
TITLE: FUNDING FOR HANDY PERSON SERVICE

Committee: Regulatory & Support Services Committee

Date: 1st July 2014

Author: John Tanswell/Liz Knox

[P26]

1.0 ISSUE

1.1 Members resolved following the report on Handy Person Services to the Development & Transport Committee on 11th March 2014 that the Council commit to explore the possibilities and funding stream for a county wide “Handy Person Service” and a report be submitted to a future committee.

2.0 RECOMMENDATION

2.1 Members agree to contribute up to a maximum of £15,000 towards a Handy Person Service for the District.

3.0 BACKGROUND/OPTIONS

3.1 Members agreed at Development & Transport Committee on 11th March 2014 to be included in the procurement of Handy Person Services across Cambridgeshire. As this Committee may be constituted by Members who did not sit on the previous Development and Transport Committee the report that was presented is attached as Appendix 1 to this report.

3.2 Since the original report a piece of work has been undertaken by HGO Consultancy Limited, Appendix 2, “Establishing the relative need for Handy Person Services in Cambridgeshire”. This provides the needs estimation figures for Handy Person services for each district. The methodology use was considered sound by the task and finish group. The final summary (Part 6) gives the % estimate need per district.

3.3 The task and finish group have modelled the joint service on a budget of £250k. With the District/City Council, the County Council and the Clinical Commissioning Group (CCG) contributing a third each. The Adult Social Care Directorate at the County Council has planned for £83.3k to be available from April 2015. The contribution from the CCG will need to be negotiated with the successful provider(s). In the current procurement process for older people and community services that the CCG is running.

3.4 To enable the procurement to move forward, each authority is required to commit to a level of funding. From the needs estimation report for East Cambridgeshire, this would be just below £15,000.

4.0 CONCLUSION

4.1 East Cambridgeshire Care & Repair, as an independent charity, delivered a handy person service through its funds and finance from supporting people grant. The scheme ceased when the care and repair service was brought in-house in April 2013.

4.2 Handy Person Services, when previously offered, have been well utilised by local elderly vulnerable residents and delivered an important provision to support them obtaining minor works or repairs to their homes.

4.3 The provision of this service links to Health and Well Being priorities

Priority 2 – Support Older People to be Independent, Safe and Well.

Priority 4 – Work Together Effectively.

There are major health benefits to the community by ensuring people are kept safe in their own homes and that works are undertaken by locally recognised builders.

4.4 With the reduction in capital funding for discretionary grants, the Council needs to be able to provide a service to offer low level intervention that will help the elderly to remain in their own homes without the need for further costly intervention.

5.0 FINANCIAL IMPLICATIONS/EQUALITY IMPACT ASSESSMENT

5.1 If the Committee resolve to take part in the county wide Handy Persons Service, a contribution of up to £15,000 will be required for 2015/16 with the scheme coming into operation on 1st April 2015.

5.2 Taking part in the scheme will attract an additional £30,000 of funding for the operation of the scheme in the district. It will provide our residents with the same level of service based on the estimated need of Cambridgeshire as a whole.

5.3 It is anticipated that there will be sufficient financial savings from bringing the Home Improvement Agency Service in-house in April 2013, to support the financing of this additional service to residents.

5.4 An Equality Impact Assessment is attached at Appendix 3.

6.0 APPENDICES

6.1 Appendix 1 – Committee report to Development & Transport 11th March 2014.

Appendix 2 – Establishing the Relative Need for Handy Person Services in Cambridgeshire (Final Report 28th May 2014).

Appendix 3 - INRA

Background Documents**Location**

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Ely

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TITLE: REVIEW OF HANDYPERSON SERVICE

Committee: Development & Transport Committee

Date: 11 March 2014

Author: John Tanswell PEHO

[N248]

1.0 ISSUE

1.1 To consider the provision of a Handyperson Service.

2.0 RECOMMENDATION(S)

2.1 Members determine whether or not they wish to take part in the provision of a Countrywide Handyperson Service and the financial implications of doing so.

3.0 BACKGROUND/OPTIONS

3.1 Handyperson Services were provided by the former Care & Repair Service until February 2013. The service was financed through Supporting People funding.

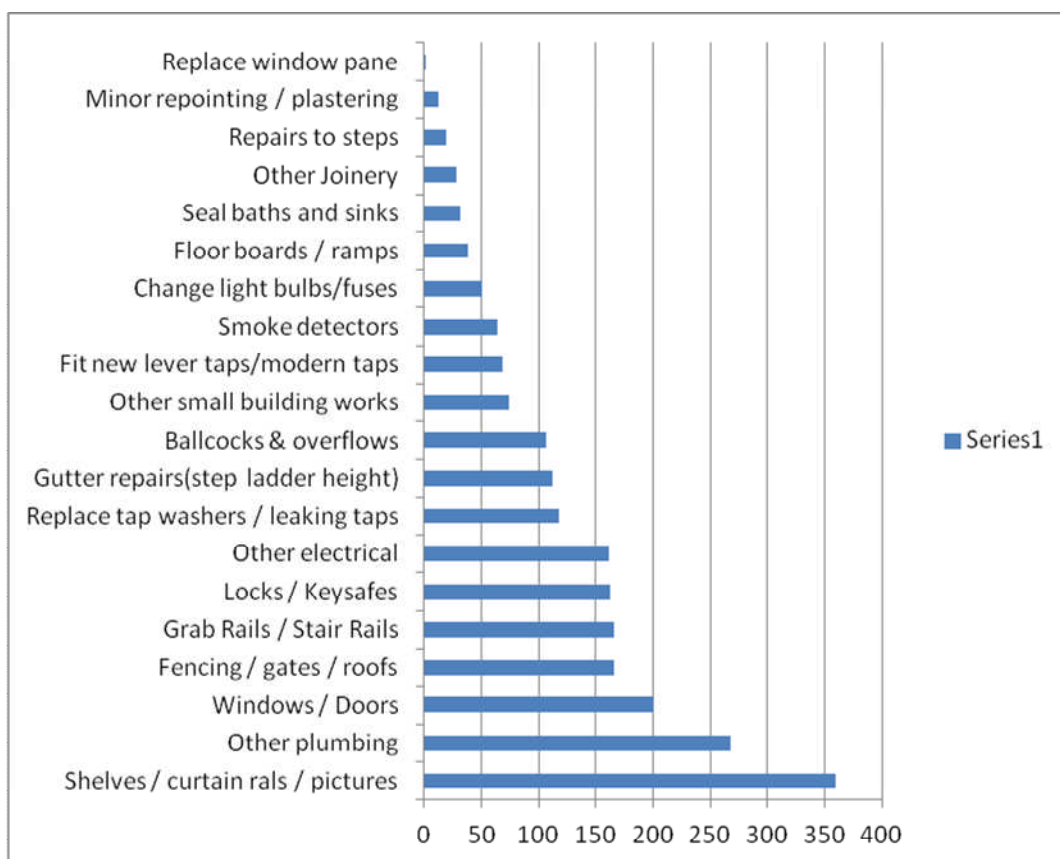
3.2 No Handyperson Services have been provided since that date as no further funding was available to support such a service.

3.3 With changes to funding streams and the creation of the Health and Wellbeing Board, authorities in Cambridgeshire together with the NHS have been exploring how the Handyperson Service could be provided and maintained across the County.

3.4 Currently an officer group is examining how such a scheme would work. There are cost implications for all the bodies involved if they wish to support this scheme. A copy of the Business Case is attached as Appendix 1 to this report.

3.5 Locally, the number of jobs completed during the last year of operation of the handyperson service in East Cambridgeshire was 649. This demonstrates that this was an important provision to support local elderly and vulnerable residents of the District in obtaining minor works through a recognised and reliable source.

3.6 The table below sets out the amount and type of work undertaken during the last three years of the service:-



4.0 CONCLUSIONS

4.1 There is a much and well recognised need for this Service as shown by the demand. There are also major health benefits to the community ensuring people are kept safe in their own homes.

4.2 The service ensures that works are only undertaken by locally recognised builders.

5.0 FINANCIAL IMPLICATIONS/EQUALITY IMPACT ASSESSMENT

5.1 If the Committee decide to take part in a Handyperson Service scheme there will be financial implications which are not possible to quantify at the present time.

5.2 Members may wish to utilise some of the savings identified from bringing the Home Improvement Agency Service in-house to support the provision of this service.

5.3 Equality Impact Assessment (INRA) not required at this stage.

6.0 APPENDIX

6.1 Business case 14.11.13

Background Documents**Location**

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Business Case

Issue:	Cambridgeshire Handy Person Service		
Lead Officer	TBC		
Date Issued:	14 November 2013	Version No:	2.0

Reasons:

To help prevent falls in older people by improving the condition of housing and health across Cambridgeshire through the provision of a 'handyman' type service.

Background

Availability and condition of housing are acknowledged to be amongst the most important wider determinants of health, as reflected in the adoption by the Cambridgeshire Health & Wellbeing Board of its priority around creation of a "sustainable environment in which communities can flourish".

A key contribution to maintaining and improving the condition of housing and health and reducing falls across Cambridgeshire includes the provision of District-led, multi-agency 'handyman' type services which have been established across the County for many years. These services deliver low level interventions such as repairs and maintenance services, hospital discharge service, checks around the home (such as energy, fire and security checks), first-contact and referral services and other housing maintenance related services to older individuals at a very low cost to mainly owner occupiers or private sector tenants (who make up approximately 85% of the County's householders). Attempting to do small jobs like these by the older person themselves poses a real risk of precipitating a fall.

The schemes are trusted by older people who may not trust the "market" provision; in addition many of the smaller jobs would not be undertaken by the market for the types of jobs offered and the objectives of the schemes.

There are significant implications for the health, wellbeing and independence of older people who have had a fall. There are also significant financial implications as set out below:

1. Home accidents, **particularly falls**, burns and scalds in the over 65's age group, cost the health service around £3bn a year and increase dependency on council and other services (approximately 57,000 older people attend A&E departments each year due to accidents on the stairs).
2. **Falls are a major cause of death** and disability for older people. In 1999 there were 647,721 A&E attendances and 204,424 admissions to hospital for fall-related injuries to people aged 60 and over. The cost of this was £981m, of which 59% was incurred by the NHS and the remainder by social services for long-term care.
3. **The average NHS cost of admission following a fall is £1,227** in 2010 prices. This is the average cost of all falls, and not the average cost of a fall that results in hospitalisation (the average cost of a fall resulting in hospitalisation is around £10,000)

Following a report to the Health and Wellbeing Board in October 2012, the Board recommended:

That the Board commissions the Local Health Partnership Network and District Councils Health & Wellbeing Lead Members Forum to establish a "task and finish" group comprising of officers from all the District/City Councils, the Cambridgeshire & Peterborough Clinical Commissioning Group

and the Cambridgeshire County Council to 'explore possible future funding and procurement options and delivery models to enable this highly successful service to continue'.

Strategic Relevance

The Cambridgeshire Health & Wellbeing Strategy 2012-17 contains six priorities for the Health & Wellbeing Board and Network to focus on to improve the physical and mental health and wellbeing of Cambridgeshire residents. The Strategy makes a commitment to work to improve the health of the poorest fastest.

The primary Priority that the handy person service falls within is Priority 2 - Support older people to be independent, safe and well. This priority includes:

- The promotion of preventative interventions which reduce unnecessary hospital admissions for people with long term conditions, enable them to live independently at home or in a community setting where appropriate, and improve their health and wellbeing outcomes e.g. thorough falls prevention, stroke and cardiac rehabilitation, supporting voluntary organisations and informal carers.
- Integrate services for frail older people and ensure that we have strong community health, housing, voluntary support and social care services tailored to the individual needs of older people, which enables them to improve their quality of life and minimise the need for long stays in hospital, care homes or other institutional care.

Two secondary priorities that also apply are:

- Priority 4 – Create a safe environment and help build strong communities, wellbeing and mental health and
- Priority 6 – Work together effectively.

Current Funding Arrangements:

Within Cambridgeshire there have been a number of handy person type services funded from a variety of sources but primarily by District Councils and Cambridgeshire County Council through the former Supporting People programme, with some funding from Health. The peak of the funding was during 2010 – 2012 when the then CLG made a time limited specific grant of £185K to start-up new handy person services or expand on current services. Since this period there were subsequent reductions from CLG around Supporting People then the whole scale funding reductions to councils as part of Central Governments austerity measures.

This meant that once the grant funded projects two year period ended in 2012 CCC ceased to fund the services through the housing related support budget (formerly Supporting People).

Some of the work has carried on through the District Councils and Huntingdonshire in particular have funded handy persons work with a longer term commitment.

Of the remaining districts South Cambridgeshire and City District Councils have committed lower levels of funding.

Fenland had and still has a jointly funded handy person type service with CCC, delivered by AgeUK.

East Cambridgeshire Care and Repair (HIA) as an independent charity delivered a handy person service through its funds and during the SP grant period increased this. The Care and Repair Service has now been taken into East Cambridgeshire District Council.

Commissioning Options:

There is a need to define the type of service that would provide the most benefit to Cambridgeshire residents. Having researched services provided elsewhere there are a number of different types of service available to meet a variety of outcomes. Some of these are provided separately in Cambridgeshire but could be brought together.

Some meet the aim of falls prevention and early discharge from hospital, some meet community safety and crime prevention aims and some community wellbeing aims.

A number of different types of provider across the country are used to deliver handyperson services. These include:

- In-house local authority service (usually within a housing department or home improvement agency)
- Social Enterprise
- Social Registered Provider (Housing Association)
- Independent Home Improvement Agency

Option 1: The most common model being delivered in other areas of the country is a joint tendering approach where one party leads on commissioning a jointly agreed specification on behalf of a partnership with a separate funding agreement agreed by all parties.

Advantages:

- Achieves best value for money through a competitive process
- Any organisation can bid to provide the scheme including HIAs and voluntary sector
- One consistent service across the County with one branding
- Efficiencies made through economies of scale for service provider

Disadvantages

- Cost of tendering process is high for a relatively small budget service
- May not be able to integrate with other statutory services so easily
- Will need a funding agreement and lead commissioner

Option 2: The alternative is to develop an integrated service without the need for tendering which could include integration initially with home improvement agencies and ultimately with wider service areas (Bobby Scheme, Fire Service, ICES, OTs).

Advantages

- No need to tender and go through procurement process
- There is an existing joint Funding Agreement for County, Social Care, Health funding for the Home Improvement Agencies
- HIAs already deal with the same client groups and carry out adaptations
- Opportunity to integrate with other statutory services in future

Disadvantages

- No incentive on provider to be competitive or innovative
- Third sector would be excluded from providing the service
- Lacks transparency and visibility
- Risk of challenge from existing providers

Both options would utilise the same funding envelope to deliver the service across Cambridgeshire.

Future Funding Proposals:

Clearly as a number of outcomes can be met by provision of handyperson services it is possible that a number of funding agencies could provide funding contributions for the scheme.

The cost of the current schemes can be used as a guide to indicate the potential funding requirements for a countywide service. When the service was fully funded in 2010/11 the total budget for Cambridgeshire was about £200,000. This delivered 1652 handyperson assessments/jobs.

Cambridgeshire Handyperson / Safer Homes funding	
2011/12	
Expenditure	£192,303
No. of assessments / jobs completed (baseline)	1652
2012/13	
Current Budget	£145,000
Expected No. assessments / jobs	1250
Funding pressure (to achieve 2011/12 No. of jobs)	£47,303
2013/14	
Projected Budget	£125,000
Projected No. of assessments / jobs	1077
Funding pressure (to achieve 2011/12 No. of jobs)	£67,303

Funding streams that could provide funding towards handyperson services include:

- Local Authorities (District housing authorities)
- Local Authorities (County - Social Care Services /Reablement/Housing Related Support)
- NHS (CCG/LCGs and Acute Services)
- Police Service/Community Safety (Bobby scheme)
- Fire & Rescue (Home Safety Checks)

Districts already contribute varying amounts of funding although all agree that the service is beneficial to older vulnerable householders. Combined funding for 2013/14 from the districts currently stands at about £70k.

Additional funding from Health & Social Care partners to deliver the health and social care outcomes and meet current demand for the service would be in the region of £150k across Cambridgeshire to provide a satisfactory level of service and allow for an inflationary increase in the cost of works.

Police and Fire and Rescue currently run their own services (Bobby Scheme and Fire Safety Checks) which could be integrated into a more holistic service in future.

Research carried out by the task and finish group indicates that in many areas of the country services are working across housing, health and social care to deliver this type of preventative service. Many also include some form of charging, with those on low incomes receiving a subsidised service. In Cambridgeshire some schemes ask for 'donations' from customers but this is at the assessor's discretion. Introducing a simple approach to charging would either increase the funding available to deliver more activity or partly offset the financial contributions from

partners.

Evidence of proportionate need for home improvement agency services across the County has already been established using demographic, stock condition and deprivation data and a formula agreed. This could be used to inform the division of countywide funding across districts in future for Handyperson services. The table is shown below giving a comparison to % 65+ population¹

Local Authority	% of total identified need	% of County population 65+
Cambridge	14.27%	14.32%
Fenland	28.36%	19.92%
Huntingdonshire	28.54%	26.97%
E Cambridgeshire	15.37%	15.04%
S Cambridgeshire	13.46%	23.76%
Total	100%	100%

Financial Benefits:

There are financial benefits to handyperson schemes and the Government's Department for Communities and Local Government (DCLG) has produced a toolkit which quantifies the financial benefit of such schemes.

The benefits can be described in terms of "benefits" for the public purse, and "benefits for service users, for example:

- For the public purse within Cambridgeshire the handyperson services form part of the preventative agenda and help maintain independent living. The financial benefits include reduction of falls (with benefits to both social services and healthcare), reduction of burglaries, improved or maintained independent living and reduced use of social care. Uncosted benefits include improved confidence in the tackling of crime and anti-social behaviour and on improving access to other appropriate services.
- For individuals, their families and communities within Cambridgeshire, benefits include improved or maintained wellbeing and quality of life, reduced fuel poverty, and reduced risk of injury or death from fires.

The term "benefit" needs to be understood as it is not the same as "savings". The benefits are the potential savings that might accrue. It is also important to stress that this it is not looking at value for money, nor does it assess the value for money of one provider against another. It enables an assessment of the benefits of providing handyperson services. Taking that into account, using the locally available data these benefits have been quantified across Cambridgeshire. The data shows that for each year the following benefits accrue. There is a note of caution, that because of the variations across the schemes running across Cambridgeshire both in terms of the services offered and the funding/financial arrangements an approximation has had to be made in order to give a Cambridgeshire wide picture.

Reduction/benefit	Total Benefit
40 people are prevented from falling	£52,880

¹ 2010 Needs analysis for HIA review – Mark Goldup

8 people are prevented from moving into sheltered accommodation	£59,984
1 person is prevented from moving into temporary home (residential/nursing)	£5,761
8 people are will not need to use social services	£8,704
46 people will have reduced fuel bills	£5,152
Total benefit	£132,481

It is also possible to quantify the total financial benefit to different sectors as per the table below.

Sector	Total Benefit
Health	£31,199
Social Services	£96,130
Service user	£5,152
Total benefit	£132,481

Benefits for Individuals and the Whole System:

For people in receipt of the handy person service the benefits include:

- improved wellbeing,
- Independence maintained
- Remaining in their own home
- reduction in fuel poverty,
- improved confidence of the service user,
- improved access to other services through improved signposting and onward referral to other agencies.

For the Whole System:

- Less attendances at A&E
- Less hospital admissions
- Less demand for social care services, particularly residential/nursing home placements
- Less demand for community based health services

Risks:

1. Committing officer time to the process to develop the business case as procurement options will impact on availability of resource for each partner. This risk is mitigated by limiting the number of officers from any one partner and using the work already undertaken to date in preparing the previous reports to the Health and Wellbeing Board.
2. Partners do not prioritise review work, do not attend review workshops and do not complete review work to deadline.
3. Partners fail to identify funding options to successfully procure the service
4. Current contractual arrangements delay or prevent the successful procurement at a Cambridgeshire level

Cost and Timescale:

Total Cost of the Contract – Approximately £250K (There may be other costs incurred during the procurement phase).

Timescale:

Stage	Complete by:
Data gathering	End September 2013
Clarify current contractual arrangements	End October 2013
Funding arrangements agreed	November 2013
Procurement options agreed	January 2014
Market testing (if needed)	January – March 2014
Tender process (if needed)	April 2014 – June 2014
Award contract/SLA	July 2014

Authorised By:	<i>Signature</i>	<i>Date</i>
Lead Director:		

FOR THE CONTRACT TO PROVIDE A COUNTYWIDE HANDYPERSONS SERVICE

SERVICE SPECIFICATION

SUPPORT SERVICE NAME	COUNTYWIDE HANDYPERSONS SERVICE
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1.0 Background:

- 1.1 Availability and condition of housing are acknowledged to be amongst the most important wider determinants of health, as reflected in the adoption by the Cambridgeshire Health & Wellbeing Board of its priority around creation of a “sustainable environment in which communities can flourish”.
- 1.2 A key contribution to maintaining and improving the condition of housing and health and reducing falls prevention and early discharge from hospital across Cambridgeshire includes the provision of District-led, multi-agency ‘handyman’ type services which have been established across the County for many years. These services deliver low level interventions such as repairs and maintenance services, hospital discharge service, checks around the home (such as energy, fire and security checks), first-contact and referral services and other housing maintenance related services to older individuals at a very low cost to mainly owner occupiers or private sector tenants (who make up approximately 85% of the County’s householders
- 1.3 The value of this type of service has been recognised both nationally and locally as making a valuable contribution to the health and wellbeing of frail older people. The schemes are trusted by older people who may not trust the “market” provision; in addition many of the smaller jobs would not be undertaken by the market

2.0 Description

- 2.1 There is a requirement for a county-wide handypersons service to provide a service for carrying out of practical small jobs around the home. The aim of the service is to enable people to live in their own home more safely and securely. The handyperson service will carry out a very wide range of work including small home repairs and minor adaptations.

- 2.2 The handyperson service will work with other agencies to meet the wider strategic aims of Heath, Social Care and District councils to ensure that the service is delivered efficiently and without delivering works that are already provided. The organisation that the service will be expected to work with are District councils, Health services , Social care services , the Fire service and the Bobby scheme to name the main ones.
- 2.3 The handyperson service is an important resource to enable independent living and meets health and social care targets and directives to create a safe environment through early intervention by an accessible and appropriate service. This can range from prevention of falls, reduced admission to care homes to maintenance of a decent housing stock. The handyperson service will involve work that can be undertaken within three hours and not requiring the skills of a qualified tradesperson.
- 2.4 The service is to be provided in the following districts: Cambridge City, South Cambridgeshire, East Cambridgeshire Fenland and Huntingdonshire
- 2.5 The period of contract will be----- . The contract will be for a period of -----years with an option to extend for a further----- years. The contract value for each area is estimated as -----
- 2.6 Providers should be clear when tendering for the service which area they are interested in. Providers may tender for one or more lots. Providers should clearly state if the service in one area is dependent on acceptance of the service in the other area.

? Some statement that the service will be chargeable and is primarily for people that don't meet FACS criteria so cannot access other statutory support. I think it's important that this is mentioned early on....and that it's commissioned by the County Council as part of our approach to facilitating preventative services....

3.0 The Service

The following indicates the broad range of work that could be undertaken. This list is not exhaustive.	
Adaptation	Grab rails - installing and securing
	Moving small items of furniture and providing bed moves to support hospital discharge
	The fitting of Loop Systems and Easy Readers
Home Security	Fit security locks/chains and spy holes
	Fitting security lights
Home Safety	Fitting smoke alarms, carbon monoxide detectors – making sure they are operating effectively
	Changing batteries in smoke alarms
	Fitting fire guards, letterbox covers, extension leads
	Changing light bulbs
	Remove trip hazards
	Securing carpets/replacing carpets stays
	Making telephone cables safe and tidy
	Fitting stair gates, cooker guards
	Home Safety Check
Home Energy Efficiency	Draught proofing doors and windows
	Fitting low energy light bulbs
Minor Electrical Works	Wiring a plug, fitting replacement plugs
	Replacing a fuse
Minor Plumbing Works	Replacing tap washers
	Fitting lever taps
	Bleed radiators, unblocking sinks
Minor Works	General minor repairs
	Installing telephone extension cables
	Re-arranging furniture in the home (prior to or following discharge from hospital)
	Small carpentry work
	Easing sticking doors/windows
	Fixing curtain rails
	Changing curtains
	Putting up shelves/lowering shelves
External Works	Minor repairs to gates and fencing
	Guttering (bungalows only)
	Fitting half steps
	Fitting exterior grab rails
Works that should be referred to other agencies	Any work in excess of 3 hours or in excess of £??? should be referred to the local Home improvement agencies as a potential small works job
	Any adaptation that is already provided by another provider such as smoke alarms, adaptations provided by the Statutory Occupational Therapy Service where people need to meet FACS eligibility criteria or via the Bobby scheme for security devices.

The following work will not be undertaken	Work involving the gas appliances
	Electrical work other than that of a minor nature (such as changing a fuse or a plug)
	Cleaning, Decorating, Gardening this may be provided in the following districts-----
	External works to the property above ground floor

4.0 Eligibility Criteria for the Countywide service.

Eligibility Criteria	
Eligibility	The service is open to older people, vulnerable adults (people with disabilities, people with mental health disorders). Eligibility for this service is not dependent on FACS criteria as this is a preventative service.
Tenure	Service available to owner occupiers and to those who rent from a private landlord council or housing association. However, the work that can be carried out in rented homes (Social landlord or private) will be restricted in that the handyperson will not do work that is the landlord's responsibility.
Priority	In the event that there is excess demand over supply, prioritisation will be required. Referrals should be prioritised as follows: <ul style="list-style-type: none"> • Incompletion of job may cause serious risk or danger to the service user • The risk of loss of tenancy due to incomplete jobs • Repairs that provide basic privacy for the service user • Repairs that are necessary to enable the service user to maintain independent living • Jobs that enable older people to be discharged from hospital or prevent admission
Hours worked	This is limited to one handyperson visit per month (with potential limit on the number of jobs carried out). Target time for each job is 3 hours.
Open Referral	Referrals to the service may be via the following routes: Self referrals Family referrals Carers Health Professionals Social Services via the Contact Centre? Local agencies

5.0 Trigger identification

5.1 As part of the handyperson service you should endeavour to identify certain trigger factors that impinge on the well being of the individual. Triggers factors can include:-

- Disrepair
- Inadequate heating/insulation
- Access/Mobility issues
- Home security/safety
- Hazards (identifies issues under housing health and potential falls)
- Heavy smokers/burn marks on furniture

5.2 Such checks would not require the handyperson or contractor to have in depth knowledge but be capable of asking key questions or undertaking a preliminary survey of the property. If trigger factors are identified, referral to Home improvement agencies or other Health and Social Care agencies can be invited to follow up and visit as necessary, but only on the proviso that the client wants this to happen. The importance of the client maintaining control over their lives is an essential part of the service.

6.0 Home Safety Check

6.1 Offering clients the option of having a free detailed check to identify 'risk factors' that could result in an accident in the home and recommend remedial action. A countywide assessment checklist will be developed and agreed.
The home safety check is available to people of all tenures.

7.0 Capacity of the service

7.1 The total capacity of the service is estimated to be ???? completed jobs per annum, with ??? jobs in each area of operation. It is acknowledged that this will be dependant on the time taken to complete the job. Providers should aim to complete jobs within 3 hours where practicable.

7.2 Providers will be requested to specify the number of jobs estimated to be completed within the cost parameters of the service.

8. Staffing

- 8.1 In each district the service will require the provision of ???(No) members of staff within each defined area. Support should be provided Monday to Friday and will require staff to work on a flexible basis, at times that are suitable and conducive for the service user.
- 8.2 As part of the tendering process the support provider will be asked to demonstrate that they have experienced and competent staff that are provided with appropriate training and knowledge.
- 8.3 It is a condition of the County Council that providers shall comply with the Police Act 1997 requirements of the Criminal Records Bureau.

9. Service Delivery Monitoring

- 9.1 The successful provider(s) will maintain accurate records of the service provision and provide quarterly reports. Reports will include information on:
- Number of people assisted (and their profile showing age groups, gender, ethnicity, disability, tenure, etc)
 - Work undertaken – e.g. type
 - Referrals made to other services
 - Results of customer satisfaction surveys
 - Details of any complaints received
 - Through open book accounting, be able to demonstrate how all funding sources have been used to deliver the handyperson's service. Ensure that all monitoring information including expenditure and income can be broken down to district council level

10. Quality Assessment *This would now be CCC contract standards*

- The successful provider should be adhering to the CCC Contract standards.
- The quality of the service will be assured through quarterly reporting and six monthly contract management meetings .
- Implementing policies (such as Protection of Vulnerable Adults, Health and Safety, Lone Working Policy and any procedures required by CCC contract standards)
- Appropriate risk assessment systems in place to ensure safe working conditions
- All employed staff to be DBS checked

11. Charging Policy

- 11.1 Cambridgeshire County Council, as the commissioner of this service need to specify the charging policy. (Currently, charges for handy person services within other areas vary from £10 to £15 per hour; some charging for material and labour some just materials; others make a variable charge depending upon people's ability to pay.)
- 11.2 Small charges are not seen as a disincentive to using the handy person service and most existing services have the facility to waive charges in hardship cases. It is intended that a charge should be made for the labour and a charge also be made for the cost of materials. In making a charge it is considered that £?? is a reasonable amount. Whilst some jobs requested may be completed within a few minutes (such as changing a light bulb) and an hour's charge made, the handy person will undertake other tasks as required.
- 11.3 Local residents who require a handy person service and do not meet the eligibility criteria should be charged at cost. ??????

how will eligibility be determine? By law, we should not be charging anyone for minor adaptation work if they meet our eligibility criteria. If they choose to wait for statutory service provision, they will get the work done for free. Needs to be made really clear to them that, if they are eligible, they can choose to wait for OT assessment etc OR they can have the work done through the handyman scheme but there is a small charge. As long as this is documented, that should be OK...but don't see why, if they have made that choice, they shouldn't be charged and prioritized the same as everyone else...

12. Contract Review of the Service

- 12.1 A service review will be carried out in six monthly.

13. Contract Monitoring Requirements

- 13.1 Providers are required to submit quarterly performance returns.

14 Key Outcomes for the Service- The key outcomes are prevention:

14.1 Service Users:

- Are enabled to avoid entering higher levels of care through the physical interventions with in their home.
- Are enabled to be discharged from hospital to their own home without delay

- Are enabled to avoid hospital admission through the physical interventions
- Are helped to avoid falls which result in injury
- Are enabled to avoid homelessness
- Are safe and secure in their own home

14.2 Providers will:

- To market and publicise the service
- To promote the independence of people by promoting their health and wellbeing. Enabling them to enjoy living in their own homes for as long as possible and .enabling them to avoid entering higher levels of care.
- To work with statutory agencies and voluntary sector organisations to avoid unnecessary admission to hospital, prevent admission to hospital and inappropriate placement on discharge from hospital.
- To help reduce the number of falls which result in serious injury
- To help increase the number of people who are living in their chosen environment in safety and dignity.

Establishing the Relative Need for Handyperson Services in Cambridgeshire

Cambridgeshire and its 5 constituent Districts intend to commission a county-wide handyperson service. As part of the preparation for the tender exercise HGO has been asked to produce needs estimation figures for handyperson services in each District. It is felt that the estimation of absolute levels of need is useful in itself, but the primary purpose is to produce a mechanism that can estimate relative levels of need between the Districts as a basis for dividing up the total funding available in an equitable way.

The methodology for undertaking this exercise draws on that used 4 years ago in Cambridgeshire in establishing the relative need for HIA interventions more generally. It is however informed by developments in HGO's methodological approach to needs estimation. The end result is a customised methodology for this specific commission.

This is the final report explaining the methodology used to produce the final figures. It will be revised as a result of further consultation. It sits alongside a spreadsheet that will allow the commissioners to continue modelling the end result if required; turning on and off some of the factors leading to the final result.

The methodology used can be summarised in the following 5 steps

1. Establishing the population at risk in each District
2. Calculating the proportion of this population who might be in need of a handyperson service at any particular time based on national assumptions
3. Applying weightings to this "population in need" to reflect the relative position of the 5 Cambridgeshire Districts (this is the key stage that determines the relative positions of the District funding allocation)
4. Allowing for different tenure balance within the Districts
5. Translating the need levels into volume of service required.

The bottom line at the moment is expressed in terms of the average weekly volume of service required in each District i.e. the number of hours required (NB it is acknowledged that this might be more than the volume of service that is actually affordable). It is also far from precise as explained below

A serious attempt to generate absolute estimates of service required would need an additional step which attempted to divide levels of need according to different types of jobs. It is not considered that for the purposes of this piece of work that this level of detail is.

1. Establishing the population at risk.

The population at risk of needing a handyman service is taken to be the over 65 population. More specifically it is the number of households that is relevant rather than the numbers of individuals as a handyman service would be provided to the household and not separately to each individual.

We therefore take the population at risk to be the number of households where the head of the household is over 65 in each of the Districts, using the household projections 2011-2021 by age of head of household.¹

2. Establishing the population in need

In order to do this HGO uses a combination of nationally available research and a piece of secondary research it carried out analysing a range of Strategic Housing Market Assessments questionnaires. This is itself a three-stage process.

Initially we make use of the prevalence methodology used in the Wanless Report to identify the proportion of the over 65 year old population with higher support needs. This includes the notion of the *Core Activities of Daily Living* (Core ADL). These are defined as getting in and out of bed, using the toilet, getting dressed and undressed, and feeding themselves.²

The research identified that 18.37% of the over 65 population had difficulty with at least one Core ADL. This would include however people who are resident in residential care or equivalent settings, and so we deduct a proportion from this to identify the population with high support needs in the community.

We calculated the estimate of the proportion of people in residential care based on figures supplied by Cambridgeshire as follows ;

The Care Quality Commission recognises a total of 3,042 beds in residential or nursing homes that are suitable for caring for people over 65. Some Cambridgeshire residents will however enter homes out of county, and we therefore use the figures for the number of people paid for by adult social care as of 31st March 2014 to apply a multiplier to this figure. 1263 of 1472 funded clients were housed in-County. This generates a multiplier of 1.165. We then allow for an average vacancy rate of 90% at any one time, and the fact that 20% of beds might be occupied by individuals on a respite basis i.e. they still have a home to return to where they may require a handyman service. Using the interim 2011-based sub-national population projections for 2014 this means that we estimate 2.242% of the Cambridgeshire over 65 population may be in

¹ OPCS Household projections for English local authority districts 2011 – Table 414 (published April 2013) <https://www.gov.uk/government/statistical-data-sets/live-tables-on-household-projections>

² Based on PSSRU model (*Wittenberg et al, 2004*) as quoted in *Wanless D, Securing Good Care, 2006*)

residential care at any one time, and this is deducted from the prevalence of those unable to manage one CDL, to generate an estimate of a higher needs group of 16.128% .

We then use the proportion of people who have difficulty with at least one domestic task as captured by the Living in Britain Survey (2001) table 37.3 as the basis for calculating the proportion falling into a lower support needs group.

Nationally this amounts to 41.4% of the over-65 population having difficulty with at least one domestic task. This would include those already counted in the higher needs groups and therefore the lower support needs group is calculated by deducting 18.37% from 41.4%, which is equal to 23.03%

The second stage is to identify what proportion of these 2 different needs groups might need a handyperson service specifically. Here we use our analysis of 7 SHMA survey questionnaires.⁴ The authorities we use all used Fordham questionnaires with similar questions. For the higher-needs group we use the self-defined group of frail elderly who said they needed access to help with maintaining their home (e.g through a handyperson service). For the lower support needs group it was the number of people from the general sample for the survey who were over 65 and who said that they needed help with maintaining their home.

For the higher-needs group this amounted to an average of 60.1% of the group and for the lower needs group this amounted to an average of 34.37% of the group.

Finally we try to deflate need for the service by taking into account the fact that some people will get this assistance informally from friends and family. Data quoted in the recent Dilnot Report's Supporting Evidence has been applied. The UK Market Survey on the Care of the Elderly in 2010-11 estimated that 1.9 million people received care and support from informal sources 5, out of a total 3.586 million requiring care and support. This is equivalent to 52.9% of the total, and a deflator of 0.471 is therefore applied to need within both groups.

The need for handyperson services is therefore calculated by applying the following formulae to the household figures identified at Stage 1

$$(0.1613*0.601* 0.471)+(0.2303*0.347*0.471).$$

This means that based on national assumptions 8.33% of the older person households would have need of an handyperson service in any one year.

⁴ The 7 Surveys covered the following 14 Authorities – Blackburn, Hyndburn, Burnley, Pendle, Bury, Sefton, Rutland, Peterborough, South Holland, Gloucester, Cheltenham, Forest of Dean, Tewkesbury and Cotswold. This produced a sample size of 11,000 plus older person households.

⁵ *Care of Elderly People – UK Market Survey 2010-11*, Laing and Buisson

3. Taking account of District differences.

We calculate weightings based on arrange of indicators to apply to this proportion. The choice of indicator has to meet two key criteria.

- To measure a driver that will impact on the need for handyperson services
- To consist of data that is available at District Council level

On this basis we suggest 4 different indicators are used to generate an overall District deflator /multiplier score.

These are :

- The proportion of the over 65 population that is over 85
- The proportion of the over 65 population that lives alone⁶
- The proportion of the over 65 population that claim Attendance Allowance⁷
- The Directly Standardised Mortality Rate (DSR) per 100,000 people aged 65 to 74⁸

The first of these was included because the over 85 year old population was considered more likely to need a handyperson service and initial analysis indicated that the proportion of the over 65 year old population that was over 85 was very different in one District, namely Cambridge. It was thought however that this might be because the care home population might be so much more significant in the city. An analysis was carried out of the proportion of the population that was in each District (grossed up from the Adult Social Care figures to take into account self-funders). This produced the following results :

Cambridge	3.73%
East Cambs	1.85%
Fenland	2.74%
Hunts	1.99%
South Cambs	1.58%

It is therefore concluded that the distribution of care home places clearly has an impact (the highest proportion being more than twice of the lowest), but it is not a sufficient explanation. We have therefore dampened down the impact of this indicator by 50% to reflect this situation.

⁶ Table KS105 2011 Census data

⁷ http://tabulation-tool.dwp.gov.uk/100pc/aa_ent/ccla/ccaaawd/a_carate_r_ccla_c_ccaaawd_nov13.html

⁸ Mortality data DSR per 100,000 aged 65 to 74 Annual Trends, NHS Compendium Indicators, Public Health Section

The rates for each of these indicators as of a ratio of the national average is then calculated and the average value of the 4 resultant values is the multiplier / deflator applied to the national assumption in terms of the proportion of households in need of a handyperson service.

The results for each of these indicators by District is as follows :

Authority	DSR (Per 100,000)	AA Claims %	Lone Pensioner %	Propn 85+ %
Cambridge	1457.93	14.2	11.1	18.7
East Cambs	1254.25	13.0	11.9	13.3
Fenland	1525.69	14.0	14.3	13.1
Hunts	1514.54	11.2	10.7	12.2
South Cambs	1197.54	11.2	11.5	13.8
National Avge	1582.95	14.4	12.7	13.7

The consequential multipliers are therefore :

Authority	DSR	AA Claims	Lone Pens	Propn 85+⁹	Average
Cambridge	0.921	0.983	0.874	1.182	0.990
East Cambs	0.792	0.900	0.937	0.985	0.904
Fenland	0.964	0.971	1.126	0.980	1.010
Hunts	0.957	0.774	0.843	0.948	0.881
South Cambs	0.757	0.776	0.906	1.004	0.861

4. Taking into account tenure

On the basis that the core specification will probably focus on private sector housing rather than social rented housing an allowance at the moment is made to reduce demand by the proportion of households living in social housing in each District (it is acknowledged this this may not be the same proportion when

⁹ This figure reflects the 50% dampening applied

only households where the head of household is over 65 but it is not known if such data exists).

The proportion of households living in the private sector by District is as follows¹⁰ :

Cambridge	76.29%
East Cambs	85.91%
Fenland	87.19%
Hunts	86.75%
South Cambs	85.88%

The Model has therefore built in a deflator based on these proportions. On the other hand some social landlords will not provide an equivalent service for their tenants.

The current service provided by Age UK does provide some jobs in social housing. In 2013/14 the proportion of assessment for social housing tenants was 8.67% whereas the social housing sector across the County represents 15.5% of households. On this basis we calculate that a social housing household on average is only 50% as likely to receive a handyman service. We therefore moderate the deflator used by 50%. The tenure deflator applied is therefore as follows :

Cambridge	0.881
East Cambs	0.930
Fenland	0.936
Hunts	0.934
South Cambs	0.929

¹⁰ <https://www.gov.uk/government/statistical-data-sets/live-tables-on-dwelling-stock-including-vacants>

5. Calculating the volume of service required

The above 4 steps generate a number of households in need of a handyperson service during the year.

To make this truly useful we need to translate this into the volume of service required.

This can be done by entering assumptions on the number of jobs per year carried out and the average time required per job.

Based on a previous study done in Lancashire by HGO we assume at the moment that the level of repeat work undertaken is 20% so a multiplier of 1.2 is applied to the household figure.

In terms of average time per job have decided to assume a total of 3 hours per job across the board. This includes all time from assessments to signing off.

We had considered making a different assumption for Cambridge as an urban area but there is no real evidence for this at the moment. It is also possible that the poorer condition of the housing stock in some areas – in particular South Cambs and Fenland – could also impact on average time per job, but for the time being this is not reflected.

6. Final Summary

We summarise the final results of this exercise below :

District	Weekly Hours	% Allocation	Comp to Pop	% Change
Cambridge	51.92	15.62%	15.22%	0.40%
East Cambs	48.23	14.51%	14.69%	-0.18%
Fenland	69.79	21.00%	18.88%	2.12%
Huntingdonshire	85.82	25.82%	26.70%	-0.88%
South Cambs	76.66	23.06%	24.52%	-1.46%

Mark Goldup

HGO Consultancy Ltd

28/5/14

Impact and Needs/Requirements Assessment (INRA)

Name of Policy:	Provision of Handy Person service
Lead Officer (responsible for assessment):	Liz Knox, Head of Environmental Services
Department:	Environmental Services
Others Involved in the Assessment (i.e. peer review, external challenge):	John Tanswell/Karen See, Principal Environmental Health Officer (Domestic)
Date INRA Completed:	18 th June 2014

'Policy' needs to be understood broadly to include all Council policies, strategies, services, functions, activities and decisions.

(a) **What is the policy trying to achieve?** i.e. What is the aim/purpose of the policy? Is it affected by external drivers for change? What outcomes do we want to achieve from the policy? How will the policy be put into practice?

To help prevent falls in older people by improving the condition of housing and health across Cambridgeshire through the provision of a Handy Person Service.

Availability and condition of housing are acknowledged to be amongst the most important wider determinant of health. A key contribution to maintaining and improving the condition of housing and health and reducing falls includes the provision of District-led, multi agency handy person service which have been established across the County for many years. The service deliver low level interventions such as repairs and maintenance services, hospital discharge service, checks around the house, first contact and referral services and other housing maintenance related services to older individuals.

The schemes are trusted by older people who may not trust the "market" provision; in addition many of the smaller jobs would not be undertaken by the market.

There are significant implications for the health, wellbeing and independence of older people who have had a fall. There are significant financial implications as:

1. Home accidents, particularly falls, burns and scalds in the over 65's age group, cost the health service around £3bn a year and increase dependency on council and other services (approximately 57,000 older people attend A&E departments each year due to accidents on the stairs)
2. Falls are a major cause of death and disability for older people. N 19199 there were 647,721 A&E attendances and 204,424 admissions to hospital for fall-related injuries to people aged 60 and over. The cost of this was £981m, of which 59% was incurred by the NHS and remainder by social services for long term care

A task and finish group were set up as requested by the Health and wellbeing board to explore possible future funding and procurement options and delivery models to enable the handy person services within Cambridgeshire to continue.

The Cambridgeshire Health and Wellbeing Strategy 2012-17 contains 6 priorities.

The primary priority that the handy person service falls within is Priority 2 – support older people to be independent, safe and well. Two secondary priorities also apply:

Priority 4 – Create a safe environment and help build strong communities, wellbeing and mental health and

Priority 6 – Work together effectively.

By committing to funding this service we will provide an additional service for elderly vulnerable residents within the district. They will be provided with a service that should help them get small jobs undertaken that will increase their health, wellbeing and safety in their homes

Key out comes

For people in receipt of the Handy Person Service the benefits include:

- Improved wellbeing
- Independence maintained
- Remaining in their own home
- Reduction in fuel poverty
- Improved confidence of the service user
- Improved access to other services through improved signposting and onward referral to other agencies

For the whole system:

- Less attendances at A&E
- Less hospital admissions
- Less demand for social care services
- Less demand for community based health services

(b) Who are its main beneficiaries? i.e. who will be affected by the policy?

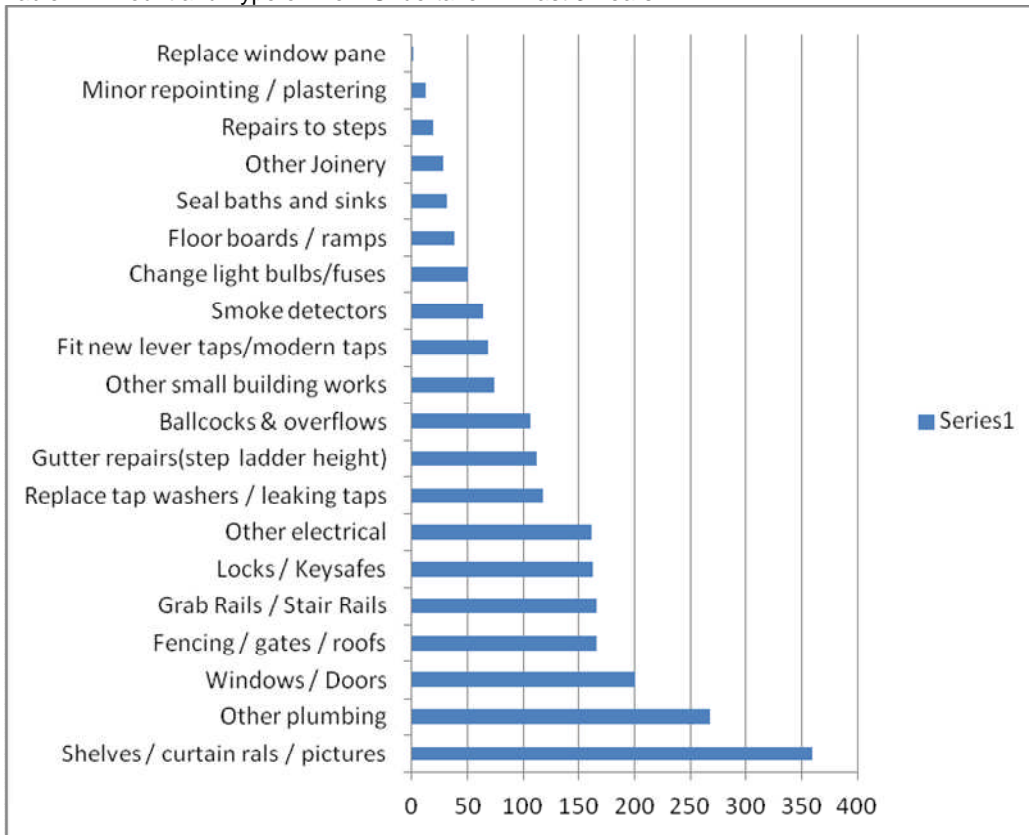
Elderly vulnerable residents living in the district.

(c) Is the INRA informed by any information or background data (quantitative or qualitative)? i.e. consultations, complaints, applications received, allocations/take-up, satisfaction rates, performance indicators, access audits, census data, benchmarking, workforce profile etc.

The number of jobs completed during the last year of operation of the handyperson service in East Cambridgeshire was 649. This demonstrates that this was an important provision to support local elderly and vulnerable residents of the District in obtaining minor works through a recognised and reliable source.

Table 1 over the page sets out the amount and type of work undertaken during the last three years of the service.

Table 1: Amount and Type of Work Undertaken in Last 3 Years



Customer satisfaction surveys carried out also indicated the value residents put on the service being provided.

(d) Does this policy have the potential to cause an impact (positive, negative or neutral) on different groups in the community, on the grounds of (please tick all that apply):

Ethnicity
Gender
Disability

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Age
Religion and Belief
Sexual Orientation

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please explain any impact identified (positive, negative or neutral): i.e. What do you already know about equality impact or need? Is there any evidence that there is a higher or lower take-up by particular groups? Have there been any demographic changes or trends locally? Are there any barriers to accessing the policy or service?

The provision of the service will have a positive impact on those eligible. This will increase in numbers due to the ageing population.

For people in receipt of the Handy Person Service the benefits include:

- Improved wellbeing
- Independence maintained
- Remaining in their own home
- Reduction in fuel poverty

- Improved confidence of the service user
- Improved access to other services through improved signposting and onward referral to other agencies

For the whole system:

- Less attendances at A&E
- Less hospital admissions
- Less demand for social care services
- Less demand for community based health services

(e) Does the policy have a differential impact on different groups?

YES

(f) Is the impact *adverse* (i.e. less favourable) on one or more groups?

NO

(g) Does it have the potential to disadvantage or discriminate unfairly against any of the groups in a way that is unlawful?

NO

(h) What additional information is needed to provide a clear picture of how the activity is impacting on different communities and how will you collect this information, i.e. expert groups, further research, consultation* etc? Where there are major gaps in information that cannot be addressed immediately, these should be highlighted in your recommendations and objectives at the end of the INRA.

When service is operating will collect information on service use, customer satisfaction and monitor impact on health budgets

* The Consultation Register is available to assist staff in consulting with the Council's stakeholders. If you are consulting on a new or revised policy contact the Principal HR Officer.

(i) Do you envisage any problems with these methods of information collection? i.e. not accessible to all, timescale not long enough to obtain all of the necessary information, translation facilities not available, insufficient resources etc.

No

(j) If it has been possible to collect this additional information, summarise the findings of your research and/or consultation (please use a separate sheet if necessary).

N/a

(k) What are the risks associated with the policy in relation to differential impact and unmet needs/requirements? i.e. reputation, financial, breach of legislation, service exclusion, lack of resources, lack of cooperation, insufficient budget etc.

If the Council choose not to support the provision of a county wide Handy person service, residents from ECDC will be receiving a lesser service compared to other districts within Cambridgeshire.

(l) Use the information gathered in the earlier stages of your INRA to make a judgement on whether there is the potential for the policy to result in unlawful discrimination or a less favourable impact on any group in the community, and what changes (if any) need to be made to the policy.

Option 1:	No major changes, the evidence shows no potential for discrimination.	x
Option 2:	Adjust the policy to remove barriers or to better promote equality.	
Option 3:	Continue the policy despite potential for adverse impact or missed opportunity to promote equality.	
Option 4:	Stop and remove the policy – if the policy shows actual or potential unlawful discrimination it must be stopped and removed or changed.	

(m) Where you have identified the potential for adverse impact, what action can be taken to remove or mitigate against the potential for the policy to unlawfully discriminate or impact less favourably on one or more communities in a way that cannot be justified? Include key activities that are likely to have the greatest impact (max. 6). Identified actions should be specified in detail for the first year but there may be further longer term actions which need to be considered. To ensure that your actions are more than just a list of good intentions, include for each: the person responsible for its completion, a timescale for completion, any cost implications and how these will be addressed. It is essential that you incorporate these actions into your service plans.

This completed INRA will need to be countersigned by your Head of Service. **Please forward completed and signed forms to Nicole Pema, Principal HR Officer.**

All completed INRAs will need to be scrutinised and verified by the Council's Equal Opportunities Working Group (EOWG) and published on the Council's Intranet to demonstrate to local people that the Council is actively engaged in tackling potential discrimination and improving its practices in relation to equalities. Please be aware that you will be asked to attend a half-an-hour session to summarise the findings of the INRA to the EOWG Verification panel.

Signatures:

Completing Officer: Liz Knox **Date:** 18.6.14

Head of Service: Liz Knox **Date:** 18.6.14