



WDC Tenant Scrutiny Panel Recommendations Report

Subject: Disabled adaptations - Scrutiny exercise 2019/20

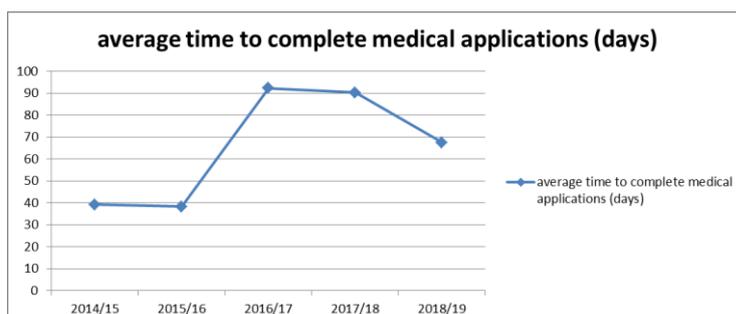
Date: September 2020

Background

This is the fifth scrutiny exercise carried out by the Scrutiny Panel, which was set up in 2014 to act as a 'critical friend' and take a tenant's view of housing services performance.

The Scrutiny Panel had concerns about the performance in Outcome 11, Tenancy Sustainment - Average time taken to complete Medical Adaptations last year but the Council had prioritised a number of actions to improve and they wanted to see the impact they had. The average time did reduce from the 90 days in 2017/18 to 67 in 2018/19 but not as significantly to reach previous year levels or met its target.

The chart below shows historic results for this indicator and clearly shows that this indicator had gotten worse since 2015. Days to complete adaptations had been down at 34 days in 2015/16 but this jumped up to 92.3 days in 2016/17, 90.3 in 2017/18 and was 67.5 days for 2018/19. Some of the Panel themselves have had to wait for adaptations to be carried out to their homes so they appreciated how important it is for these types of works to be completed in as quick a time as possible to ease the strain on the tenant needing the adaptation. The Panel therefore decided to investigate this Indicator to see what else could be improved to bring performance back to at least the 2014/15 levels.



In comparison against other local authorities, West Dunbartonshire Council is ranked 21 out of 28 for this indicator with the Scottish Housing Regulator. The Panel noted however that these figures recorded are not broken down to reflect numbers of minor or major adaptations so an authority can appear to be performing very well in this indicator when it could simply mean that they have had fewer major adaptations works that year than others. Nonetheless improving on this performance would help show that WDC is dedicated to improving the housing circumstances for their more vulnerable tenants.

Information Gathered

The scrutiny exercise involved examining key information from senior staff as well as meeting the Disability Client Officer. This was done by analysing process maps and spreadsheets provided, asking questions of the departments concerned and meeting up with the Disability officer to hear first hand how the journey through the adaptation process should be from beginning to end.

To start the process the Panel drew up a set of initial scoping questions to ask as outlined in MED REF 4.

From the initial information provided the Panel noticed that different language was used in the timescales, some describing adaptations as small and main and other grouping them together as Routes 1, 2 & 3 so clarification was sought about the classification of the adaptations so the Panel knew which routes small and main adaptations would fall into.

The process map received also did not have any timescales on it for how long each stage of the process would take, which the Panel felt would be very beneficial information to have recorded (MED REF 5).

From asking what the process was between the adaptations team and consultancy services and Building Services, the Panel learned that there was no formal agreement for monitoring of timescales to track performance. The Panel felt not monitoring timescales for each part of the adaptations process was a weakness as

then adaptations works could fall victim to resource constraints when other work was programmed and there was no incentive for the adaptations work to be prioritised.

The Panel noted that route 3 adaptations are the lengthiest as they are the ones which building warrants are required for and the stated timescale was 4 months. The average time recorded for route 3 adaptations in 2018/19 was 363 days, so the evidence provided showed that this timescale is not being met. The Panel agreed that timescales need to be realistic which the 4 month timeframe given maybe wasn't due to the time it takes for building warrants to be received. A 6 months timescale for route 3 adaptations may be a more realistic and effective target. Also it is more essential that timescales are adhered to and so monitoring of timescales and ensuring effective responses are put in place when timescales aren't being met is recommended.

Visit From Disability Client Officer

The Panel looked at all the information they had received to date and drew up follow up questions for their meeting with the Disability Client Officer as a means of interrogating the information they had received . MED REF 7 outlines the follow-up questions

- Asbestos checks seemed to cause long delays in some cases could this have been avoided?
- Number of days to complete repairs is an average figure but could this be broken down to show times for each route?
- Med Ref 9 showed actions that had been created to improve the service, what impact has this had?
- Are tenants given adequate notice of the visits?

This meeting provided the Panel with an update regarding the positive benefits that had recently been implemented by having a dedicated architect to work on the adaptations. This new process had only been in place since December 2019. Having this dedicated architect had sped up and streamlined the process as any queries from building standards can be dealt with quickly by one person. It was highlighted by the Disability Client Officer that all appointments are pre arranged and

all efforts are made to get access but delays with access are sometimes an issue and often unavoidable when dealing with clients who may have mental health or addiction problems.

Resources was identified as one of the biggest issues that play a part in causing delays to all adaptations, and if other works get prioritised over adaptations, they inevitably take longer to get done.

It was also noted that the volume of adaptations needing carried out in WDC is also quite high, some other local authorities who perform better in this indicator may have a smaller number of adaptations getting carried out.

There are also issues with data sharing as each department records data on its own database and these do not interface with each other. This may be helped however when IHMS is fully rolled out. Current issue identified with IHMS property database is that you are unable to list more than one adaptations against a property. Some properties may have had multiple adaptations carried out so this needs to be rectified for the adaptation process. The Panel therefore felt it was important to find out what the timescales for the roll out of the IHMS project regarding aids and adaptations was.

To help highlight where the main delays in the process lay the Panel asked further information giving a detailed breakdown for specific examples, showing how long each stage of the process took, giving start/stop dates for each stage. (MED REF 10 & 18) The Panel could clearly see then that the main causes of delay were the timescales to complete Building Warrant applications and for the Building Warrant to be granted.

In terms of completing the work by Building Services delays in surveying to identify and then remove, if necessary, asbestos was a major cause of delays. Examples of different types of jobs were looked at and compared (Med Ref 26) . These showed that timescales for asbestos works were very inconsistent, one job which had no asbestos removal actually took longer for the same adaptation in another property where asbestos was found. The wait between the survey being requested and

actually being carried out is quite long but exact dates couldn't be evidenced as records weren't kept.

It is appreciated that access can be an issue if tenants are unwell but it was felt that if the asbestos checks were being done in-house, as they previously had been, the organising of access could be easier and should be considered. This part of the process needs to be improved as when comparing 2018/19 with 2019/20 averages from referral to start stage actually went up from 70.52 days to 107.15 days (MED REF 26) so this again highlights that performance is actually declining and so improving this part of the process is essential. The average time to carry out the adaptation has improved slightly to 2.52 days but the tenant gets no benefit of this if the overall process is still taking so long.

The leaflets and letters sent to tenants regarding adaptations don't mention the need for asbestos checks and it might help if this critical stage was explained and tenants encouraged to co-operate with the contractor to help speed this part of the process up.

Tenants with a carer could also be encouraged to give a carers contact details if that helps co-ordinate access.

Positive Change Noted

It was noted that having a dedicated architect working on adaptations is a very positive change. This new process was put in place in 2019 so the case studies in the information provided to the Panel had not benefited from this but MED REF 28 spreadsheet showed the improvement. Having a dedicated architect speeds up the process as he was able to standardise the applications. The concern remains though that there is no holiday or sickness cover so this could still mean that adaptation work does not always get prioritised, so adequately resourcing all parts of the adaptation process is felt to be a crucial recommendation.

As this scrutiny exercise was ongoing when the ARC figures for 2019/20 were submitted, the Panel was disappointed to note that there had been no further

improvement and that the average time had actually gone up, even though by only 0.2% this is still in the wrong direction .

Charter Indicator	2018/19 value	2019/20 value	2019/20 target	Status	Trend
Average time to complete medical adaptations	67.5 days	67.7 days	43 days		

The Panel feels strongly that work on adaptations needs to be prioritised within each team involved and for them to have resources and effective processes in place. Tenants feedback can also be a good source of ongoing improvements and identifying what's going wrong so satisfaction survey could help identify issues as well as solutions. This Charter indicator needs more significant reduction so that West Dunbartonshire tenants in need of adaptations are receiving a good service that is value for money and there are 11 recommendations we would make.

Key Recommendations with timescales

Action number	Action description	To be completed / or panel updated on progress towards completion by
1.	Establish monitoring of all stages of the process to ensure timescales are adhered to and that resources are put in place to react when delays occur	
2.	Timescales should be realistic so that monitoring can be effective. Review current timescales	
3.	Letters sent out to tenants should state the importance of granting access as no accesses can delay the delivery of the adaptation for the tenant.	
4.	Letters and the information leaflet should explain the need to check for and remove any asbestos and encourage tenants to adhere to access arrangements to help get the work completed as quickly as possible	

5.	Letter to the tenant should be clearer about the target timescale for their particular type of adaptation	
6.	Have backup cover for when dedicated architect is off so that adaptation work still gets prioritised.	
7.	Review asbestos surveying process to reduce delays	
8.	Ensure phase 2 of IHMS rollout incorporates the adaptation process so that each stage can be monitored and reported on	
9.	The Charter Indicator measures an overall average time but monitoring and reporting should be done by work type (route 1,2 or 3) so that they can be managed and monitored to achieve the different target timescales for each of these routes	
10.	The Scrutiny Panel would like a quarterly report on the average time for each route and a narrative on any area that is not meeting targets	
11.	Complete satisfaction surveys once adaptation is completed and use tenant feedback to identify issues or other improvements	

Thanks and appreciation

The Scrutiny Panel are grateful for the co-operation of Alan Young & Alexa Forbes in providing information and assistance in completing this scrutiny exercise.

The Scrutiny Panel members involved in this project were;

Rita Howard	Fiona McClymont
Ian Blair	Gary McBain
Lisa Rosengard	Alex McMillan

The Panel were supported by Jane Mack (Tenant Participation Officer), Kathryn Irvine (Senior Housing Development Officer) and Stefan Kristmanns (Housing Development and Performance Co-ordinator).

Documents reviewed.

MED REF1 WDC performance and trend data for adaptations

MED REF 2 Benchmarking data

MED REF 3 Briefing note on Housemark Tenant Sustainability

MED REF 4 Initial scoping questions

MED REF5 Adaptation timescales

MED REF 6 Charter Improvement plan 2017/18– medical adaptations – completed actions

MED REF 7 Follow up questions 10 19

MED REF 8 Special needs adaptation process Oct 2016

MED REF 9 Follow up questions 7 – answers

MED REF 10 Further follow-up questions with responses

MED REF 11 HSCP flowchart

MED REF 12 Consultancy Services flowchart

MED REF13 Feasibility letter

MED REF 14 Adaptation letter - small

MED REF 15 Adaptation letter – DLO

MED REF 16 Adaptation letter CS2

MED REF 17 Adaptation brochure

MED REF 18 Follow on questions and answers

MED REF 19 Repairs spreadsheet – 2018/19 medical adaptations

MED REF 20 CS spreadsheet- 2018/19 medical adaptations

MED REF 21 Outcome 11 – self assessment of 2018/19 performance

MED REF 22 Follow on queries and Alexa's response 21/7/20

MED REF 23 BS queries and responses

MED REF24 Envirax no access card

MED REF 25 BS spreadsheet – current and previous years

MED REF 26 Sample table of BS works

MED REF 27 Ramp tender criteria

MED REF 28 CS spreadsheet for 2019/20

