

AGENDA

Meeting: Health Select Committee
Place: [Access the online meeting here](#)
Date: Tuesday 6 July 2021
Time: 10.30 am

Please direct any enquiries on this Agenda to Matt Hitch, of Democratic Services, County Hall, Bythesea Road, Trowbridge, direct line or email matthew.hitch@wiltshire.gov.uk

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Membership:

Cllr Johnny Kidney (Chairman)	Cllr Gavin Grant
Cllr Gordon King (Vice-Chairman)	Cllr Howard Greenman
Cllr Mary Champion	Cllr Jack Oatley
Cllr Dr Monica Devendran	Cllr David Vigar
Cllr Pip Ridout	Cllr Antonio Piazza
Cllr Mike Sankey	
Cllr Clare Cape	
Cllr Caroline Corbin	

Substitutes:

Cllr Liz Alstrom	Cllr Tony Pickernell
Cllr Trevor Carbin	Cllr Ricky Rogers
Cllr Ernie Clark	Cllr Tom Rounds
Cllr Jon Hubbard	Cllr Ian Thorn
Cllr Mel Jacob	Cllr Graham Wright
Cllr Dr Nick Murry	

Stakeholders:

Irene Kohler	Healthwatch Wiltshire
Diane Gooch	Wiltshire Service Users Network (WSUN)
Lindsey Burke	South West Advocacy Network (SWAN)
Sue Denmark	Wiltshire Centre for Independent Living (CIL)

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AGENDA

PART I

Items to be considered whilst the meeting is open to the public

1 **Apologies**

To receive any apologies or substitutions for the meeting.

2 **Minutes of the Previous Meeting** (*Pages 7 - 12*)

To approve and sign the minutes of the meeting held on 8 June.

3 **Declarations of Interest**

To receive any declarations of disclosable interests or dispensations granted by the Standards Committee.

4 **Chairman's Announcements**

To note any announcements through the Chairman.

5 **Public Participation**

Members of the public who wish to submit a statement in relation to an item on

this agenda should submit this is electronically to the officer named on this agenda no later than 5pm Friday 2 July 2021.

Please contact the officer named above for any further clarification.

Questions

To receive any questions from members of the public or members of the Council received in accordance with the constitution. Those wishing to ask questions are required to give notice of any such questions in writing to the officer named above no later than 5pm Tuesday 29 June 2021 to be guaranteed a written response and 5pm on Thursday 1 July 2021 to be guaranteed a verbal response.

Please contact the officer named on the first page of this agenda for further advice. Questions may be asked without notice if the Chairman decides that the matter is urgent.

Details of any questions received will be circulated to Committee members prior to the meeting and made available at the meeting and on the Council's website.

6 **Clinical Commissioning Group Update on Elective Care**

Mark Harris Director of Commissioning (BSW CCG) to update the committee on current elective care waiting lists within Wiltshire and outline future opportunities as the system transitions from response into recovery.

7 **Clinical Commissioning Group Update on Staff Wellbeing**

The committee to receive an update on the current wellbeing of healthcare professionals supporting Wiltshire residents.

8 **Update on the Impact of Covid-19 on Adult Mental Health Services**

The Director of Adult Care Operations (Learning Disability & Mental Health Services) to lead an overview of the impacts of the pandemic on mental health adult services, with particular focus on potential latent demand, delays to access and future opportunities.

9 **Housing Related Support** (*Pages 13 - 66*)

To consider a report from the Chief Executive outlining the council's preferred

position in respect of future proposals for the Housing Related Support Service. The report was considered at Cabinet on 29 June 2021 but recommends a further consultation with residents before a final decision is taken by the Executive.

10 **Forward Work Programme** (*Pages 67 - 68*)

To consider the forward work programme for the Health Select Committee.

11 **Urgent Items**

To consider any other items of business that the Chairman agrees to consider as a matter of urgency.

12 **Date of Next Meeting**

To confirm the date of the next meeting as 2:30pm 8 September 2021.

PART II

Items during whose consideration it is recommended that the public should be excluded because of the likelihood that exempt information would be disclosed

None.

HEALTH SELECT COMMITTEE

MINUTES OF THE HEALTH SELECT COMMITTEE MEETING HELD ON 8 JUNE 2021 AT ONLINE.

Present:

Diane Gooch, Irene Kohler, Lindsey Burke, Sue Denmark, Cllr Mary Champion, Cllr Dr Monica Devendran, Cllr Johnny Kidney, Cllr Pip Ridout, Cllr Mike Sankey, Cllr Clare Cape, Cllr Caroline Corbin, Cllr Gavin Grant, Cllr Howard Greenman, Cllr Gordon King, Cllr Jack Oatley, Cllr David Vigar and Cllr Antonio Piazza

Also Present:

Cllr Liz Alstrom, Cllr Richard Clewer, Elizabeth Disney, Emma Legg, Rachel Kent and Claire Edgar

1 **Apologies**

Cllr Caroline Corbin was unable to attend the start of the meeting. Corporate Director of People Lucy Townsend and Chief Executive Terence Herbert also offered their apologies. Lindsey Burke, rather than Joanne Burrows, was attending on behalf of the South West Advocacy Network (SWAN).

2 **Election of Chairman**

Resolved:

To elect Cllr Johnny Kidney as Chairman for the forthcoming year.

3 **Election of Vice-Chairman**

Resolved:

To elect Cllr Gordon King as Vice-Chairman for the forthcoming year.

4 **Minutes of the Previous Meeting**

The minutes of the meeting held on 2 March 2021 were presented for consideration, and it was,

Resolved:

To approve and sign the minutes as a true and correct record.

5 Declarations of Interest

A declaration of interest was made by Cllr Clare Cape who disclosed that she worked for NHS Digital but that she would participate in the debate and vote with an open mind.

6 Chairman's Announcements

The Chairman thanked the Committee and said that it was a privilege to be elected for the forthcoming year. He also took the opportunity to thank Cllr Chuck Berry for his hard work in chairing the Committee in the previous Council.

It was reported that the Committee had received three sets of quality accounts requiring a response by mid-June, those being from Wiltshire Health and Care, Avon and Wiltshire Mental Health Partnership and Salisbury NHS Foundation Trust. Due to the next meeting of the Committee not being until July it was proposed that the Chairman and Vice-Chairman formulate a response, but Members were also invited to contribute should they wish to do so.

7 Public Participation

The Chairman noted that written questions had been received by a member of the public, Ms Anne Ward Ongley, relating to potential scrutiny activity on the impact of Covid-19 on carers. He updated the Committee that a written response had been provided outlining that this area has been given high priority on the draft work programme.

8 Covid-19 Update

In Agenda Supplement 1 the Committee was provided with a report from Wiltshire Council's chief executive containing a summary of activity undertaken by the Council to mitigate the impact of Covid-19. It was noted that the report had previously been considered by Cabinet on 1 June as well as the OS Management Committee on 25 May.

Leader of the Council, Cllr Richard Clewer, briefly spoke to say that he hoped the report would be the final Covid-19 report but that he was continuing to monitor the number of cases extremely closely. He also explained that the report highlighted that amount of work done by officers throughout the pandemic.

The Committee took the opportunity to commend officers as well as the extraordinary work done by front line staff. Concerns were raised about the recent rise in the number of Covid-19 cases in Wiltshire and it was asked if there were any

immediate implications. It was noted by a Public Health representative that a small rise had taken place, but numbers were still relatively low in relation to the rest of the South West and were broadly similar to those at the time that the report was written. She also noted that it was important to monitor the figures closely, but a slight increase was to be expected given the easing of restrictions on 17 May.

Furthermore, questions were asked about a number of measures being taken at a local level to assist with the vaccine roll out, including a proposal to open a vaccination centre at the Neeld Hall in Chippenham and the possibility vaccination bus coming to Trowbridge. Members asked what they could do to encourage the use of the bus. It was also suggested that a vaccine centre based at the Neeld Hall would improve local accessibility and take pressure off of GP surgeries.

It was noted by officers that the vaccine programme was being run by the local Clinical Commissioning Group (CCG) and that further queries would be taken back to find out more information. They reported that vaccine busses were targeted at areas with a low uptake but that further details could be provided in the form of a written response.

The Committee took time to discuss the impact of the pandemic on mental health, including the use of safe spaces and mental health first aiders. It was reported by officers that information about the number of referrals to mental health will be provided as a future update. Members were reassured that mental health first aiders were embedded in a number of the CCG's organisations and that support was being sign posted to staff, especially given the increased pressure that they had faced in recent months.

Resolved:

To note the update on The Council's ongoing response to Covid-19.

9 Overview and Scrutiny Work Priorities and Approach: Recommendations from the 2017-21 Council

The Health Select Committee received a report detailing ongoing work recommended by the former Management Committee as part of the development of a work programme for the new council. The recommendations from the 2017-21 council were considered and approved by Management Committee on 25 May 2021.

The Chairman notified the committee that it had no current task groups, but he was proposing to meet with directors, cabinet members & key partners to improve understanding of immediate priorities. He then invited comments on the work programme.

A number of comments were received in relation to the order of priorities with it being noted that the list was set by the previous council and considered to be the most pressing issues at the time. The Chairman agreed and emphasised the importance of needing to align it with the Council's future strategic priorities.

Members discussed giving high priority to mental health related issues and spoke about the possibility of giving higher priority to recruitment and retention of staff given the additional challenges caused by the pandemic. It was also suggested that greater priority could be given to scrutinising the work of the Shared Lives Service. Concerns were also raised about the revenue gap in adult social care given that it is a large part of the Council's budget.

Questions relating to the terms of reference of the Committee were raised as members suggested that many of the Committee's priorities seemed to focus around the issue of adult social care. The Senior Scrutiny Officer noted the government's proposal to bring forward a Health and Care Bill, which was expected to set the terms of reference of the Committee.

Reference was made to the previous meeting of the Select Committee where the possibility of setting up a rapid scrutiny exercise into the closure of Furlong Close. Cllr Clewer noted that a tender exercise was ongoing so it would be difficult to undertake an OS activity at this stage.

Resolved:

- 1. To note this Council's agreed core values for its OS function.**
- 2. To note OS's key strengths and development areas as highlighted by the previous council, and to note Management Committee's resolution to include these in any review of OS's approach and effectiveness in the new council.**
- 3. To note the forward work programme agreed by Management Committee, delegating authority to the Chair and Vice-Chair to develop this further (including the timing of activities), with proposals brought back to Committee.**
- 4. To support early discussion between the Chair and Vice-Chair with Cabinet members, portfolio-holders, directors and partners to gain a more informed understanding about executive and partner priorities, with outcomes reported back to Committee.**
- 5. To delegate authority to Chairman/Vice-Chairman to agree with their counterparts in the Children's Select Committee a date to commence the work of the Joint Whole Life Pathway Task Group, as approved in March 2020 and endorsed by the Management Committee in May 2021.**

10 Urgent Items

There were no urgent items, although members did take the opportunity to praise Cllr Kidney for chairing his first meeting and once again commend the previous Chairman Cllr Chuck Berry. A query was submitted in relation to press releases and social media posts about the vaccine bus. The Senior Scrutiny Officer agreed to investigate the issue and provide further information.

11 Date of Next Meeting

The next ordinary meeting of the Committee was to be held on 6 July 2021, at 10:30am.

(Duration of meeting: 10.30 - 11.30 am)

The Officer who has produced these minutes is Matt Hitch, of Democratic Services, direct line , e-mail matthew.hitch@wiltshire.gov.uk

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Wiltshire Council

Cabinet

29 June 2021

Subject: Housing Related Support

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

Key Decision: Key

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

29 June 2021

Subject: Housing Related Support

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

Key Decision: Key

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 schemes¹, 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

¹ 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 Officer² (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.

² 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 16th 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

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

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.

Option B	
Benefits	Drawbacks
<ul style="list-style-type: none"> ➤ Support, and funding for support, will be targeted based on need rather than postcode, this will be more equitable than the current system ➤ By funding only those that need a service, costs will be reduced ➤ By combining this approach with effective signposting to RSLs and VCS, the costs of preventative support will be shared across the sector 	<ul style="list-style-type: none"> ➤ This may be seen as service cuts generate negative publicity for the Council ➤ First stage consultation showed that some residents valued the social interaction from the service ➤ Might see an increase in some social care packages ➤ Might see an increase in some of the landlords' eligible service charges for the residents
Further consideration	
<ul style="list-style-type: none"> ➤ Though this option might not address all the concerns and needs, it is a pragmatic solution to a complex problem. ➤ 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. ➤ 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. ➤ This opportunity provides greatest opportunity to ensure use of Council Funding is used to support our strategic objectives for early help and prevention. 	

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

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

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

Indicative Timeline

74. The indicative timeline is as follows:

Stage	Date(s)
➤ Cabinet Decision	29.06.21
<ul style="list-style-type: none"> ➤ Consultation with residents on council's preferred option ➤ Engagement with providers ➤ Identify residents with care and support needs who may need to access support from other agencies 	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"> ➤ Formal notice to providers ➤ Notification to residents 	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

Report Author(s):

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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

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Appendix One

Results of the Housing Related Support (HRS) Survey

Section A

Executive Summary

With a 60% response rate, the HRS consultation's results are regarded as representative of those who use the service. The key theme that has been highlighted is that most respondents value the HRS service because it reduces their social isolation and many left personal comments on the survey that they often felt lonely.

The support residents require is regarded as low. This is because most respondents reported using the service for up to 30 minutes once per week, predominantly to support their emotional wellbeing. A significant proportion of respondents reported receiving help from a family member, friend or carer.

There was some confusion among residents between the role of an HRS worker and a Housing Support Officer, this evidences the fact that the HRS service is duplicated through the provision afforded from the RSLs.

Background

Housing-Related Support Services (HRS) are provided to help vulnerable people develop or maintain the skills and confidence necessary to live as independently as possible. A core principle of HRS is the prevention of homelessness and preventing, reducing or delaying the need for social care provision.

HRS services would normally cover a wide range of activities such as assistance with:

- life skills
- budgeting
- maintaining a tenancy
- providing advice and support to arrange a repair
- helping people to understand the consequences of their actions, for example the impact of their relationships with their immediate neighbours and wider community

Customers who live at 130 sheltered housing schemes across Wiltshire are automatically eligible for the HRS service and do not have to meet any needs-based criteria. Customers therefore choose to 'opt in' or 'opt out', which results in the service being choice based, rather than needs led. Cera Care are commissioned to deliver the HRS services at 96 schemes, with Somerset Care delivering the services at 34 schemes.

The survey ran from 11 November 2020 to 4 December 2020 and was delivered by hand to residents who had opted-in to receive the HRS service in their sheltered

housing scheme. Wiltshire Council delivered the surveys to the two providers' offices (Cera Care & Somerset Care), with providers subsequently distributing the surveys to the correct households.

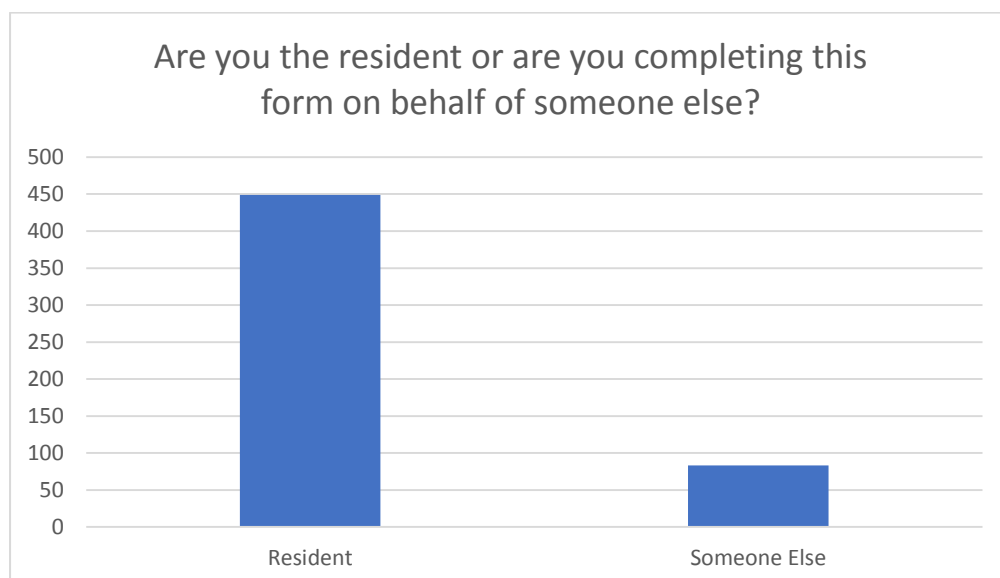
By 17 November 2020, the providers had confirmed that all appropriate households had received a copy of the HRS consultation. Within the survey, a business reply envelope was provided for the individual to send their completed survey back to Wiltshire Council.

Wiltshire Centre for Independent Living (WCIL) offered assistance if an individual wanted to respond to the survey via telephone, or if someone needed help understanding a question and how to respond. WCIL completed a total of eight HRS responses over the telephone with residents.

Results

In total 1038 HRS surveys were delivered to residents. 622 of these were completed, which gives a response rate of approximately 60%. It is important to note that whilst 622 surveys were received (either by Wiltshire Council or WCIL), some respondents chose not to answer every question, or provided multiple responses where this is appropriate; for example [for Q4](#), 'what support do you value most from the HRS service?'

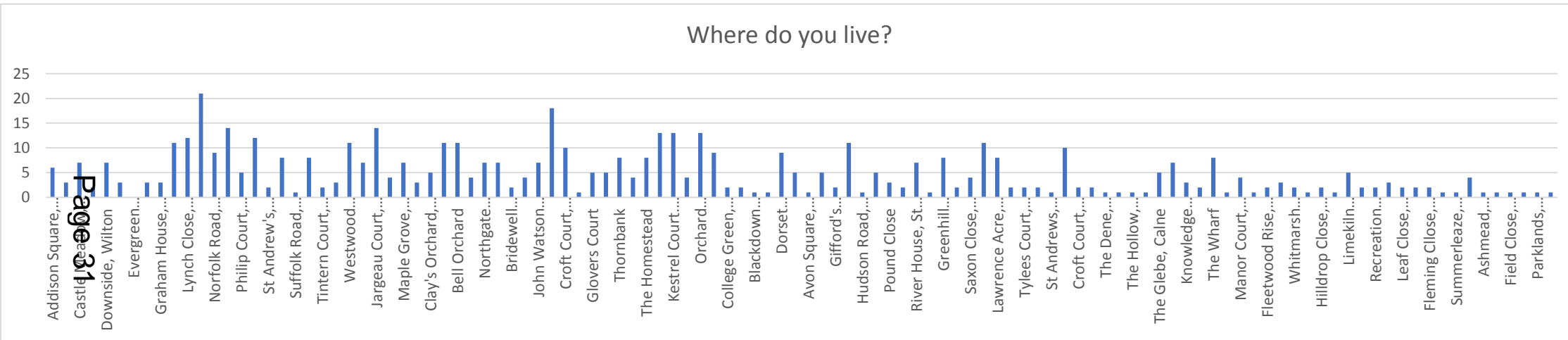
Q1: Are you the resident or are you completing this form on behalf of someone else?



A significant majority of respondents were residents. For those that ticked that they were responding to the survey on behalf of someone else, this was largely family members and in a small number of cases, the HRS worker completed the survey with the resident. In total, 3% of all completed surveys have been tracked to an HRS worker.

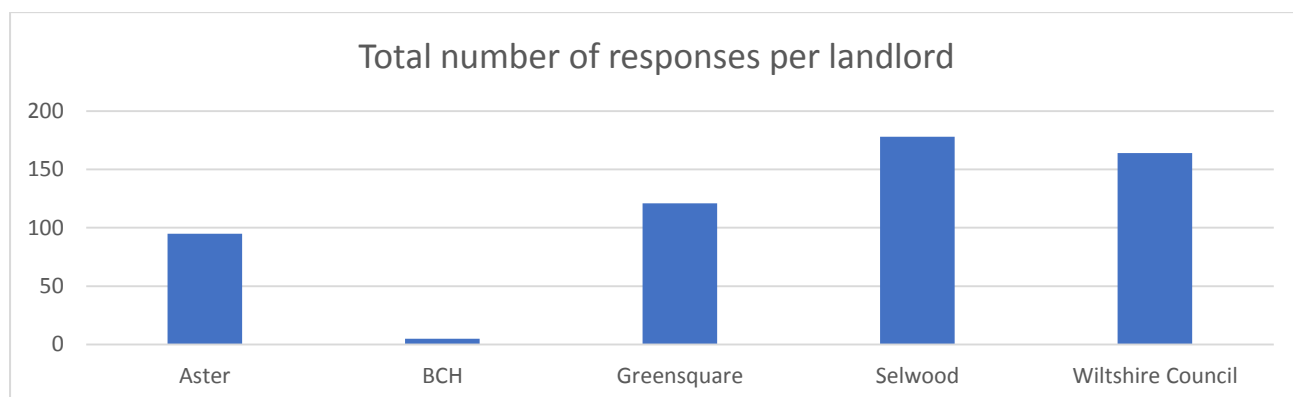
WCIL also completed eight surveys with individuals, these were classed as responses from 'the resident', as WCIL merely acted as the intermediary and were listed on the survey (see Appendix Two) as being able to facilitate telephone responses for residents.

Q2: Where do you live? (name of sheltered housing scheme)



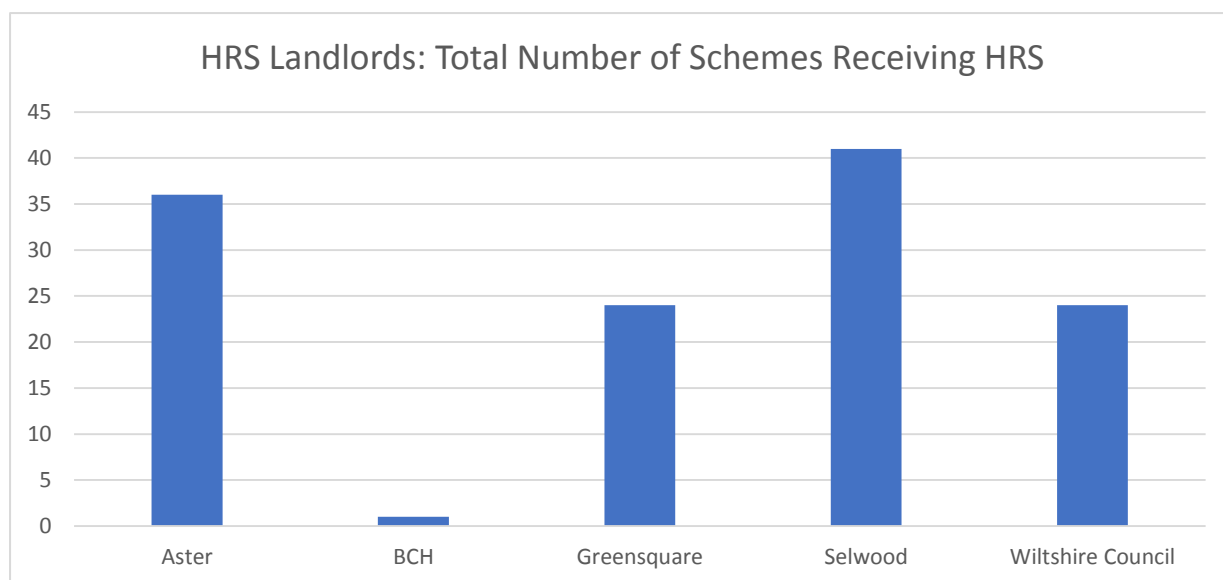
48 residents chose not to list their address when completing the survey.

Responses per Landlord



Selwood & Wiltshire Council are the landlords whose residents responded most to the HRS consultation. The proportion of responses per landlord does not correlate to the number of properties per landlord.

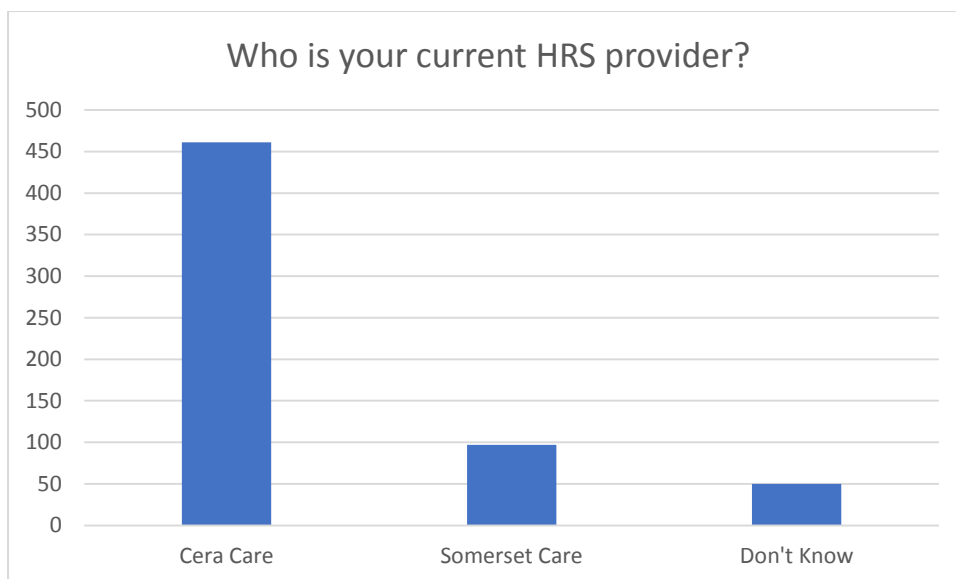
Schemes Per Landlord



Selwood have the most HRS schemes, followed by Aster. Yet, this is not reflected in the number of responses, with Selwood and Wiltshire Council receiving the most responses.

This could be explained by the fact that non-Wiltshire Council residents may not have understood how the consultation applies to them: if a resident has a different landlord to Wiltshire Council and receives HRS from either Cera Care or Somerset Care, they may not understand the role that the Council plays in the commissioning of HRS to these two providers.

Q3: Who is your current HRS provider?



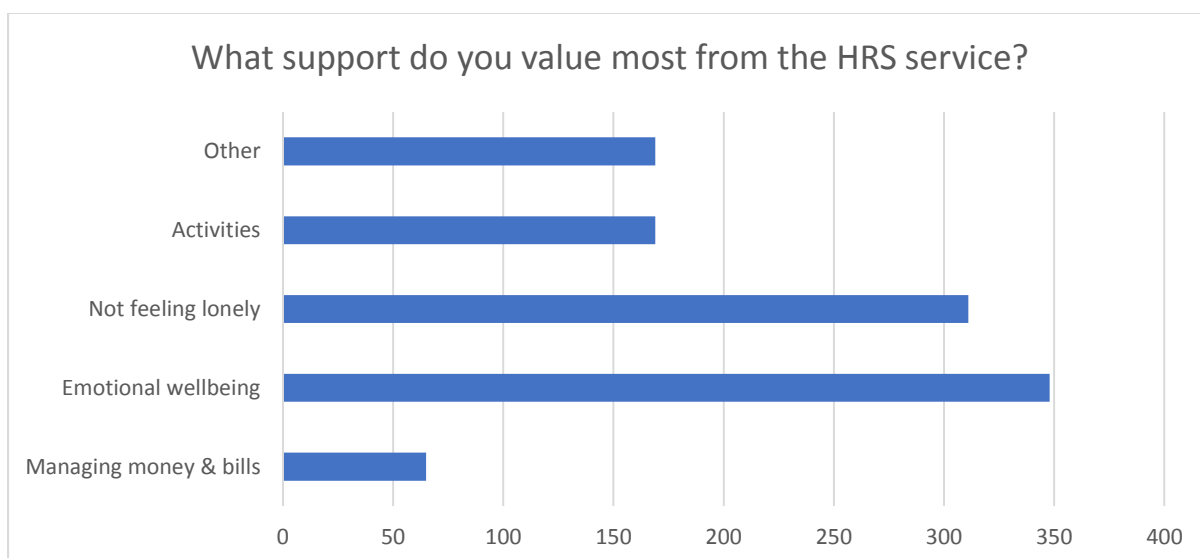
Of the residents who answered this question, 76% receive HRS from Cera Care, with 16% receiving HRS from Somerset Care.

Overall:

- 70% of households receive HRS support from Cera Care
- 30% of households receive HRS support from Somerset Care

Therefore, the amount of resident responses to this question is broadly proportionate to the percentage of residents that each provider supports.

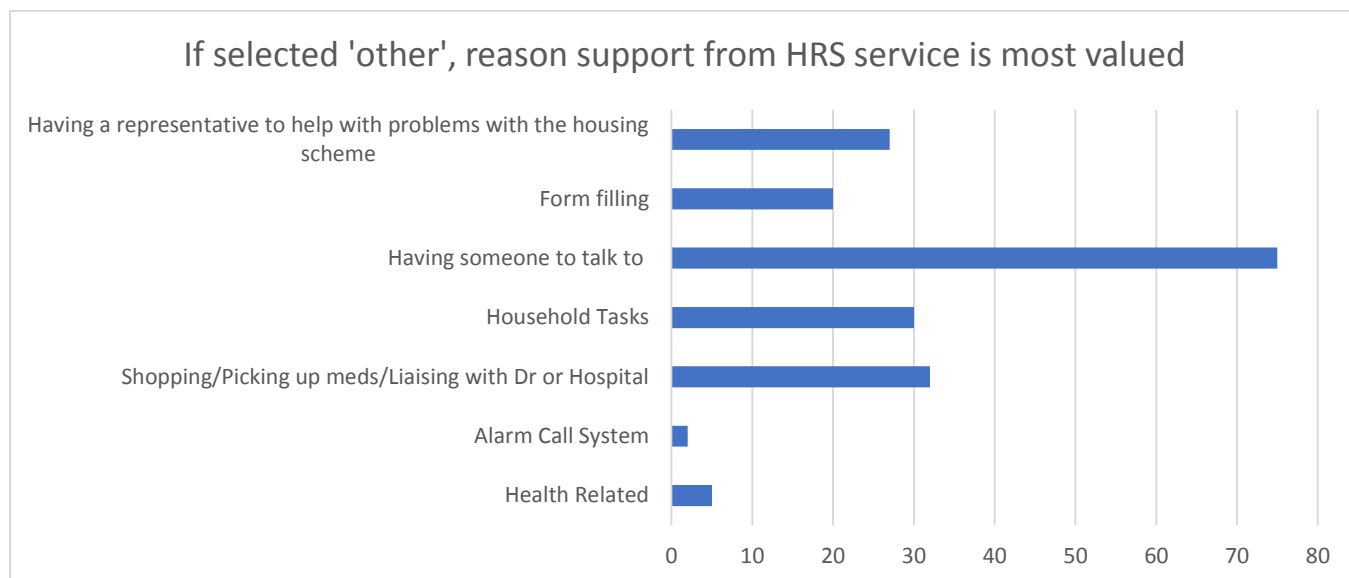
Q4: What support do you value most from the HRS service?



62% of respondents value either the support for their 'emotional wellbeing' or that the HRS service ensures that they do not feel lonely.

As a result of the COVID pandemic, HRS activities have not been taking place since March 2020. For those who selected 'activities', many commented that they had been missing the social interaction that came with this support offer.

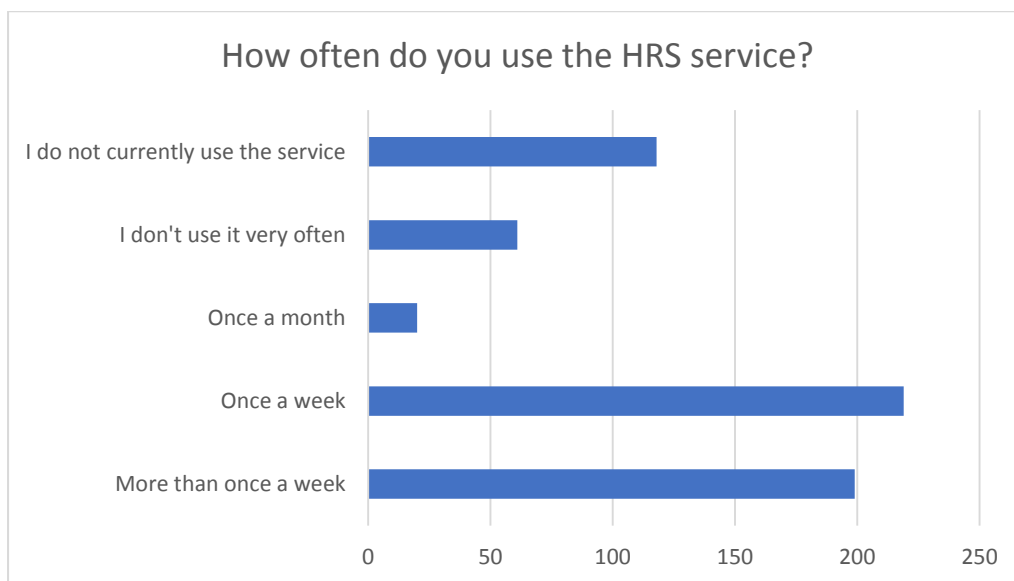
The third most popular support from the HRS service was defined as 'other' and these reasons are set out in the below graph:



40% value the HRS service because it gives them the opportunity to talk to someone. A number of respondents detailed that they feel lonely and either their Housing Support Officer or their HRS worker is the only contact they may have all week.

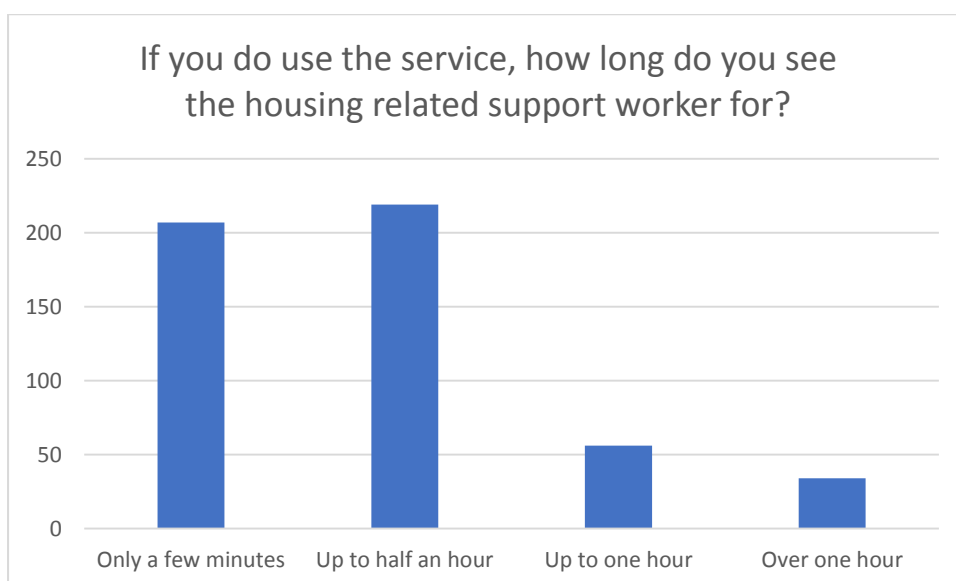
Picking up shopping and medication, as well as liaising with healthcare professionals was most valued by 17% of residents. 16% most value 'household tasks', which relates to laundry, cleaning and sorting mail.

Q5: How often do you use the HRS service? (please choose the closest option which describes your situation)



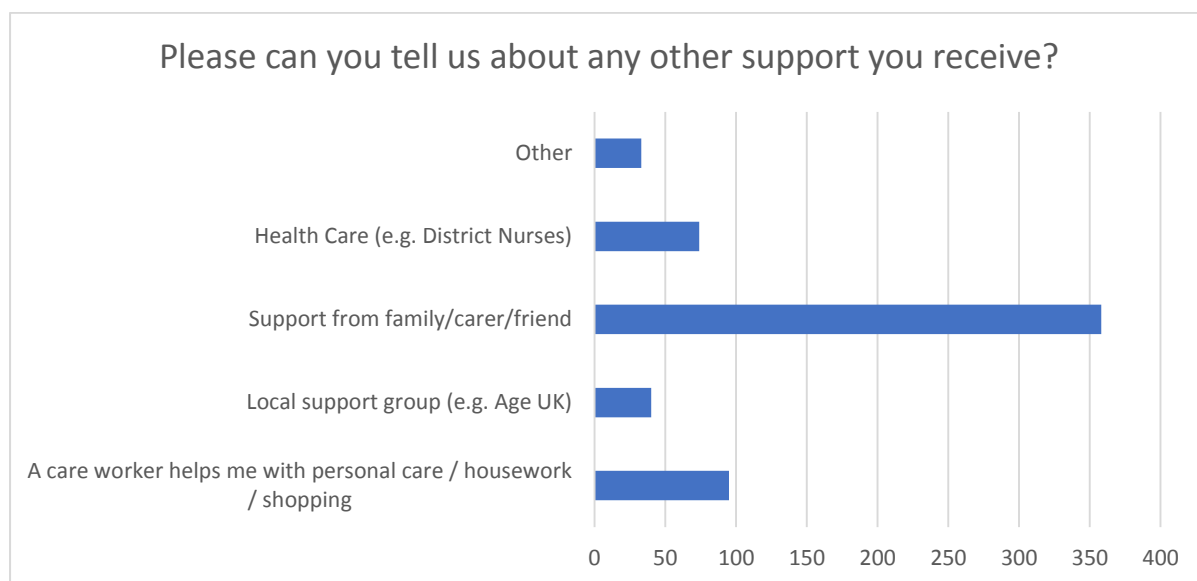
68% said that they use the HRS service once a week or more than once a week. 19% of people said that they do not use the service.

Q6 – If you do use the service, how long do you see the housing related support worker for?



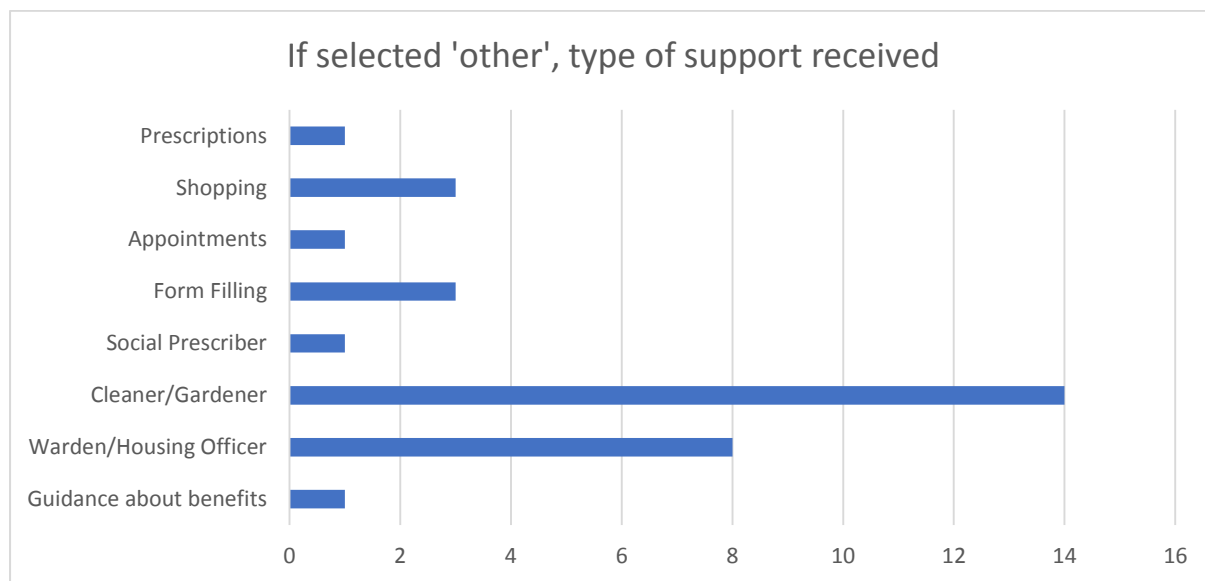
83% of respondents said that they see their HRS worker for under 30 minutes or for only a few minutes. Comparing this response with the one for [Q5 above](#), we can see that most residents need support “little and often”.

Q7: Please can you tell us about any other support you receive?



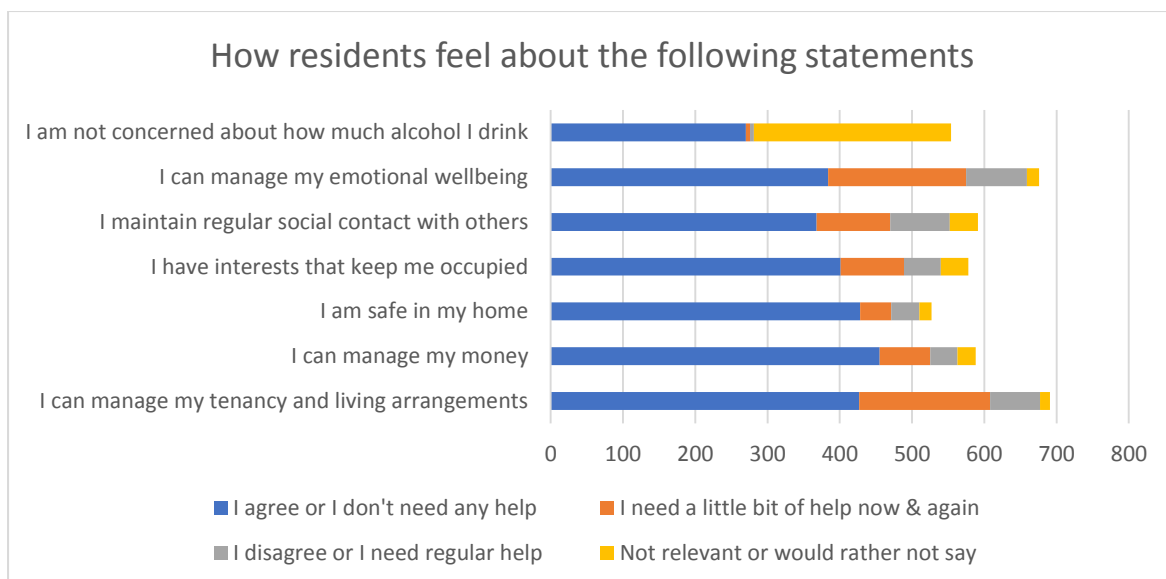
60% of respondents receive additional support from either a family member/carer or friend.

For those who selected 'other', the additional support they receive has been grouped by theme and is set out in the graph below:



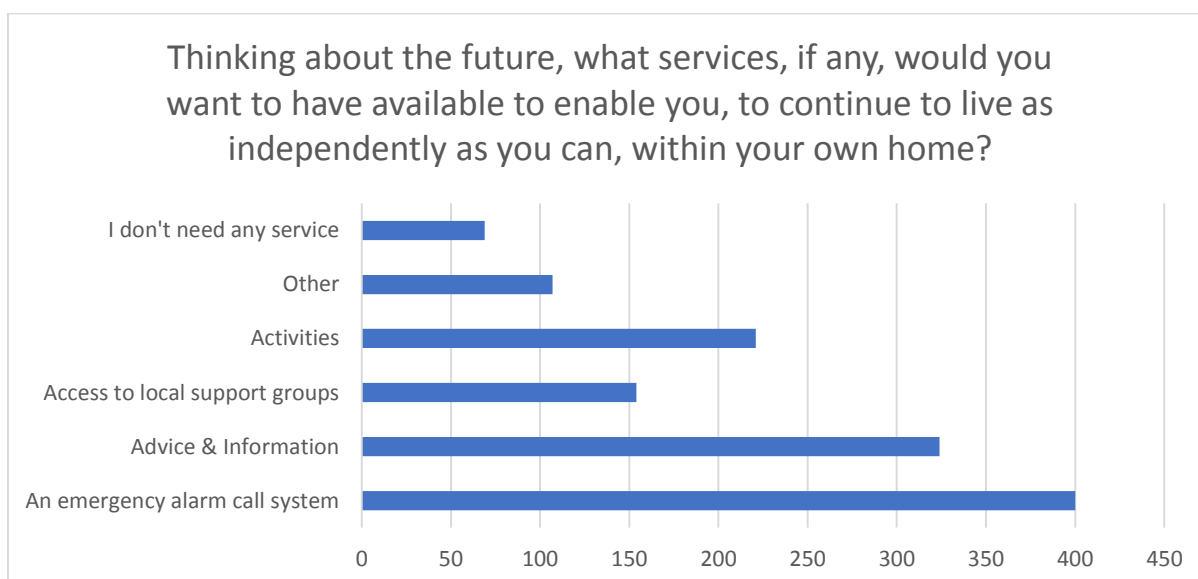
44% of people have a private gardener or cleaner as a form of additional support. 25% stated their warden or Housing Support Officer as additional support. It is worth considering here that there appeared to be confusion among residents about the difference between their HRS worker and their Housing Support Officer.

Q8 – the statements below relate to the kind of things that HRS supports people with. Please tell us whether you agree with the following statements



65% of residents reported that they do not need any help with the support that the HRS service provides. Some residents noted that whilst they do not need help with these aspects of their lives now, this is because of the current support arrangements they have in place.

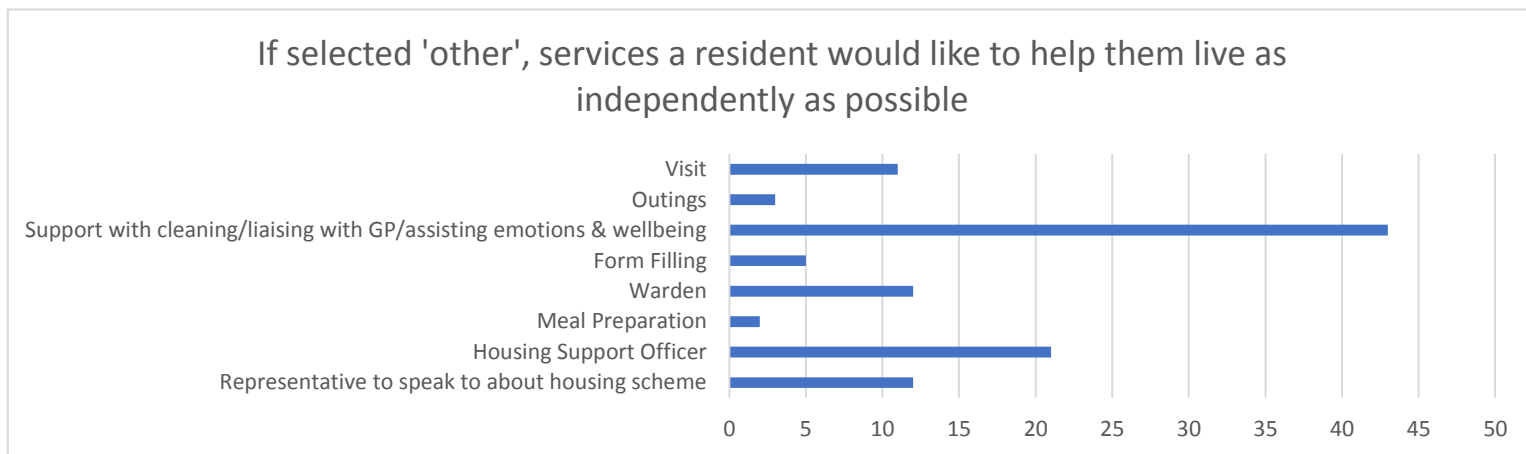
Q9: Thinking about the future, what services, if any, would you want to have available to enable you, to continue to live as independently as you can, within your own home?



31% of people reported needing an emergency alarm to help them live most independently in their own home, with 25% stating that access to advice and information was important to them.

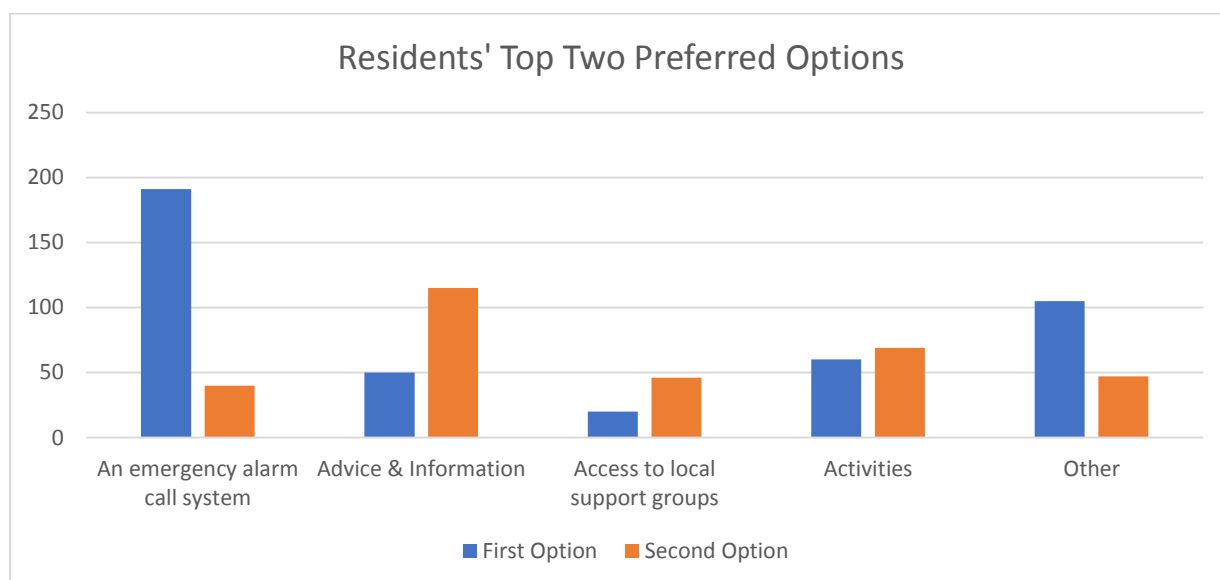
17% of people stated that activities are their favourite option because of the social interaction it afforded. Considering Q4 and Q5, it could be argued that if residents are able to combat feelings of loneliness and social isolation, then they would feel better equipped to be more independent within their own homes.

For those who selected 'other', their reasons for this are set out in the graph below:



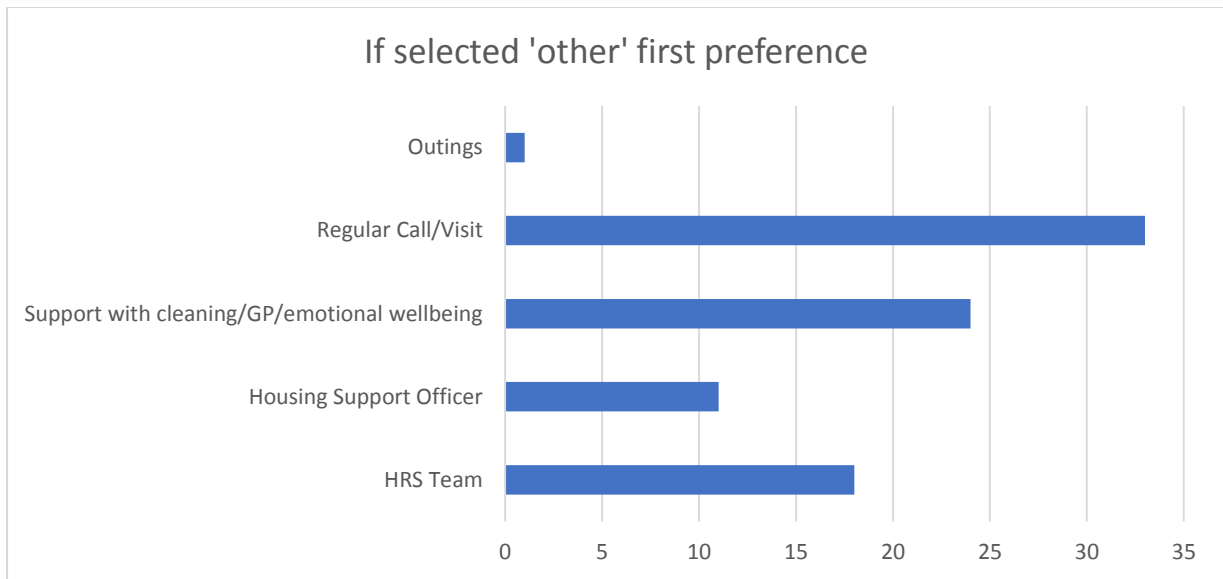
39% of respondents need support with cleaning, contact with their GP and help with their emotional wellbeing to be empowered to be as independent as possible.

Q9a – Please can you tell us your top two preferred options

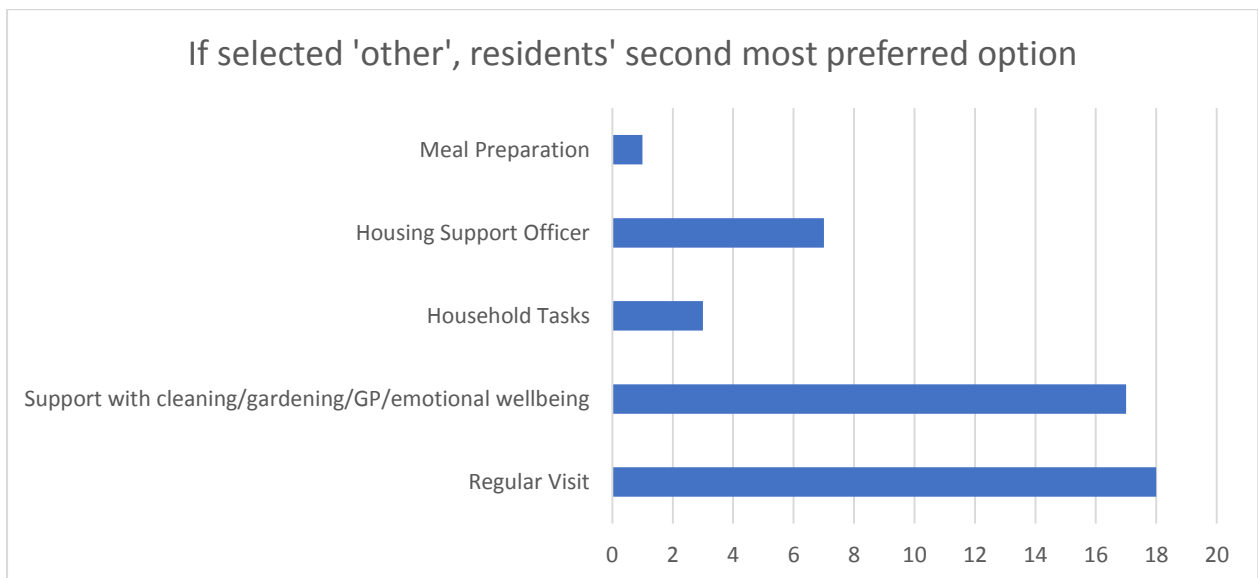


45% of respondents felt that an emergency alarm call system was their preferred option.

36% stated that access to advice and information was their second option.



38% of people wanted a regular call or visit and this links back into the loneliness or social isolation theme.



39% of residents would prefer a 'regular visit' as their second preferred option, with 37% of residents stating that support with cleaning/gardening/their GP and/or their emotional wellbeing is important to them.

Section B

Executive Summary

On the whole, the HRS consultation responses per landlord show us that the more intense the landlord's support, the lower the need for the HRS service. However, when we look at care packages against the responses per landlord and based on the schemes where there are care packages in place, the results are inconclusive. In other words, it is not possible to determine whether someone with a care package is more or less likely to use the HRS service, because the number of care packages is so low (accounting for around one quarter of all residents) and split between each landlord, this dataset becomes even lower.

Background

The consultation suggests that the HRS service is duplicated by the statutory RSL provision, additional analysis has been conducted on the HRS consultation's responses. This analysis considers the consultation's responses per landlord and per social care data.

The hypothesis has been that where a landlord's support is more intense, there is less demand for the HRS service.

The responses indicate that if the HRS service were to be removed, there would be no un-met social care needs. Respondents report using the HRS once a week for up to 30 minutes to support their emotional wellbeing, which does not constitute an eligible social care need.

Landlord Findings

Type of Support Received

Across the 130 HRS schemes there is discrepancy in the type of support provided by the RSLs. Taking each landlord separately, we can see that there are discrepancies in the service provided per landlord; e.g. Selwood and Bournemouth Churches Housing only provide an intensive housing management service, whereas Greensquare and Wiltshire Council facilitate social activities with tenants.

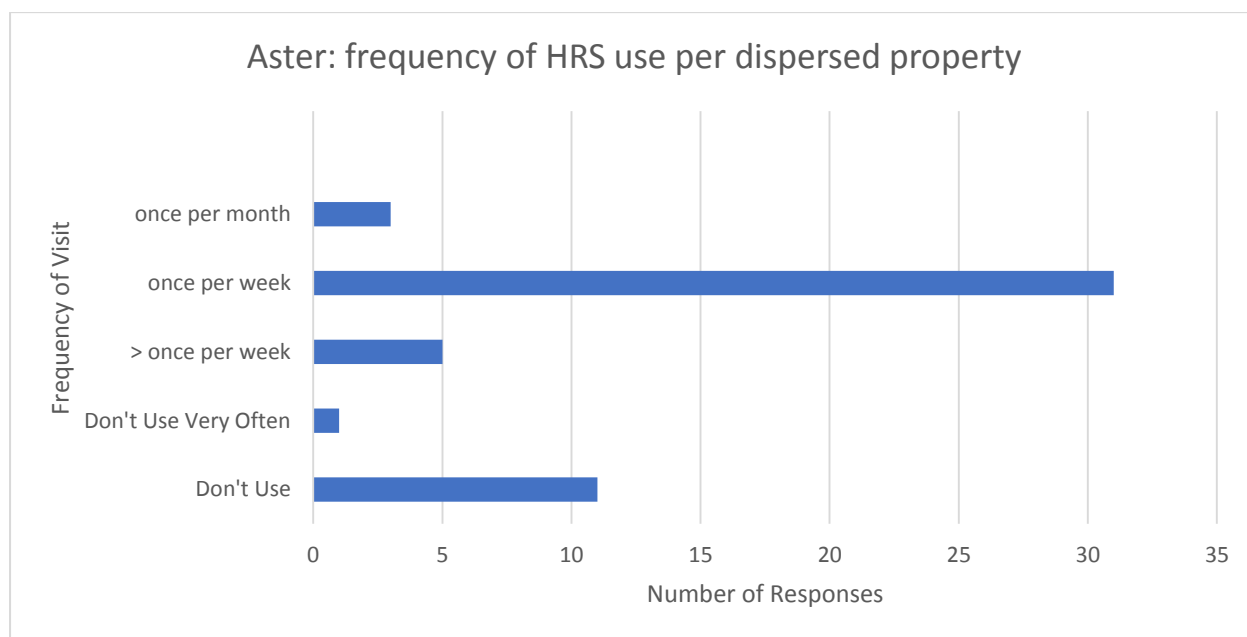
When we consider each landlord's support as a separate entity, we find that there are also discrepancies in the service provided per housing scheme. For example, Aster's dispersed properties¹ (which account for 81% of their HRS stock) only receive a quarterly welfare call and certain Greensquare and Selwood general needs schemes² can access the HRS, as these schemes were initially sheltered housing. This does result in inequity across the general needs schemes.

The data and commentary below, considers these findings in more detail.

¹ Aster's dispersed properties are defined as single dwellings that do not sit in or around a scheme, but are still supported by Aster's Independent Living Team

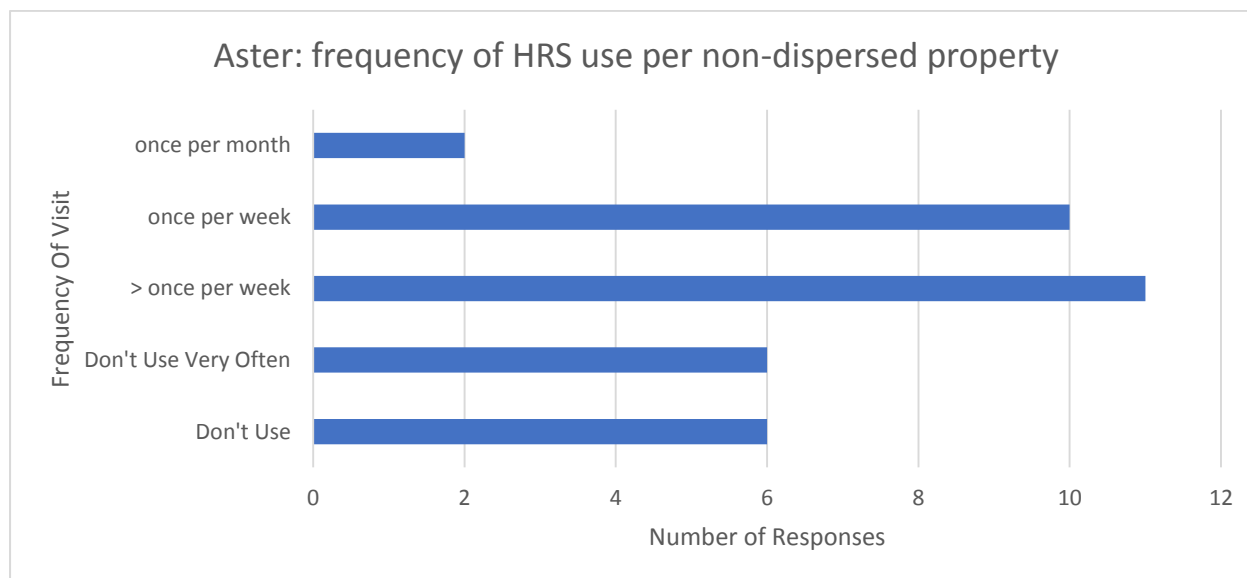
² A general needs scheme is social housing available to anyone who is not in a special needs group – e.g. families / single people

Aster



Dispersed properties only receive a quarterly welfare call from Aster (the landlord). (Dispersed properties are single dwellings that do not sit in or around a sheltered scheme but are still supported by Aster’s Independent Living Team).

Of the respondents who receive a quarterly call from Aster, 69% use the HRS service, with 22% reporting not using the service.



Non-dispersed properties receive a higher frequency of support from Aster (the landlord). (Non-dispersed properties are dwellings that are part of a sheltered housing scheme and receive a more enhanced tenancy service).

60% of respondents use the HRS service either more than once a week, or once a week. 34% of respondents report not using the service very often, or not using it.

The data demonstrates that the HRS service is more popular among those who receive a lower frequency of support from Aster.

Care Package Data

Looking at the social care needs profile of residents living in the dispersed and non-dispersed schemes, we can see the following:

Dispersed schemes (only receiving a quarterly welfare call)

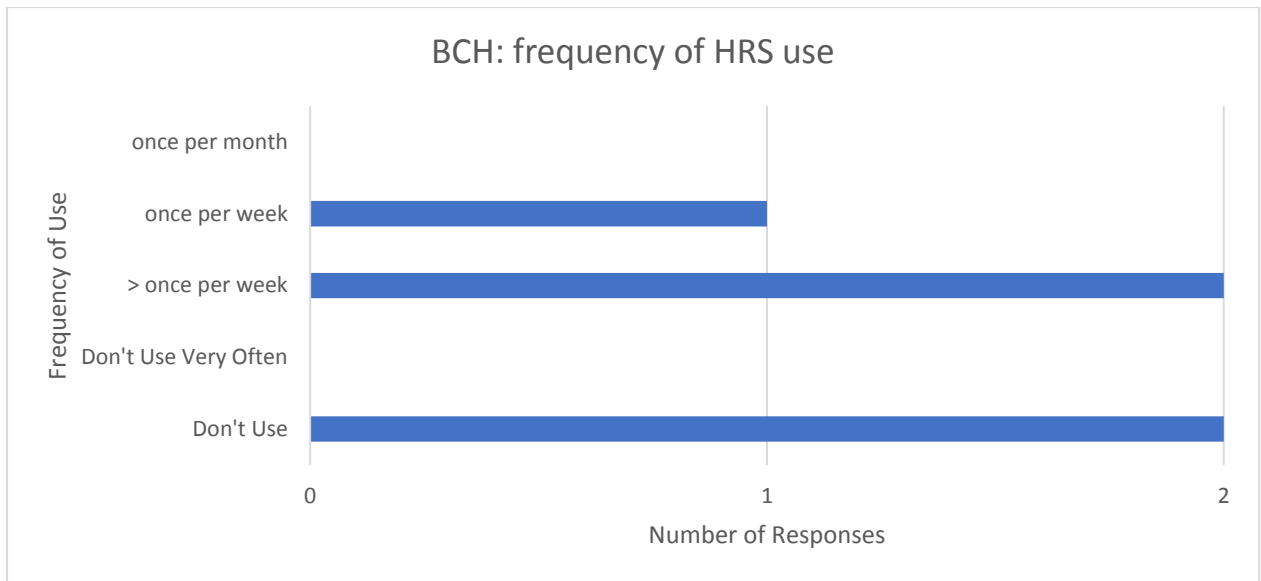
75% use the service once a week, with 25% not using the service. For those who use the service, 66% use it for only a few minutes, whilst 33% use it for up to 30 minutes.

Non-dispersed schemes (higher frequency of support)

Of the respondents, 76% use the service, with 24% either not using the service very often or not using it at all. Of those who use the service, 53% use it for up to 30 minutes, with 47% using it for only a few minutes.

In summary, for Aster's HRS tenants with care packages, there does **not** appear to be a correlation between intensity of landlord support and use of the HRS service. The HRS service is utilised at similar levels by residents both with/without care packages and for similar amounts of time, namely once a week for up to 30 minutes.

Bournemouth Churches Housing



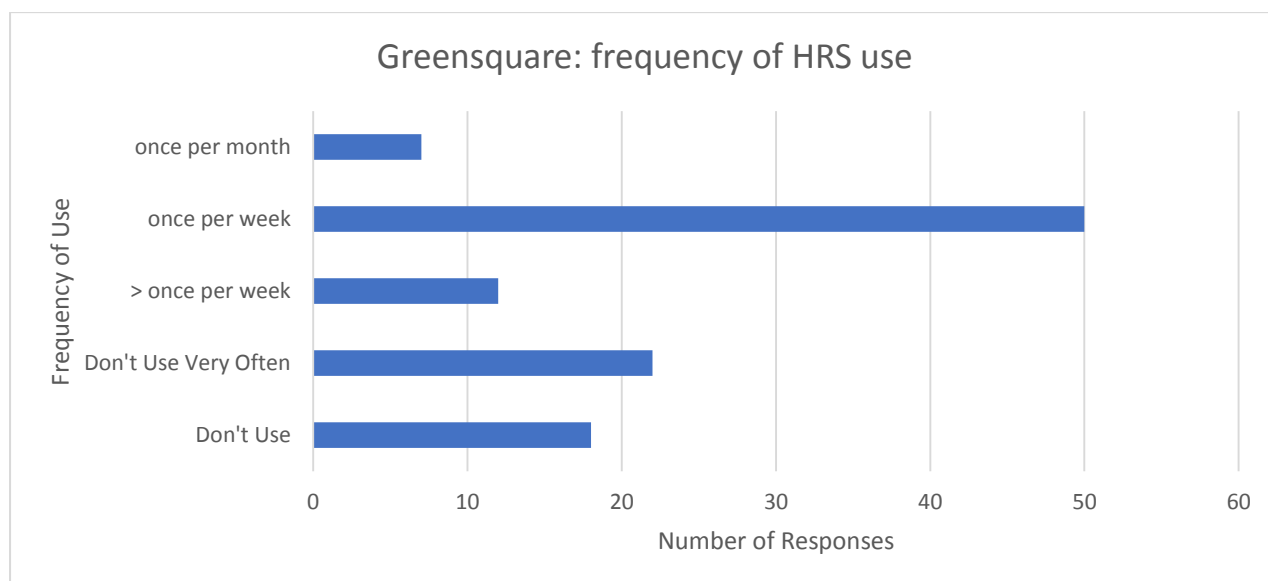
BCH only provide an intensive housing management service.

60% of BCH residents use the HRS service, 40% do not use the service.

Care Package Data

For BCH, there are no residents who receive HRS support who have a care package in place.

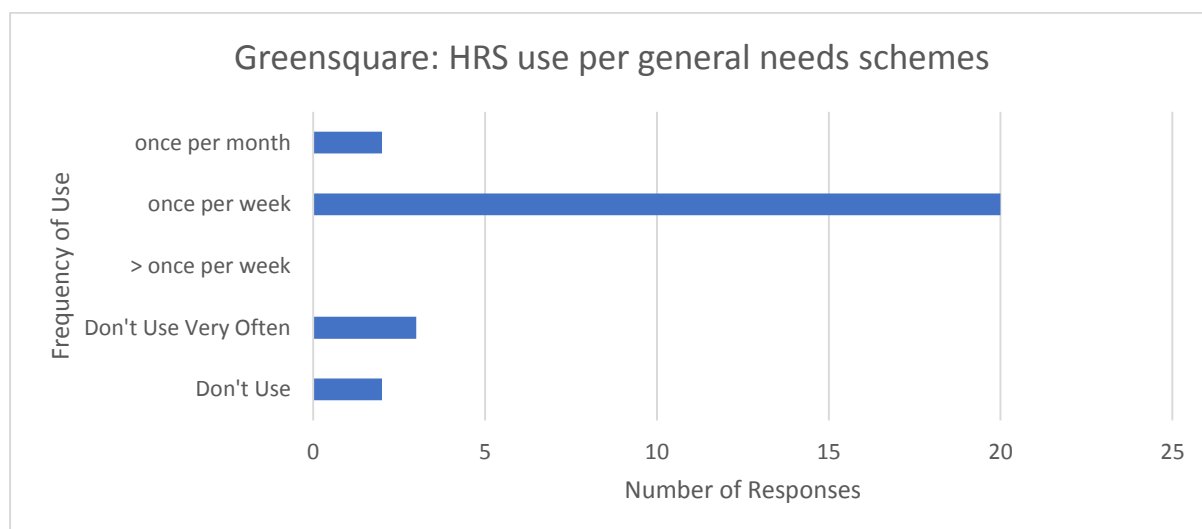
Greensquare



57% of Greensquare’s respondents use the HRS service once per week. 33% of respondents report either not using the service, or not using it very often.

There is a discrepancy in the type of RSL support provided to each of Greensquare’s schemes that receive HRS. For example, 13 of Greensquare’s HRS schemes are let as ‘general needs’, meaning they do not receive any intensive housing management support.

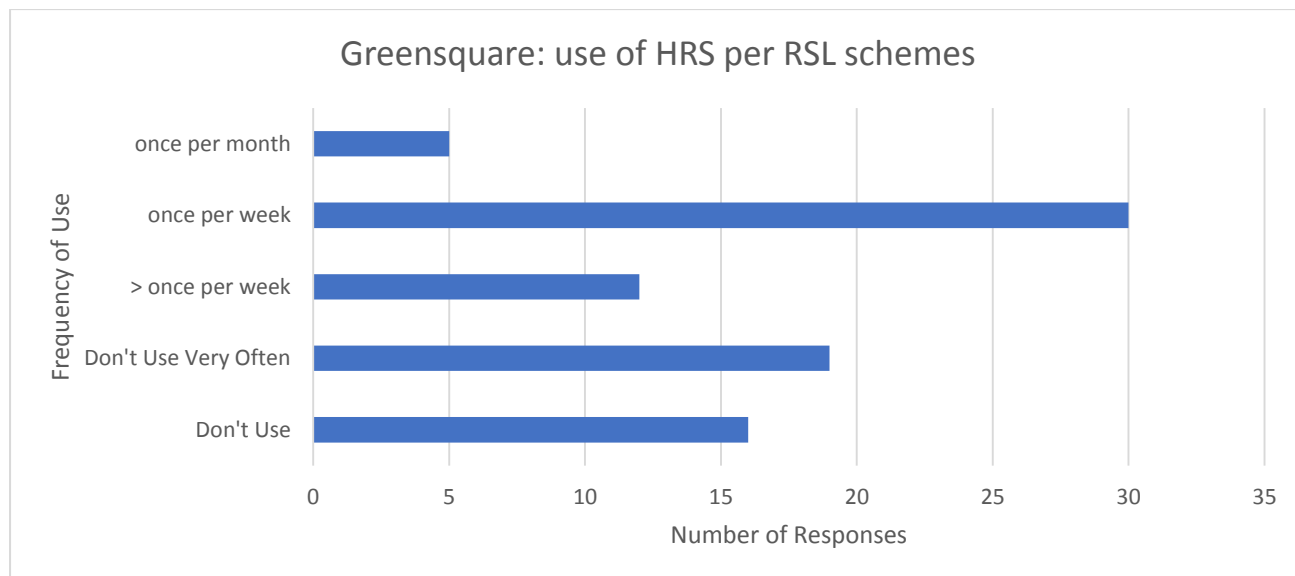
The rest of Greensquare’s schemes are let as ‘55+’ schemes, which means that these dwellings are only available to those over the age of 55. All the 55+ schemes have personal and fire alarms and receive a weekly visit from a Community Officer, which is not the same for the general needs schemes.



The above shows that Greensquare’s general needs schemes do use the HRS service. For example, 81% reported use the service, mostly once per week and 19% don’t use the HRS service or don’t use it very often.

In summary, for Greensquare's general needs schemes, HRS is very popular. This demonstrates that there is inequity in provision, as not all general needs sheltered schemes in Wiltshire can access the HRS service.

The following graph considers the responses from Greensquare's schemes that are classed as 55+ (the 55+ schemes have personal and fire alarms and receive a weekly visit from a Community Officer).



The above shows that 57% of respondents in Greensquare's 55+ schemes use HRS, with most using the service once a week. 43% of respondents do not use the service very often or do not use it.

If we consider these results against those from Greensquare's general needs schemes, we can see that the service is more popular among the general needs schemes. Therefore, it is possible to conclude that among Greensquare tenants, the lower the intensity of the landlord's support, the higher the use of the HRS.

Care Package Data

General Needs Schemes

90% of these residents use the HRS service once a week. 10% do not use the service. Of those who do use the service, 75% use the service for up to 30 minutes, with 25% using the service for only a few minutes.

Sheltered Housing over 55s

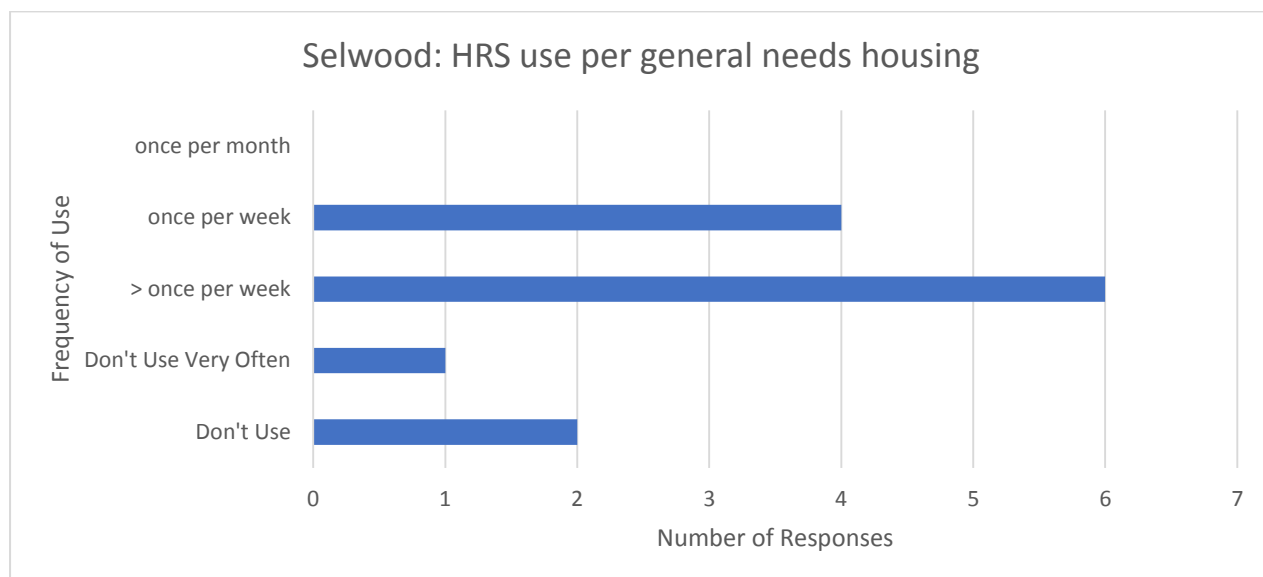
68% of these respondents use the HRS service, on average of once per week. Respondents use the service for 33% for each time frame: only a few minutes, up to 30 minutes or for one hour.

Greensquare's results show us that, when it comes to care packages, if someone resides in a general needs scheme, they are more likely to use the HRS service. Additionally, social care data shows that if a Greensquare tenant lives in a general needs scheme, they are more likely to have a package of care than their sheltered

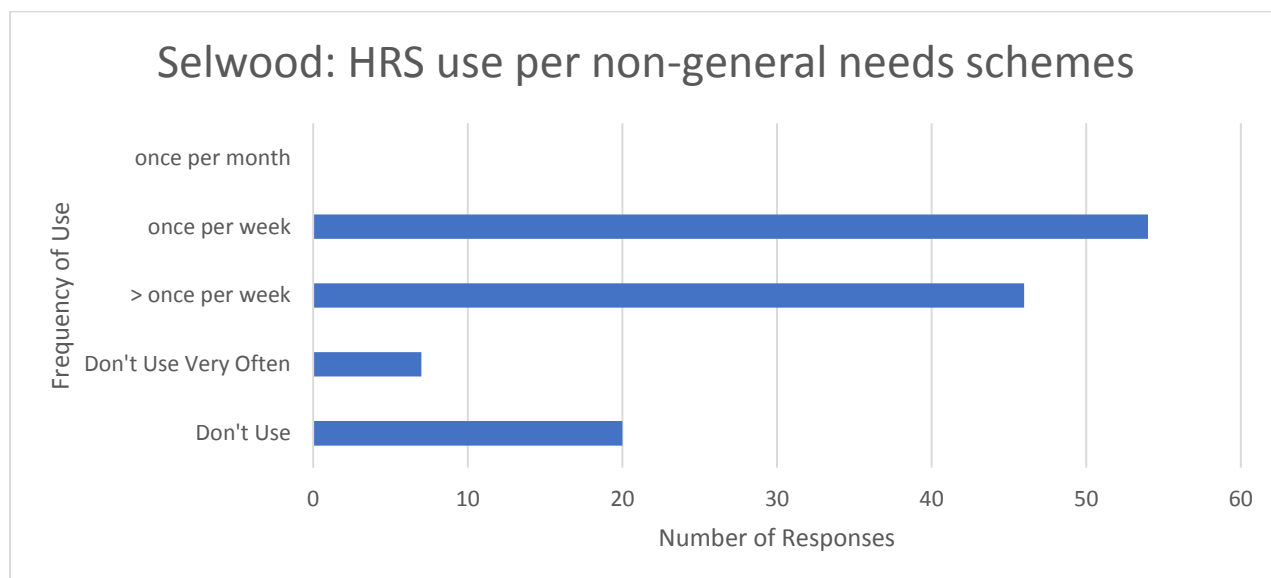
housing counterparts. For example, 29 residents have care packages in Greensquare's general needs schemes, against 23 residents in the 55+ sheltered housing schemes. There are more schemes categorised in the 55+ sheltered housing schemes.

Selwood

Selwood only provides an intensive housing management service as part of its RSL obligations. There are 10 schemes that are let as general needs housing, these schemes do not receive the enhanced landlord service that Selwood provides to its sheltered housing tenants.



77% of respondents use the service, 46% more than once a week. 23% either do not use the service, or do not use it very often. In summary, the HRS service appears popular among Selwood’s general needs tenants.



78% of respondents use the HRS service, 43% once a week. 21% of respondents do not use the service often, or do not use it. This indicates that the HRS is equally popular among Selwood’s non-general needs schemes.

Comparing the two datasets, we can see that there is virtually no discrepancy in service use. In conclusion, the type of housing scheme that Selwood tenants live in does **not** affect usage of the HRS. This is likely to be because the RSL service

Selwood provides is more limited than most other HRS landlords and does not vary between schemes.

These results should be considered with caution, because the dataset for Selwood's general needs properties is low, only having received 13 responses.

Care Package Data

General Needs Schemes

There are only two residents within the two general needs schemes (Downside Park and The Elms) who responded to the consultation. Both these individuals have opted-out of receiving HRS support.

Considering all of Selwood's general needs schemes (regardless of whether they received responses to the consultation), we can see that only one person receiving HRS support has a care package in place.

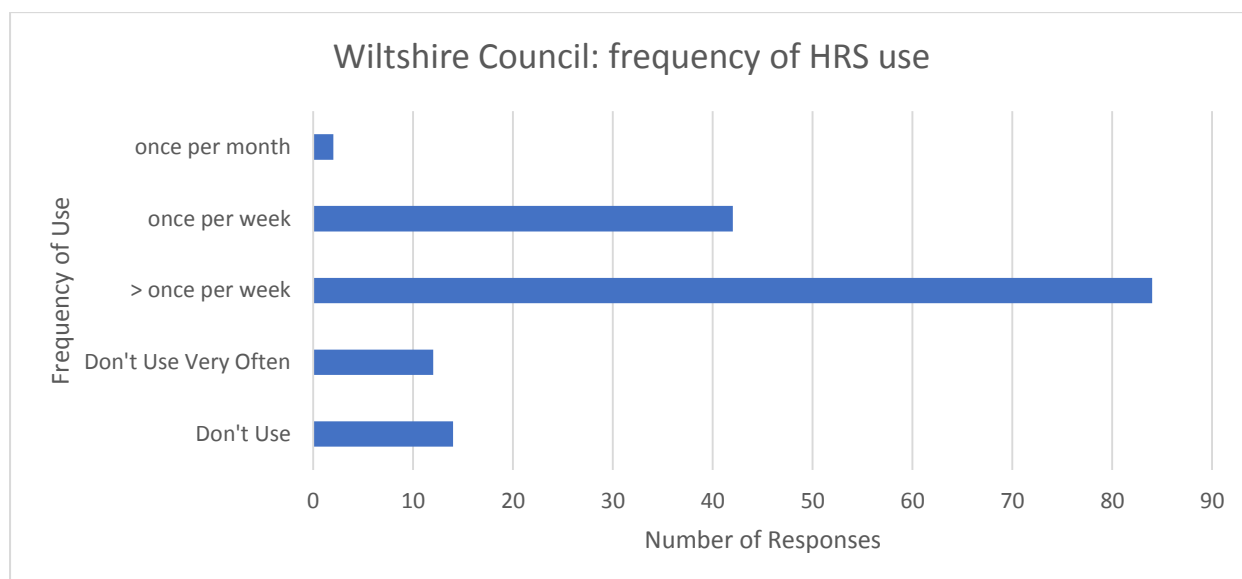
Sheltered Housing over 55s

Looking at Selwood's schemes that receive intensive housing management support, 13 residents have opted-in to the HRS service and have care packages in place.

75% of respondents within these schemes say that they use the HRS service, with 55% using the service more than once a week and 45% using it once a week. 25% of all respondents report not using the service, or not using it very often.

As the dataset is too small for general needs schemes, it is not possible to conclude whether having a care package in place means someone is more/less likely to use HRS. What is clear is that the HRS service remains popular among Selwood's non-general needs schemes, where someone may have a care package in place.

Wiltshire Council



All of Wiltshire Council's schemes receive the same type of landlord support, therefore consultation responses have not been broken down into additional datasets.

83% of respondents stated that they use the HRS service, with 55% using HRS more than once a week. 17% reported not using the service, or not using it very often.

Care Package Data

85% of residents with care packages use the HRS service, on average more than once per week, with 15% reporting that they either do not use the service often or do not use it at all.

Conclusion

The less intensive the landlord's housing support, the greater the demand for HRS.

As the consultation was anonymised, whilst a resident may have responded from a scheme listed as having residents with care packages, we cannot be certain that any consultation responses from this scheme came directly from individuals with a care package.

In terms of whether removing the HRS service would lead to a greater demand for adult social care, this is unlikely to be the case. As most residents use the HRS service once a week for up to 30 minutes, this level of need does not meet the adult social care eligibility criteria for formal support. This assumption is explored further below.

Conclusion

With the exception of Wiltshire Council tenants, tenants with care packages are more likely to value the activities aspect of the HRS service than their non-care package counterparts. This may be because those tenants with care packages may be less independent, e.g. unable to visit shops or community groups independently

All residents, regardless of whether they have a social care need appear to most value the HRS service because it reduces their social isolation and supports their emotional wellbeing. These aspects alone are not considered an eligible social care need. People are encouraged to meet these needs via other means, such as community groups or voluntary services.

The data indicates that removing the HRS service is unlikely to lead to an increase in tenants' need for adult social care support.

Conclusion

Whilst there is no global agreement on what constitutes a satisfactory survey response rate, many academics and engagement professionals stipulate that a 10-15% response rate is positive. As the HRS consultation received a 60% response rate and as similar response levels were received for both the HRS providers (Cera Care and Somerset Care), the HRS consultation's results can be taken as representative of service users.

The survey's results have shown that social isolation and loneliness are what many of the HRS clients either experience or are at risk of experiencing. The most interesting finding comes [from Q9](#), which indicates that if residents do not feel isolated or lonely, they are more likely to be more independent and, therefore, less likely to need to rely on formal care and support. Additionally, a significant majority of respondents stated that they receive help from either their family, a friend or a carer ([Q7](#)) and most value having someone to talk to ([Q4](#)), mechanisms which reduce social isolation.

As there was confusion among respondents about the role of the HRS worker and the Housing Support Officer, this evidences the fact that the HRS service can be regarded as duplicated by the statutory RSL service. We have also learnt that some general needs schemes are benefitting from the HRS service, although the service is not available to all general needs sheltered schemes in Wiltshire.

This consultation has shown us that residents mainly use the HRS to reduce their loneliness or risk of social isolation. It also provides further evidence that the HRS role & Housing Support Officer roles are duplicated and that there is inequity of service provision across Wiltshire.

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Resident Questionnaire: Housing Related Support

Dear Resident,

I hope this letter finds you well. I'm writing to you about the housing related support service that is provided in sheltered housing by Cera Care in some schemes, and by Somerset Care in others.

Housing related support is what we call 'low level' support which helps people carry on living independently and manage their living arrangements. This is different to personal care or domestic services that some people also receive (some residents may even have these types of care from Cera Care or Somerset Care too).

Until now, the service hasn't been based on whether people need the service. Instead, it has been offered as a choice, and only available to those people living in sheltered housing. Since the service has been in place, newer ways to support independent living have been successfully developed.

With Cera Care and Somerset Care's contracts coming to an end in March 2021, we think it's time to bring the way we do things up to date. We want to make the right support available to those who need it, wherever they live in Wiltshire. Any changes will not affect any packages of personal or other eligible care.

It would really help us plan for the future to know a little bit about how you currently use the housing related support service, as well as any other care and support needs you might have and your thoughts on living independently in the future. We would appreciate it if you would take a few moments to answer the questions below and return to us using the prepaid envelop by Friday 4 December 2020

We hope you agree that this is a positive move. Thank you for your time.

Yours sincerely,



Vincent Edwards

Head of Adults Commissioning

Housing Related Support (HRS) – Resident Questionnaire

Please remember these questions relate to the housing related support (HRS) services from Cera Care or Somerset Care, and not any other kind of support or registered care from those or other companies.

If you need support to help you complete this questionnaire or wish to submit your responses by phone then please contact Wiltshire Centre for Independent Living on 0300 1233 442 and quote reference number: HRS2020 someone will be able to help you to provide your answers.

About the HRS Service

Q1: Are you the resident or are you completing this form on behalf of someone

- I am the resident
- I am completing this on behalf of someone else

Q2: Where do you live? (name of sheltered housing scheme)

.....

Q3: Who is your current HRS provider?

- Cera Care
- Somerset Care
- Don't know

Q4: What support do you value most from the HRS service?

- Managing money and bills
- Emotional wellbeing
- Not feeling lonely
- Activities
- Other (please tell us)

.....

Q5: How often do you use the HRS service? (please choose the closest option which describes your situation)

- More than once a week
- Once a week
- Once a month
- I don't use it very often
- I do not currently use the service (please go to question 7)

Q6 – If you do use the service, how long do you see the housing related support worker for?

- only a few minutes
- up to half an hour
- up to one hour
- over one hour

Q7: Please can you tell us about any other support you receive?

- A care worker helps me with personal care / housework / shopping
- Local support group (For example, Age UK)
- Support from family / carer / friend
- Health Care (for example District Nurses)
- Other.....
- I do not currently receive any other support

About You

Q8 – the statements below relate to the kind of things that HRS supports people with. Please tell us whether you agree with the following statements (please put a tick in the box that's closest to how you feel)

	'I agree' Or 'I don't need any help'	'I need a little bit of help now and again'	'I disagree' or 'I need regular help'	'Not relevant' or 'would rather not say'
I can manage my tenancy and living arrangements				
I can manage my money				
I am safe in my home				
I have interests that keep me occupied				
I maintain regular social contact with others				
I can manage my emotional wellbeing				
I am not concerned about how much alcohol I drink				

Q9: Thinking about the future, what services, if any, would you want to have available to enable you, to continue to live as independently as you can, within your own home?

An emergency alarm call system

Advice and information

Access to local support groups

Activities

Other (please tell us)

.....

I don't need any service

Please can you tell us your top 2 preferred options:

First

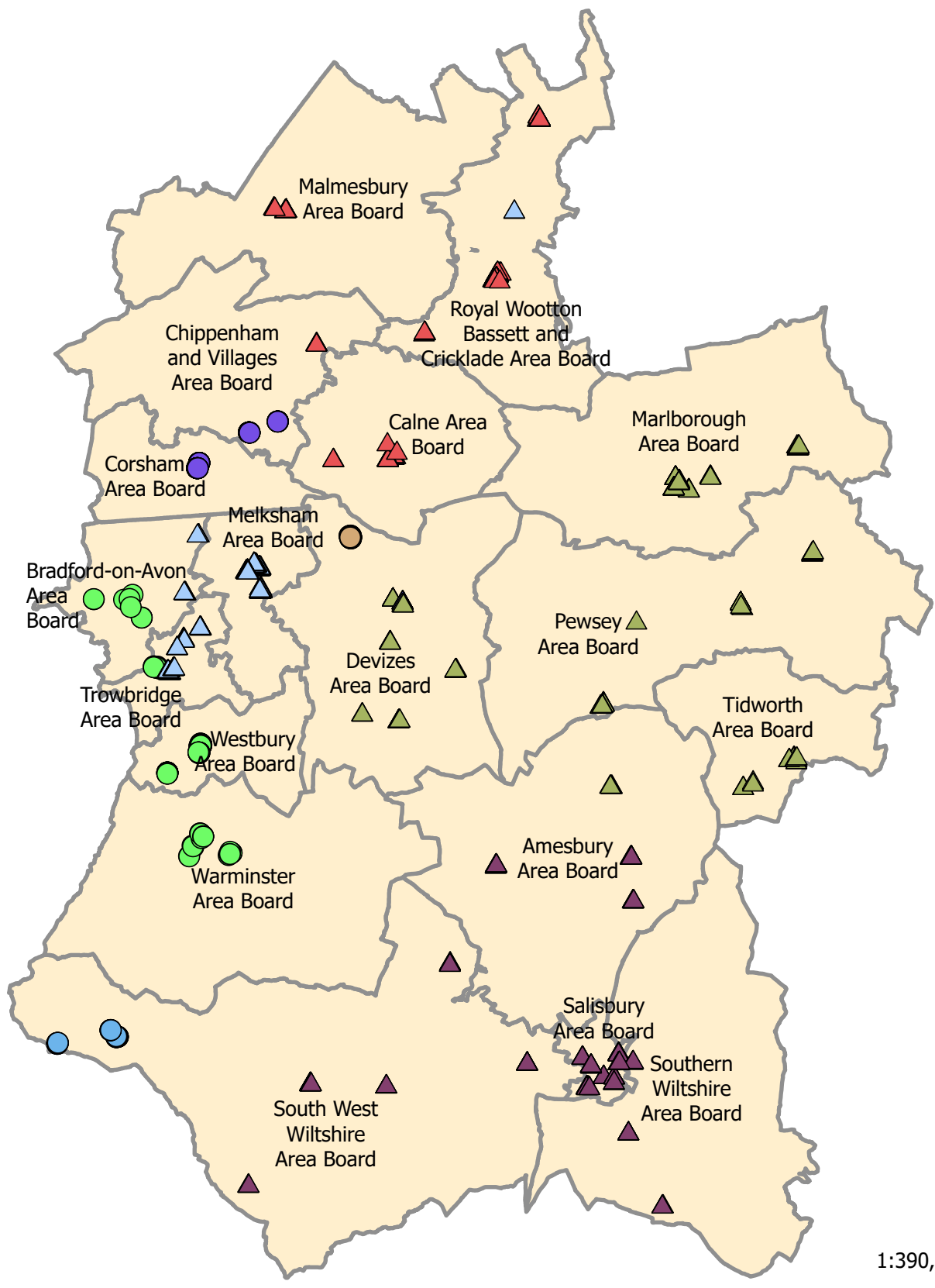
Second

Please note that the council cannot guarantee your top preferred option as residents' views vary.

.....

Thank you for your time. It's a great help!

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Housing Related Support by Provider and Landlord

- | | |
|----------------------|--------------------------------|
| Somerset Care | Cera Care |
| ● Aster | ▲ Aster |
| ● Greensquare | ▲ Bournemouth Churches Housing |
| ● Selwood | ▲ Greensquare |
| ● Wiltshire Council | ▲ Selwood |
| | ▲ Wiltshire Council |

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Social Care Needs Profile of Housing Related Support Clients

A desk top analysis of clients' social care packages within the sheltered schemes was undertaken. The analysis compared clients' social care need between those who were in receipt of a housing related service and those who had opted out. The results of the analysis are presented in the tables below.

Council-funded care packages aggregated across the 243 residents with care packages who are eligible to receive a Housing Related Support Service and compared between opted in and opted out residents	
Overview	
Opted out	Opted in
Home Care Packages	
<ul style="list-style-type: none"> ➤ 113 clients ➤ Average 11.2 hours PW ➤ Average £276.50 cost PW 	<ul style="list-style-type: none"> ➤ 45 Clients ➤ Average 13.11 hours PW ➤ Average £361.93 PW
Comments	<ul style="list-style-type: none"> ➤ Greater level of need with the opted in residents with larger care packages than those residents not in receipt of an HRS service
Live in care	
<ul style="list-style-type: none"> ➤ 3 clients ➤ Average cost of £851.25 per week 	<ul style="list-style-type: none"> ➤ 0
Comments	<ul style="list-style-type: none"> ➤ No opted in customers have live in care and this would be expected
GLA (Good Lives Alliance)	
<ul style="list-style-type: none"> ➤ 15 clients ➤ Average £434.97 cost PW 	<ul style="list-style-type: none"> ➤ 3 ➤ 190.83
Comments	<ul style="list-style-type: none"> ➤ Very low uptake on the HRS service from GLA customers
Day Care	
<ul style="list-style-type: none"> ➤ 15 ➤ Average cost £153.38 PW 	<ul style="list-style-type: none"> ➤ 0
Comments	<ul style="list-style-type: none"> ➤ Day care customers do not use the HRS service
Personal Assistants	
<ul style="list-style-type: none"> ➤ 18 Clients ➤ Average package 40 hours PW ➤ Average cost £370.34 PW 	<ul style="list-style-type: none"> ➤ 8 Clients ➤ Average package 10.44 hours PW ➤ Average cost £132.52 PW

Comments	➤ High number of opted out customers have personal assistants and larger packages	
Direct Payments		
➤ 20 clients excluding 18 clients with personal assistants	➤ Average package 20.21 hours PW	➤ Average cost £354.44 cost PW
		➤ 5 Clients excluding 8 clients with personal assistants
		➤ Average package 9 hours with one unspecified
		➤ Average cost £154.08
Comments	➤ Lower proportion of opted in customers have direct payments and those packages are smaller	
Telecare		
➤ 25 clients	➤ Only one client has no other care packages	➤ 9 clients all with other care packages
Comments	➤ More opted out residents have telecare and is also proportionally higher than those opted in	
Sitting Service		
➤ 4 clients	➤ Average cost £87.52	➤ 5 clients
		➤ Average cost £86.99
Comments	➤ Statistically too small to draw conclusions	
Respite		
➤ 6 clients	➤ Average £1820.76 cost PA	➤ 2 clients
		➤ Average cost £1520 PA
Comments	➤ Small number but positively skewed towards opted out clients who also have higher costs. Though statistically too small to draw conclusions	
Reablement		
➤ 1		➤ 0
Comments	➤ No comments	
<p>➤ <i>In the majority of cases, the level of individual care need is comparable to that used to support people living in general needs / 'non-specialist' accommodation.</i></p> <p>➤ <i>There is no evidence to suggest that the HRS reduces dependency on formal social care. GLA customers have very low uptake on the HRS service</i></p> <p>➤ <i>A GLA client represents higher levels of need, though the number is very limited and only represent 7.5% of those residents with council funded care packages</i></p> <p>➤ <i>Reablement is a time limited package of support (e.g. post-hospital discharge or to maximise functioning) and often does not conclude with an ongoing package of care</i></p>		

Table One

Data source: 365 report Dec 2020

Below is a breakdown of social care need across different geographical locations in Wiltshire:

Council-funded care packages aggregated across the 243 residents with care packages who are eligible to receive a Housing Related Support Service and compared between opted in and opted out residents and compared across different geographical regions	
Opted out	Opted in
North	
<ul style="list-style-type: none"> ➤ 46 clients ➤ Average 11 hours PW ➤ Average £276 cost PW 	<ul style="list-style-type: none"> ➤ 9 Clients ➤ Average 11 hours PW ➤ Average £279 PW
Comments	<ul style="list-style-type: none"> ➤ The level of need between opted in and opted out clients is very similar but proportionally there are more opted out clients with packages.
East	
<ul style="list-style-type: none"> ➤ 25 Client ➤ Average 11 hours PW ➤ Average £241 cost PW 	<ul style="list-style-type: none"> ➤ 16 Clients ➤ Average 14 hours PW ➤ Average £321 PW
Comments	<ul style="list-style-type: none"> ➤ Greater level of need with the opted in residents, with larger care packages than those residents not in receipt of an HRS service, but proportionally distributed in terms of number of clients with packages of care
South	
<ul style="list-style-type: none"> ➤ 18 clients ➤ Average 11 hours PW ➤ Average cost of £274 per week 	<ul style="list-style-type: none"> ➤ 24 Clients ➤ Average 12 hours PW ➤ Average £359 PW
Comments	<ul style="list-style-type: none"> ➤ Slightly greater level of need with the opted in residents with larger care packages than those residents not in receipt of an HRS service, but proportionally distributed in terms of number of clients with packages of care
West	
<ul style="list-style-type: none"> ➤ 91 clients ➤ Average 11 hours PW ➤ Average £282 cost PW 	<ul style="list-style-type: none"> ➤ 14 Clients ➤ Average 15 hours PW ➤ Average £382 PW
Comments	<ul style="list-style-type: none"> ➤ We see the largest proportion of clients with social care packages in the West but proportionally less opted in clients with care packages. However, those opted in clients have larger care packages.
<p><u>Summary:</u> <i>On the whole opted-in HRS clients have greater levels of need than those not in receipt of the HRS service, judging by the size of the support packages in place. This further evidences that the HRS service does not contribute to individuals not needing to rely on formal services for support.</i></p>	

1. The table above shows an uneven distribution of care needs across the different areas of Wiltshire. The East shows the lowest level of need, whilst North and South have relatively similar levels of need and the West has the highest level of need.

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Health Select Committee – Forward Work Programme			Last updated 25 June 2021	
Meeting Date	Item	Details/ purpose	Report Author/Lead Officer	Responsible Cabinet Member
8 Sept 2021	RUH – ‘Developing a new model of care for the future’	Report to outline the proposed transformation of RUH care services to underpin a potential bid to the ‘National new hospitals programme’	Simon Cook Geoff Underwood	
2 November 2021				
11 January 2022				
1 March 2022				

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