to scheme ○ Potential loss of smaller contractors (with expertise and customer care)unable to larger areas
Links to HIA partners (e.g PCT, SP, Police, Fire Service etc) <ul style="list-style-type: none"> ○ Efficiency in monitoring County wide HIA service(s) 	<ul style="list-style-type: none"> ○ Time management of County wide commissioners e.g. PCT ○ Stronger tie in with social care and health 	<ul style="list-style-type: none"> ○ Potential perceived loss of local autonomy ○ Less localism than 5 HIAs
Contract management and review <ul style="list-style-type: none"> ○ Is the contract easy to manage and review ○ Ability to re-tender at end of contract period 	<ul style="list-style-type: none"> ○ Reduced administration / contract letting and compliance. ○ One set of quality standards to review ○ Comparison of performance between 2 providers ○ Consistent approach to customer feedback 	<ul style="list-style-type: none"> ○ Two QAF instead of one
Ability to manage performance monitoring	<ul style="list-style-type: none"> ○ Only two agencies to monitor – increases possibility consistency 	

Appendix 5: Financial Modelling of Options

Information was taken from the year 2009/10 staffing structures, total salary and non-salary costs and the range of salary costs for different posts to arrive at the total running costs for options 2 and 3. The total cost for 5 separate HIAs with one in each district is the current arrangement.

Core Staff Structure (FTE)	STAFFING STRUCTURES OF HIAs 2009/10					
	East Cambs	Hunts	Cambridge	Fenland	South Cambs	Total Cambs
Manager	1	1	1	0.72 Agency and Operations	1	4.72
Caseworkers	1.69	2	1.515	1.25	1	7.455
Technical Officers	1	1	1	1.25	1	5.25
Administration	1	1	1	0.80	1	4.80
Total HIA Staff	4.69	5	4.515	4.02	4	22.225

Source: Cambridgeshire HIAs

For comparison and modelling purposes, only staff involved in the delivery of core services have been included in the above profiles. Handypersons and the administrative staff employed to support them have not been included (at Fenland and East Cambs). Grant officers have also been omitted.

The running costs of agencies for 2009/10 were broken down into salary costs and non-salary costs. The travelling cost element of non-salary costs was listed separately because it was reasoned that was a high cost area and that a similar level of total travelling costs would be needed whatever the number of agencies.

OPERATIONAL COSTS (Revenue) 2009/10						
	East Cambs	Hunts	Cambridge	Fenland	South Cambs	Modelling Total
Salary Costs	£146,388	£161,560	£157,500	£124,025	£136,000	
Non Salary Costs Travelling	£13,200	£8,500	£1,424	£13,301	£8,840	£50,000
Non Salary Costs Rent, HLP, Management etc	£42,276	£90,200	£71,886	£18,725	£79,700	£75,000 county HIA £120,000 for 2 HIAs
Total	£201,864	£260,260	£230,810	£156,052	£224,540	£1,073,526

Source: Cambridgeshire HIAs

The remaining amount of non-salary costs for rent, HLP, telephone, management charges etc. ranged from £42,276 to £90,200 for HIAs operating in a single district and £18,725 for KL&WN operating across 3 districts.

A modelling total of £75,000 for the whole county should be more than adequate for a single HIA and £120,000 is allowed for two separate HIAs.

The salary costs for each full time equivalent of the posts of Managers, Technical Officers, Caseworkers and Administrative Staff were calculated, including on-costs of NI and Pensions, from the Running Costs breakdown supplied by each agency. The following range of salaries in the table below resulted:

Staff Posts	Range of Salaries £ incl NI pens	Modelling Figure Incl NI & Pens.
4.72 fte Project Manager	42,996 – 46,196	£50,000 for county £47,000 for 2 or 3 districts
5.25 fte Technical Officer	34,178 – 42,762	£43,000 for TO manager £40,000 for TO
7.455 fte Caseworker	19,315 – 30,640	£32,000 for CW manager £30,000 for CW
4.8 fte Admin.	19,532 – 22,488	£24,000 for Admin. senior £22,000 for Admin.

Notes:

All salaries inclusive of NI and Pensions etc.

A Manager salary of £50,000 is used to account for increased responsibility of managing a larger staff of a countywide agency and £47,000 for a manager of an agency covering 2 or 3 districts.

TO manager is rated at £43,000 and a TO is rated £40,000

Caseworker manager is rated at £32,000 and a Caseworker is rated at £30,000

Admin Senior is rated at £24,000 and an Admin worker at £22,000.

The breakdown of revenue income from the different funding sources (County Council, Primary Care Trust, Supporting People, District Councils, Fees and other sources for each HIA is given in the following table:

Revenue Income – Funding Sources	CURRENT REVENUE FUNDING SUPPORT OF HIAs BY DISTRICT					2009/10
	ECDC	HDC	CCC	FDC	SCDC	County Total
County Council (£)	30,000	30,000	30,000	30,000	30,000	150,000
Primary Care Trust (£)	16,800	16,800	16,800	16,000	16,800	83,200
Supporting People (£)	39,623	35,197	37,402	35,197	34,880	182,299
District Council (£)	50,781	67,578	126,870	30,000	73,660	348,889
Fees charged (£)	70,339	121,017	79,940	51,500	70,000	392,796
Other (£)				10,000		10,000
Totals (£)	207,543	270,592	291,012	172,697	224,540	1,167,184
Est. Surplus (£)	5,679	10,923	60,202	16,645	Nil	93,449

Source: Cambridgeshire HIAs

Options Cost Modelling

Option 2: Two HIAs covering 2 Districts and 3 Districts

Running costs of HIA: 1 April 2009 to 31 March 2010

(a) Salary Costs

Staff by job title	Number	Total Cost 3 District Area (Incl. NI, Pens.) £	Number	Total Cost 2 District Area (incl. NI, Pens.) £
Project Manager	1	47,000	1	47,000
Technical Officers	3.5 X £40,000	140,000	2.5 X £40,000	100,000
Caseworkers	5 X £30,000	150,000	3 X £30,000	90,000
Admin. Officer	1	22,000	1	22,000
Subtotal (a)	10.5 FTE	£359,000	7.5 FTE	£259,000

(b) Non Salary Costs

Expenditure Heading	Total Expenditure 3 District Area £	Total Expenditure 2 District Area £
Travel and subsistence	30,000	20,000
Non Salary Costs Rent, HLP, Management etc	72,000	48,000
Subtotal (b)	£102,000	£68,000
Subtotals (a)+(b) = Running Costs 2009/10	£461,000 Round to £460,000	£327,000 Round to £330,000
Grand Total	£790,000 +/- 10% Range £710k to £870k	

The total modelled operating cost for two HIAs operating across Cambridgeshire and covering 2 and 3 districts was compared with an existing county where a similar arrangement operates.

Worcestershire County has 6 districts (Wyre Forest, Redditch, Bromsgrove, Wychavon, Worcester City and Malvern Hills) of which 5 are covered by 2 separate HIA services. The North Worcestershire HIA is an in-house agency which covers 3 districts with Redditch BC employing the staff. The South HIA is managed by a Housing Association and covers 2 districts. The agencies employ 15 staff (2.5 Managers, 5 TOs, 3.5 Caseworkers, 4 Admin.) involved on the core service and the total funding for the agency in 2009/10 is £820,000.

Option 3: One HIA covering Cambridgeshire's 5 Districts

Running costs of HIA: 1 April 2009 to 31 March 2010

(a) Salary Costs

Staff by job title	Number FTE	Total Cost (incl. NI, Pensions) £
Project Manager	1	50,000
Technical Officer Manager	1	43,000
Technical Officers	5 X £40,000	200,000
Caseworker Manager	1	32,000
Caseworkers	7 X £30,000	210,000
Senior Admin. Officer	1	24,000
Admin. Officer	1	22,000
Subtotal (a)	17 FTE	£581,000

(b) Non Salary Costs

Expenditure Heading	Total Expenditure £
Travel and subsistence	50,000
Non Salary Costs Rent, HLP, Management etc	75,000
Subtotal (b)	£125,000
Subtotals (a)+(b) = Running Costs 2009/10	£706,000
	Round to £700,000 +/- 10% Range £630k to £770k

As a reality check, the total modelled cost for a single HIA covering Cambridgeshire was compared with the total operating costs of an existing single HIA covering 5 districts.

Lincolnshire HIA is an Independent HIA delivering services across 5 out of 7 district areas in Lincolnshire (Lincoln City, West Lindsey, North Kesteven, South Kesteven, Boston). It is 3 years old and has grown from operating over 2 districts in 2006. The agency employs 18 staff (1 CEO, 1 TO Manager, 1 CW Manager, 6 TOs, 5 Caseworkers, 2 Handyperson administrators, 1 Administrator, 1 Other) on the core and handyperson services and the total funding for the agency for 2009/10 is £640,000.

**Re-commissioning Home Improvement Agency Services
in
Cambridgeshire**

Risk Management Matrix

A Single County wide HIA





Improvement Agency
Management Matrix for 1
Countywide HIA

Likelihood

Likelihood:

A	Very High
B	High
C	Significant
D	Low
E	Very Low
F	Insignificant

Impact

I	Disastrous
II	Critical
III	Marginal
IV	Negligible

Transform

HIA

TOP PROGRAMME RISKS		
RISK No	RATING	OTHER REFERENCE
1	B1	Lack of Agreement
3	C2	Lack of Funding
4	C2	TUPE issues
6	C2	Current HIA performance
8	D1	Lack of suitable Provider tenders

A

B

1

C

3,4, 6,

D

2,5,7 9

8

Likelihood	A			
	B			1
	C		3	
	D		2	
	E			
	F			
		IV	III	II
Impact				

Risk Number	Current Risk Score	Target Risk Score	Description
[no.]	[matrix position]	[improved position]	[short name]
1	B1	C2	Lack of commitment to countywide service
2	D2	D3	Lack of agreement on countywide HIA service specification
3	C2	D2	Lack of funding

PUN	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical success factors	Review frequency	Escalation to Board & Date	Sign Off & Date
1	B1	12 Nov 2009	Lack of agreement across each authority and commissioners on countywide service	Early commitment from all stakeholders	SP HIA Commissioning Group (SPCG)	Housing Managers and members of SP HIA board ASC PCT/Health	Project Meetings		
2	D2	12 Nov 2009	Failure to agree common county wide HIA service specification	All stakeholders and commissioners identify the services they want and quality and standard of services and outcomes to be achieved and agree how client centred services are to be delivered	SPCG	Housing Managers, SP, ASC, PCT/Health Customers	Project Meetings		
3	C2	12 Nov 2009	Lack of funding committed to support all the commissioning aims and objectives and achievement of targets	Early commitment from stakeholders Memorandum of understanding before going to advert. Contingency plan to link services to funding available	SPCG; SP CB; SP; ASC; Housing managers; PCT/Health	Budget managers to buy into process and joint funding by SP,ASC, Districts, PCT etc. Funding secured by memo of understanding and planned services linked to available resources	Project Meetings		

Likelihood	A				
	B				
	C			4,6	
	D			5	
	E				
	F				
		IV	III	II	I
	Impact				

Risk Number	Current Risk Score	Target Risk Score	Description
[no.]	[matrix position]	[improved position]	[short name]
4	C2	D2	TUPE issues
5	D2	D3	Delays
6	C2	D3	Current provider performance deterioration

PUN	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical factors success	Review frequency	Escalation to Board & Date	Sign Off & Date
4	C2	12 Nov 2009	TUPE/Pension issues	HR departments provide information at early stage on staff affected Consultation with staff	SPCG, HR departments	HR involvement Provider cooperation	Project Meetings		
5	D2	12 Nov 2009	Tight timescales/ slippage	Clarity of deadlines Clear project plan Good communications Timely meetings	SPCG	Monitored Project Plan	Project Meetings		
6	C2	12 Nov 2009	Deterioration of service provision from current providers due to future uncertainty	Regular monthly contract management meetings with providers to discuss issues. Inform/consult with affected staff	SP, Districts and Provider Management and Project Manager	Provider Cooperation Staff confident about future	Project Meetings		

Likelihood	A				
	B				
	C				
	D			7,9	8
	E				
	F				
		IV	III	II	I
Impact					

Risk Number	Current Risk Score	Target Risk Score	Description
[no.]	[matrix position]	[improved position]	[short name]
7	D2	D3	Capacity to deliver
8	D1	E2	Lack of suitable tenders
9	D2	E2	Contract starts with disrupted poor quality service

PUN	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical success factors	Review frequency	Escalation to Board & Date	Sign Off & Date
7	D2	12 Nov 2009	Cost of procurement and restructuring Lack of resource capacity and expertise dedicated to deliver project	Identify likely costs Stakeholders to contribute sufficient expertise and dedicated resource from staff teams to deliver project	SPCG All stakeholders	Clear Project Plan linked to available resources	Project Meetings Tendering phase		
8	D1	12 Nov 2009	Lack of suitable providers' tenders	Ensure contract is attractive Funding available matches services required Market test prior to tender Meet the buyer event	SPCG	A good quality contract and tender Encourage market of providers	Project Meetings		
9	D2	12 Nov 2009	Contract has faltering start with disruption for users and staff and delivers poor quality services	Transition Plan for transfer of staff, assets, data, caseloads etc. in method statement requested in tender Plan communications, inductions, network introductions, training, publicity and promotion.	SPCG All stakeholders New Contract Management Board	Effective Transition Plan Provider and staff cooperation Ongoing stakeholder commitment	Contract Advisory Board		



**Re-commissioning Home Improvement Agency Services
in
Cambridgeshire**

Risk Management Matrix

Two HIAs covering 2 and 3 District areas





Impact
 IMPROVEMENT AGENCY
Management Matrix for 2 HIAs
 covering the county

Likelihood

Likelihood:
 A Very High
 B High
 C Significant
 D Low
 E Very Low
 F Insignificant

Impact
 I Disastrous
 II Critical
 III Marginal
 IV Negligible

Transform

HIA

TOP PROGRAMME RISKS		
RISK No	RATING	OTHER REFERENCE
1	C1	Lack of Agreement
3	C2	Lack of Funding
4	C2	TUPE issues
6	C2	Current HIA performance
8	D1	Lack of suitable Provider tenders

A
 B
 C
 3,4, 6,
 1
 D
 2,5,7 9
 8

Likelihood	A				
	B				
	C		3	1	
	D		2		
	E				
	F				
		IV	III	II	I
		Impact			

Risk Number	Current Risk Score	Target Risk Score	Description
[no.]	[matrix position]	[improved position]	[short name]
1	C1	D2	Lack of commitment to two HIA services covering county
2	D2	D3	Lack of agreement on countywide HIA service specification
3	C2	D2	Lack of funding

PUN	RATING VALUE	Register Date	Risk	Required management action/control	Responsibility for action	Critical success factors	Review frequency	Escalation to Board & Date	Sign Off & Date
1	C1	12 Nov 2009	Lack of agreement across authorities and commissioners on two HIA services covering 2 and 3 district areas	Early commitment from all stakeholders	SP HIA Commissioning Group (SPCG)	Housing Managers and members of SP HIA board ASC PCT/Health	Project Meetings		
2	D2	12 Nov 2009	Failure to agree common county wide HIA service specification	All stakeholders and commissioners identify the services they want and quality and standard of services and outcomes to be achieved and agree how client centred services are to be delivered	SPCG	Housing Managers, SP, ASC, PCT/Health Customers	Project Meetings		
3	C2	12 Nov 2009	Lack of funding committed to support all the commissioning aims and objectives and achievement of targets	Early commitment from stakeholders Memorandum of understanding before going to advert. Contingency plan to link services to funding available	SPCG; SP CB; SP; ASC; Housing managers; PCT/Health	Budget managers to buy into process and joint funding by SP,ASC, Districts, PCT etc. Funding secured by memo of understanding and planned services linked to available resources	Project Meetings		

Likelihood	A				
	B				
	C			4,6	
	D			5	
	E				
	F				
		IV	III	II	I
	Impact				

Risk Number	Current Risk Score	Target Risk Score	Description
[no.]	[matrix position]	[improved position]	[short name]
4	C2	D2	TUPE issues
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Likelihood	A			
	B			
	C			
	D		7,9	8
	E			
	F			
		IV	III	II
	Impact			

Risk Number	Current Risk Score	Target Risk Score	Description
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7	D2	D3	Capacity to deliver
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