

## Wiltshire Council

### Cabinet

29 June 2021

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**Subject:** Housing Related Support

**Cabinet Member:** Cllr Jane Davies, Cabinet Member for Adult Social Care, SEND, Transition and Inclusion

**Key Decision:** Key

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#### **Executive Summary**

1. This paper makes recommendations for Housing Related Support (HRS) delivered to residents in 130 sheltered sites within the county of Wiltshire, excluding Swindon.
2. HRS is a discretionary rather than statutory service. The service is delivered by Somerset Care and Cera Care (formerly Mears) and seeks to promote independence and delay the onset or need for more formal social care. The service model is now considered outdated against more effective models of independent living.
3. The HRS service dates back to 2003/4 under the Supporting People regime. Since Supporting People was disbanded in 2009 it was commissioned under a number of arrangements but was consolidated as a Help to Live at Home (HTLAH) service in 2013. The HTLAH contracts expired in 2018. Since then providers continue to operate the services.
4. In recommending a preferred option for the HRS service, the council has identified duplication of tasks with other services, and also considered the social care needs profiles of residents living across the 130 sheltered sites.
5. During November – December 2020 residents were consulted on how they use the service and the support they might need in the future. Findings showed that although some residents were at risk of social isolation, when that need was met, they were able to live independently. The consultation also demonstrated that there was considerable overlap in the HRS and the housing management provided by the Registered Social Landlords (RSLs).
6. HRS is not a needs-based service. Each resident in the 130 sheltered sites is able to opt-in to the service. At the time of this paper only 40% of eligible tenants use the HRS service. The service costs £957,987 per year, equivalent to £800 pa for each tenant currently using the service.
7. As a non-statutory service that is no longer fit for purpose and which duplicates other means of support, it is proposed that the HRS service is not

renewed. The majority of residents will be able to access the same type of provision from existing resources elsewhere via landlords, voluntary or mainstream community resources. The Council's transition plan will ensure that any residents who may have statutory eligible care needs, will have a care act assessment and appropriate support put in place.

8. The recommendation aligns with our early support and prevention strategy and strength-based approach to working with adults.

### **Proposal(s)**

1. Cabinet is asked to agree the following recommendations:
2. To note the Council's preferred position of ending the contracted HRS service provided by Cera Care and Somerset Care on 31 March 2022 in line with the indicative timeline in paragraph 74 and liaise with landlords and providers to support residents through a transition phase to:
  - i. access alternate means of housing related support from other existing tenant support services
  - ii. ensure that residents receive appropriate information, advice and signposting as needed for any other identified support need to voluntary and community resources
  - iii. ensure that those with, or who may have, statutory eligible care needs, will have a care act assessment and appropriate support put in place.
3. That officers undertake a further consultation with residents on the Council's preferred position in line with the indicative timeline.
4. That the final decision on the future means of supporting HRS residents and any associated decisions is delegated to the Director Joint Commissioning in consultation with the Cabinet Member for Adult Social Care, SEND, Transition and Inclusion and the Corporate Director of People.

### **Reason for Proposal(s)**

1. The current service requires review as outlined in paragraph 13.
2. HRS is a non-statutory service. The local authority does not have a duty to provide it. Residents can also access the same type of support from elsewhere within the community. There is duplication of elements of the HRS service with the tenant support service. The Registered Social Landlords (RSLs) are obligated to provide these elements.
3. Every resident will be supported to transition to alternate means of support, and those with, or who may have, eligible care needs will be identified and assessed by adult social care.
4. HRS services are not in line with a strength-based approach to care and support, and in its current format does not promote independence.

**Terence Herbert**  
**Chief Executive**

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#### **Purpose of Report**

1. This report makes recommendations for the future of the housing related support (HRS) service. HRS is a non-statutory service, which is provided as an option only to sheltered housing residents across 130 schemes in Wiltshire. The types of support that residents receive is available elsewhere within the community.
2. The council consulted with residents using the service in late 2020. The consultation identified duplication between the HRS service's intended activity and the statutory support provided by tenants' landlords (the RSLs).
3. There is inequity between the landlords about who can access the service. The service was established to be available to sheltered housing tenants. However, some landlords recategorised some of their sheltered housing stock to general needs. Following this, the service has continued to be offered to those schemes as well as some other general needs schemes.
4. During the COVID pandemic, HRS providers have not provided the regular service. Typically, they have offered wellbeing phone calls and only visited schemes in the event of an emergency. It is timely to review the HRS service in line with the council's strategy for prevention and early intervention.

#### **Relevance to the Council's Business Plan**

5. This report aligns with the Business Plan 2017-27 priorities of 'protecting the most vulnerable' and 'Building stronger and more resilient communities'. The recommendations are also relevant to the key aims of:
  - Helping people to remain as independent as possible for longer
  - Getting the right help that people need, in the right place and at the right time

#### **Background**

6. HRS is a service designed to help ensure that a person living in a sheltered housing scheme can maintain their tenancy and live independently, where they need support to do so. The model is based on a person-centred approach and aims to facilitate reduced dependence upon statutory services.

7. The types of support someone receiving HRS might expect to receive relate to some of the following:
- Help to manage the safety and security of residential accommodation
  - Help to maintain personal health and wellbeing
  - Help to maintain financial wellbeing
  - Help to develop life skills, such as cleaning, budgeting skills, cooking
  - Signposting to other services for support, e.g. Universal Credit
  - Advice or advocacy in relation to housing or tenancy matters
8. HRS is currently delivered by 2 providers (Cera Care and Somerset Care) at 130 sheltered housing schemes across Wiltshire. These schemes are split across 5 landlords, as follows:
9. Customers who live at these schemes are automatically eligible for the HRS service and do not have to meet any needs-based criteria. Customers choose to 'opt in' or 'opt out' of the service. This means that the service is choice-based, rather than needs-led. As the table below shows, at January 2021 approximately 40% of residents have 'opted-in' to receive the HRS support.

Provider	Number of schemes	Number of customers 'opted in'	Number of customers 'opted out'	Total
Somerset Care	34	289	339	628
Cera Care	96	908	1414	2322
Total	130	1197	1753	2950

Table One: Data provided by providers in January 2021

10. It has been identified that there is a lack of clarity around the number of customers who have chosen to opt out of the service. This is due to landlords recategorizing some of the schemes<sup>1</sup>, from sheltered to general needs for over 55s; which has resulted in details of new residents not always being passed on to the providers by the landlord. For the purpose of this report, the number of opted out customers is representative of the number of customers not in receipt of a service.
11. To support the recommendations for the future of the HRS service, this report outlines the following:
- Contractual and funding arrangements
  - Needs profile of HRS residents
  - Duplication between landlord support and the HRS service
  - Findings from 2020 resident consultation

#### Contractual and Funding Arrangements

12. The HRS service was originally commissioned with Somerset Care and Cera Care as part of the Help to Live at Home (HTLAH) contracts. The HRS service dates back to 2003/4 under the Supporting People regime. Since Supporting People

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<sup>1</sup> Though these schemes remain part of the service

was disbanded in 2009 it was commissioned under a number of arrangements but was consolidated as a Help to Live at Home (HTLAH) service in 2013.

13. The current budget is £957,987. This equates to approximately £800 per customer who accesses the service.

### **Main Considerations**

14. This paper's proposals are designed to ensure that the future means of supporting people with HRS type needs is fit for purpose and that all care and support needs are met in the most appropriate way. The proposals are therefore based on a thorough consideration of factors related to the current service as well as the broader strategic direction of social care. These include:

- equitable use of resources, effectiveness of the service, social care needs, social care need profile, strategic relevance and duplication with other services as well as the results of initial consultation with residents and ensuring a safe transition to other support is achieved.

#### Equitable use of resources

*Current model is not needs-based and does not offer best value*

15. Historically, the contracts with Somerset Care and Cera Care have been priced on the number of customers living at each scheme. However, only 40% of customers have opted in to receive the service, which has resulted in the council paying for higher volumes of service than has been delivered.
16. Somerset Care has confirmed that since March 2020 (England's first COVID lockdown) they have only been carrying out telephone calls to their HRS residents, although the service has been extended, so that even those residents who have 'opted out' have been called. Similarly, Cera Care have also been providing a telephone service since the same period in March 2020 and have only recently started to include an increasing number of visits.
17. For approximately 12 months HRS residents have been receiving a reduced service. No complaints have been received about the differing service offer, which indicates that the level of need for this type of service is not high, therefore, the contracted model could be seen as offering limited value to the customers.
18. One of the key aspects of the HRS service is ensuring that individuals can maintain their tenancy and live independently, with a reduced need for statutory services. The following areas have been analysed to provide a detailed picture of the support needs of the 'opted-in' HRS residents and how this has impacted on the requirement for statutory service support.

#### Effectiveness of current service and housing support need profile

19. Analysis of rent arrears data comparing sheltered tenants' rent arrears against people over 60 in general needs accommodation showed no evidence that the HRS service more effectively supports individuals to maintain their tenancies. Older people were typically seen to manage their tenancy well with low levels of arrears in both sheltered and general needs housing.

### Social Care need profile

20. The table below shows that out of a capacity of 2950, 243 (8.2%) are in receipt of eligible care packages, following a Care Act Assessment. Across the 2 providers, 25.8% of all residents with social care packages have opted into the HRS services.

Provider	Sites	Capacity	Opted in residents with care packages	Opted out residents with care package	Total
Cera Care	96	2322 (78.7%)	53 (1.8%)	119 (4%)	172 (5.8%)
Somerset	34	628 (21.3%)	10 (0.3%)	61 (2.1%)	71 (2.4%)
Total	130	2950	63	180	243

Table Two. Data source: Cera Care, Somerset Care, Wiltshire Council 2020

21. A desktop analysis of social care need within the services was undertaken (see Appendix Four). The data suggests low levels of need for social care, with 91.8% not in receipt of council funded care packages. Distribution of care packages between opted-in and opted-out is slightly greater in the opted-out cohort, though the opted-in residents have larger care packages. Therefore, there is limited evidence to suggest that the HRS service reduces reliance on formal support services.
22. The levels of residents with formal support packages are representative across each landlord, with 9% being the highest figure. The spread of support packages is evenly split across all five landlords. This tells us that an individual's need for formal care does not correlate to their landlord, suggesting that a tenant's need for social care is not affected by the support they receive from their landlord.

### Strategic Relevance

#### *Duplication of HRS Role with Housing Role and Discrepancy in Support*

23. In mid-2020 discussions held with Wiltshire Council Housing concluded that the HRS was duplicating housing management support, which the landlord is legislated to provide. There was concern that the current provider-led activities could be creating a dependency culture and would achieve better outcomes if the activities were resident-led. This is something that the Council's Resident Engagement Officers could support for the council tenants.
24. HRS officers' job descriptions were compared against the typical tasks that each landlord's Neighbourhood Officer<sup>2</sup> (NO) / Housing Support Officer (HSO) performs as well as the tasks generally undertaken beyond the scope of the NO/HSO's contract. This information was then mapped accordingly, so that any duplications and gaps in provision could be identified.

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<sup>2</sup> some landlords refer to their Neighbourhood Officer as a Housing Support Officer (HSO)

25. This exercise showed that there is duplication between all landlords and the providers regarding the housing management service. The only gap in provision is around liaison with a tenant's family and statutory services. Although there is an element of flexibility in the landlords' service, if there is an emergency.
26. As noted above in the 'purpose' section, there is discrepancy in the type of support provided by each of the RSLs. The responses from the consultations have been analysed per landlord, to understand how the intensity of landlord support may impact upon a resident's use of the HRS service. Further detail on this is set out below and in Appendix One.

#### *Similar Services Elsewhere within the Community*

27. A desktop review has shown that within Wiltshire, there are several organisations who offer help and support to people in a similar fashion to the support provided by the HRS officers e.g. Citizen's Advice, WCIL, Silver Line.
28. There is a strong universal service offer available for our sheltered communities via the voluntary sector, that could address key support domains currently delivered through housing related support:
- Financial wellbeing
  - Health and wellbeing
  - Emotional wellbeing
  - Meaningful use of time
  - Social isolation
29. There are additional benefits derived by supporting sheltered residents via the community rather than via commissioned services, in that it helps to build stronger communities, allowing residents to be more involved in their locality as well as the potential to mobilise sheltered accommodation assets to support the community.
30. Despite HRS services not being statutory, there has been a long history of support being offered to those residents based on their choice to accept the support. This may have led to some residents becoming both used to and dependent on this support for some of their social interaction. However, during the COVID lockdown that support has largely moved online/via the phone without any complaints from the residents.
31. There is scope to meet identified needs of the residents by building better bridges within the community and the wider voluntary sector. This can be effectively facilitated during the transition and ending of the existing services.

#### Consultation Results

32. A full analysis report detailing the responses to the HRS consultation can be found at Appendix One, along with the questionnaire provided to residents, listed in Appendix Two. The consultation ran from 11 November 2020 to 4 December 2020 and received a 60% response rate.



33. The key themes highlighted from the consultation's responses were that many HRS residents feel lonely and use the HRS service to reduce their social isolation, although it should be noted that this consultation took place during England's second national COVID lockdown.

34. Significantly, the consultation provided further evidence that the HRS role and RSL role are duplicated; as many respondents reported being confused at the difference between the HRS worker and their HSO.

35. The consultation has shown that the social care needs profile of residents is no greater than in the wider community. This has been identified through the analysis of residents' social care packages and supplemented through the consultation's results, as detailed in Appendix One.

36. The key headlines from the consultation are that:

- 65% of people report not needing help with the types of things HRS offers such as: managing tenancy and living arrangements; managing money; feeling safe at home
- The service's value for some is supporting emotional wellbeing or reducing loneliness
- 60% of respondents report receiving support from family and friends
- With social isolation and loneliness needs met, most felt able to live independently at home, for example:
  - *62% of respondents value either the support for their 'emotional wellbeing' or that the HRS service ensures that they do not feel lonely*
  - *Of the 169 people who selected valuing the HRS service for an 'other' reason, 40% said because it gives them the opportunity to talk to someone. A number of these people provided handwritten comments that their Housing Support Officer or their HRS worker is the only contact they may have all week.*
  - *68% of respondents use the service either once a week or more than once a week*
  - *83% of respondents said that they see their HRS worker for between 1-30 minutes*

37. Residents on thinking about future independence:

- 31% reported needing an emergency alarm call system
- 25% stated greater access to advice & information would help them be more independent
- If the HRS service was removed, residents would still have access to HRS-type support to maintain their tenancies (overlap with landlords' housing management function).
- The more developed a landlord's offer, the lower the requirement for HRS to meet support needs among those opting into the service was identified. All landlords have tenant support services, which offers very similar support to HRS. Selwood has the lowest landlord support offer and the greater reliance on HRS.

### Transition process

38. Residents with eligible care needs are supported through commissioned care or direct payments. Three times as many people with eligible care needs opt-out of the service as opt-in. This suggests that the HRS service is not playing an integral role in people's ability to live independently with appropriate support and many are able to do so without accessing the HRS service.
39. The level of support currently on offer to those residents who have opted-in would not meet the threshold of support that would meet eligible social care need. Therefore, there will be no need to provide a full care act assessment for those residents impacted by the proposal. However, those residents with current care packages, who are currently receiving an HRS service, will have those packages reviewed by Operational teams, as part of their normal review process. Those reviews will consider the impact of the proposal on those residents and their current care packages.
40. During the transition phase (see the timeline listed below), those residents who might require additional support will be identified by the provider or by residents who identify themselves as requiring additional support. Advice and Contact will be able to have a strength-based conversation with those residents, who might meet the threshold for social care, to identify community-based support, family and friends, commissioned universal services or voluntary sector organisations. Commissioning will play a role in identifying capacity and coordinating a community-based response, alongside Community Engagement Managers and landlords.

### **Overview and Scrutiny Engagement**

41. The Chairman and Vice-Chairman of the Health Select Committee were briefed on the proposals on 16<sup>th</sup> June 2021. The members note the preferred position of the Council in respect of the HRS service, as provided by Cera Care and Somerset Care. Of particular interest was the transitional plan arrangements and the proposals to ensure that appropriate support was available for service users with eligible needs beyond 31 March 2022. In response, the Health Select Committee intends to include the report within its agenda for 6 July, 2021 and an invite will be extended to the Cabinet Member to attend.

### **Safeguarding Implications**

42. The HRS service provision has been shown to be duplicated through the statutory duties of the RSLs and support provided by the VCS. Therefore, the proposal to end the HRS in its current format would not lead to any individual who currently accesses the HRS without any form of provision.
43. Landlords and the service providers have been briefed that the council's intention is to review the HRS service and consider alternative ways of best meeting residents' needs.
44. Commissioning will work with Adult Social Care to ensure that residents with potential social care needs will have those social care needs assessed and met.

45. The RSLs have a duty to uphold necessary safeguarding practises for their residents and therefore, the proposal to decommission the HRS is not deemed to result in any safeguarding implications for residents.

### **Public Health Implications**

46. There are concerns that HRS is creating dependencies among residents who use the service, which contradicts the council's public health strategy for prevention. Additionally, the service in its current format is contributing to health inequalities, because the provision is not accessible to all general needs sheltered housing tenants.

47. Population data ([Wiltshire Intelligence](#), 2017) demonstrates that social isolation is an issue that affects older people being able to manage their needs at home and certain areas of Wiltshire fare worse in this regard. The review of the HRS service is necessary to help ensure that any future provision is equally accessible, regardless of tenure.

48. If the proposal to end the current service is implemented, this would create stronger and more resilient communities, with individuals being empowered to take responsibility for their own wellbeing. Individuals will be accessing support from within the community, thereby ensuring that they are less isolated and better connected, which contributes to overall population health improvement.

### **Procurement Implications**

49. As the proposal is to allow the service to expire, there are no procurement implications.

### **Equalities Impact of the Proposal**

50. An initial EQIA risk assessment has been undertaken on the proposal and has identified that those individuals with housing related support needs could have their needs met through other agencies.

51. There are potential negative impacts, or certainly the perception of negative impacts, for residents who use the service and who have limited social contact and experience loneliness. However, the potential to counteract these impacts is being considered through development of the council's consultation plan. The following options are currently being explored:

- Support from Community Engagement Managers to help vulnerable people access provision from the Voluntary and Community Sector (VCS)
- Advice and Contact to have strength-based conversations, to identify alternative universal service offers to meet social isolation needs
- Working with the providers (Cera Care and Somerset Care) to identify those residents who would benefit from Care Act Assessments and to liaise with ongoing support social work teams to undertake them.
- Working with the Cera Care and Somerset Care to identify those residents who would benefit from accessing support from other agencies

52. These proposals promote fairness in that there is currently inequitable access to the current HRS service, as it is based on tenure rather than need. Therefore, the current service is not accessible to all. The proposal to remove the service and focus future support on more preventative strength based ways of meeting needs, that can be met in the wider community, would result in a positive impact and improved equity of resources, based on age, gender, disability or other protected characteristic.

53. It is noted that due to longstanding familiarity and access to the current HRS service, existing residents would need to be supported to adjust to how the new model continues to meet their needs. New referrals into the sheltered schemes will simply experience the new service model on its own merits with clear expectations.

### **Environmental and Climate Change Considerations**

54. The tender evaluation criteria and contract terms and conditions include provision on environmental and climate change impact, to ensure this is appropriately considered.

### **Risks that may arise if the proposed decision and related work is not taken**

55. If the HRS service is not reviewed, the council will continue paying for a service based on choice, rather than need; as there is inequity of provision based on tenure, not reviewing the service is likely to entrench health inequalities.

56. The council will not meet its objectives as set out in the Business Plan 2017-27, because the service has been shown to encourage dependencies and activities are duplicated by statutory provision, which does not represent an efficient use of public money.

57. The Council needs to ensure that it is acting in line with its Constitution and Public Contract Regulations 2015 (PCR). Therefore, the Council should undertake reviews and assess its options to ensure compliance of the above which in turn will reduce any risk of challenge.

### **Risks that may arise if the proposed decision is taken and actions that will be taken to manage these risks**

58. Some residents who have become dependent on the HRS service may feel concerned that the provision has been taken away from them. However, the council will develop a communications plan in collaboration with providers and landlords, to help allay any anxieties and reassure residents of where they can continue to access support and that there are not expected to be any gaps in provision.

59. Residents were contacted in April 2021 and informed of the outcome of the consultation and again in June, updating on this Cabinet report and the options that were being put forward. Only one resident got in touch following the April letter, advising that they did not understand what the HRS service is, yet value their Housing Support Officer.

60. Following on from this Cabinet decision, residents will be further consulted on the Council's proposals, and following that work will commence to ensure that those with eligible needs are identified and appropriate care and support put in place. Alongside this, work will progress between the landlords, providers and VCS in helping residents to access help and support, if needed.

### **Financial Implications**

61. The current service costs £957,987 per annum, which equates to about £800 per customer supported.

62. The proposed closure of this non-statutory services is designed to remove duplication from the system and ensure residents' needs are met by the most appropriate means. This report's proposals therefore are not savings driven. However, there is a potential financial dividend established from the transition to more effective means of care and support.

63. While, it is hoped that residents' needs can be appropriately met through existing tenant support, voluntary and community resources, it is possible that as the service has in practice veered away from its intended purpose, current delivery may mask an element of low level demand that is more appropriately and effectively met through commissioned services. The transition plan (see indicative timeline in paragraph 74) allows for this.

64. It is not possible therefore to state with certainty the costs associated with meeting potential new or increased care need further to these proposals. However, the following projections can be made:

- If 400 residents did not require any formal care service, then there would be an annual recurring saving of (400 X £800) £320,000
- If 600 of residents (50% of those currently using the service) did not require any formal care service, then there would be an annual recurring saving of (600 X £800) £480,000
- If 800 residents did not require any formal care service, then there would be an annual recurring saving of (800 X £800) £640,000

65. Importantly, if the proposal to terminate the service is agreed, then a natural reduction in the number of customers being supported could be agreed i.e.: no new customers would be added to this service in the remainder of 2021/22. This could lead to a gradual reduction in the resources required to support the service during this period but would require negotiation with the providers.

### **Legal Implications**

66. Legal advice was sought during the development of this proposal and was advised that, although HRS is not a statutory service, it would be advisable to consult again with the residents. This was because the service has been delivered for a considerable length of time and receivers of the service may now rely on the service being available therefore, as a matter of fairness a consultation would be advisable and prevent the council being challenged. As stated above, an initial consultation has been carried out.

## Workforce Implications

67. The proposal is for the HRS service to be terminated. However, as the service employs staff, advice from the council's Human Resources team is that the council should assume that TUPE applies and should be considered as part of the proposal. In the options listed below, Option A is the only one where any TUPE implications would apply.
68. Despite Option A not being the recommended option, if it is implemented, there is the potential for the service to be restructured to best meet needs. This could result in redundancy costs if there is a surplus of staff. The TUPE regulations do permit changes to the workforce post service transfer for an Economic, Technical or Organisational reason. The risk of redundancy costs associated with Option A is low.
69. TUPE provisions in the provider contracts are uniform and allocate liability to the provider. The legal view is that a proposal to terminate the service would not generate a redundancy liability for the council.
70. Wiltshire Pension Fund (WPF) advises that Cera Care has a pension surplus of £763k from strong investment returns during their staff's time in the fund. Somerset Care's contracts are silent on cost/risk sharing. WPF identifies them as having a £560k surplus. As surpluses are large, both providers are unlikely to accrue a deficit in the near future. The cost of paying any surplus falls to WPF, not the council.

## Options Considered

71. Option A: No change / tender for a like-for-like service model

<b>Option A</b>	
Benefits	Drawbacks
<ul style="list-style-type: none"> <li>➤ Promotes continuity</li> <li>➤ Likely to be more favoured with the residents</li> <li>➤ Avoids reputational risk to the council due to negative media coverage</li> <li>➤ Tender process enables the market to be tested for best value</li> <li>➤ First stage consultation shows that resident's value the social interaction</li> </ul>	<ul style="list-style-type: none"> <li>➤ Current service is being duplicated by the RSLs</li> <li>➤ Current service creates dependence and is not in line with the prevention strategy</li> <li>➤ First stage consultation shows limited use or need for the current services</li> <li>➤ Current service provision exists elsewhere with the community</li> <li>➤ Inequity of service, for those Wiltshire residents who do not live in sheltered accommodation</li> </ul>
Further consideration	
<ul style="list-style-type: none"> <li>➤ If the council was to fund a new like for like service, then the funding would have to be diverted from another service area.</li> <li>➤ Diverting funding from a more accessible service would be a negative impact on the wider community.</li> </ul>	

72. Option B (recommended option) - End the service and work with ASC operations and key stakeholders during a transition phase (from 09.07.2021-01.03.2022 as detailed in the timetable below), to ensure that future needs are met after the current service ends. Cera Care and Somerset Care would continue to deliver the HRS during this period.

<b>Option B</b>	
Benefits	Drawbacks
<ul style="list-style-type: none"> <li>➤ Support, and funding for support, will be targeted based on need rather than postcode, this will be more equitable than the current system</li> <li>➤ By funding only those that need a service, costs will be reduced</li> <li>➤ By combining this approach with effective signposting to RSLs and VCS, the costs of preventative support will be shared across the sector</li> </ul>	<ul style="list-style-type: none"> <li>➤ This may be seen as service cuts generate negative publicity for the Council</li> <li>➤ First stage consultation showed that some residents valued the social interaction from the service</li> <li>➤ Might see an increase in some social care packages</li> <li>➤ Might see an increase in some of the landlords' eligible service charges for the residents</li> </ul>
Further consideration	
<ul style="list-style-type: none"> <li>➤ Though this option might not address all the concerns and needs, it is a pragmatic solution to a complex problem.</li> <li>➤ Most of the concerns can be addressed and mitigated by careful planning with the support from colleagues in adult social care and those voluntary organisations who serve the local community that these schemes are part of.</li> <li>➤ This option provides the best opportunities to build more cohesive communities between sheltered residents and their neighbours with improved access to community assets for all residents.</li> <li>➤ This opportunity provides greatest opportunity to ensure use of Council Funding is used to support our strategic objectives for early help and prevention.</li> </ul>	

73. Option C - End the service and signpost people to alternative provision e.g. RSLs or VCS

<b>Option C</b>	
Benefits	Drawbacks
<ul style="list-style-type: none"> <li>➤ Discontinuing an out of date model that was not delivering the required outcomes or best value</li> <li>➤ Support, and funding for support, will be targeted based on need rather than postcode, this will be more equitable than the current system</li> </ul>	<ul style="list-style-type: none"> <li>➤ Lack of targeted and coordinated support</li> <li>➤ Social Care needs might be missed</li> <li>➤ More likely to be deemed as a cost cutting exercise</li> <li>➤ Increased risk of challenge from landlords and residents</li> <li>➤ Less consistent with residents' stated preferences</li> </ul>

<ul style="list-style-type: none"> <li>➤ By funding only those that need a service, costs will be reduced</li> <li>➤ Effective signposting to RSLs and VCS, the costs of preventative support will be shared across the sector</li> </ul>	<ul style="list-style-type: none"> <li>➤ Less in keeping with the council's own policy direction</li> <li>➤ Most disruptive to residents that would leave some with unmet needs</li> </ul>
<b>Further consideration</b>	
<ul style="list-style-type: none"> <li>➤ Customers in this group tend to require support across a range of needs for example life skills, budgeting, neighbour relationships/behaviour issues and sometimes over an extended period of time.</li> <li>➤ RSLs tend to only offer very specific time limited intervention around tenancy sustainment and expect that this is only short term.</li> <li>➤ VCS services do not generally provide such a wide range of services, for a longer-term duration.</li> <li>➤ Shortfall of provision will impact on Adult Social Care because it may accelerate or increase the need for commissioned packages of care.</li> <li>➤ This is not aligned to the Council's early support and prevention strategy.</li> </ul>	

### Indicative Timeline

74. The indicative timeline is as follows:

<b>Stage</b>	<b>Date(s)</b>
➤ Cabinet Decision	29.06.21
<ul style="list-style-type: none"> <li>➤ Consultation with residents on council's preferred option</li> <li>➤ Engagement with providers</li> <li>➤ Identify residents with care and support needs who may need to access support from other agencies</li> </ul>	09.07.21 – 06.09.21
➤ Analysis of consultation results from provider and resident feedback concluded	17.09.21
➤ Delegated decision	22.10.21
<ul style="list-style-type: none"> <li>➤ Formal notice to providers</li> <li>➤ Notification to residents</li> </ul>	29.10.21
➤ Transition & TUPE arrangement with current providers	1.11.21 - 1.02.22
➤ Care package reviews (council operational teams)	1.11.21 – 1.03.22
➤ Mobilise Voluntary Sector & adult care support	1.11.21 – 1.12.21
➤ Review sheltered portfolio and housing management (landlords)	1.11.21 – 1.02.22
➤ Transition/handover of services	1.11.21 - 1.03.22
➤ Transition of support functions & signposting	1.11.21 - 1.03.22
➤ Service Expires / Transition complete	31.03.22

### Conclusions



75. Cabinet is asked to agree the following recommendations:

76. To note the Council's preferred position of ending the contracted HRS service provided by Cera Care and Somerset Care on 31 March 2022 in line with the indicative timeline in paragraph 74 and liaise with landlords and providers to support residents through a transition phase to:

- I. access alternate means of housing related support from other existing tenant support services
- II. ensure that residents receive appropriate information, advice and signposting as needed for any other identified support need to voluntary and community resources
- III. ensure that those with, or who may have, statutory eligible care needs, will have a care act assessment and appropriate support put in place.

77. That officers undertake a further consultation with residents on the Council's preferred position in line with the indicative timeline.

78. That the final decision on the future means of supporting HRS residents and any associated decisions is delegated to the Director Joint Commissioning in consultation with the Cabinet Member for Adult Social Care, SEND, Transition and Inclusion and the Corporate Director of People.

### **Helen Jones, Director of Commissioning**

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Report Author(s):

Natalie Heritage, Senior Commissioner, 01225 718062 /

[natalie.heritage@wiltshire.gov.uk](mailto:natalie.heritage@wiltshire.gov.uk)

Nick Bresler, Senior Commissioner, 01225 718538 / [nick.bresler@wiltshire.gov.uk](mailto:nick.bresler@wiltshire.gov.uk)

### **Appendices –**

Appendix One – Analysis of 2020 HRS Consultation Results

Appendix Two - 2020 HRS Consultation Questions

Appendix Three – Map of HRS Schemes in Wiltshire

Appendix Four – Social Care Needs Profile of HRS Residents

**Background Papers – None**