

## **Wiltshire Council**

### **Health Select Committee**

**2 November 2021**

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### **Rapid Scrutiny Exercise: Housing Related Support (HRS)**

#### **Purpose**

1. To seek endorsement of the findings and recommendations of the Housing Related Support (HRS) rapid scrutiny (RS) exercise.

#### **Background**

2. The Health Select Committee (HSC) at its 6 July meeting 2021 initiated a rapid scrutiny exercise to review the council's preferred position in respect of the HRS.
3. This followed the Cabinet decision of 29 June 2021, where Cabinet agreed to note the preferred position of the council to end the HRS Service and support residents through a transition phase (Option B).
4. Cabinet gave delegated authority to the Director of Joint Commissioning, in consultation with the Cabinet Member/Corporate Director to take the final decision following a further consultation.
5. The RS group met with the Executive on 13 October 2021 to review the final proposals in advance of the delegated decision. In support of the exercise the group was provided with a report and given a presentation which together outlined the results of the consultation and provided background to the proposed decision.

#### **Membership**

6. Cllr Ruth Hopkinson (Lead Member)  
Cllr Johnny Kidney  
Cllr Mike Sankey  
Cllr David Vigar  
Diane Gooch

#### **Witnesses**

7. Cllr Jane Davies (Cabinet Member: Adult Social Care)  
Helen Jones (Director Joint Commissioning)  
Vincent Edwards (Head of Commissioning - Adults)  
Natalie Heritage (Senior Commissioner)  
Deborah Elliot (Commissioning Manager, Community Services)

## Summary of deliberations

8. The meeting was structured around two elements:
  - i) to evaluate the preferred position taken by Cabinet;
  - ii) to ensure appropriate support was in place for existing service users (if the service was to end).
9. Reviewing the Cabinet decision, the group was told that the HRS was originally commissioned to help people maintain their tenancies. It was intended to offer residents support to continue to live as independently as possible, avoiding the need for formal social care.
10. The group learnt that many HRS services had ended across the country as they duplicated the statutory obligations for landlords around tenant support.
11. HRS cost the council £957,987 per annum. It was offered over 130 sheltered housing schemes across Wiltshire (2,279 households), was non-statutory and not based upon need. Members learnt that HRS had evolved over time with the consultation results highlighting that 62% of service users now used it to reduce social isolation rather than its original purpose around maintaining tenancies.
12. Operationally, an HRS officer (HRSO) visited a sheltered housing scheme once per week, being available in the communal area. These times were advertised to residents on a poster within the communal space. Residents could also book a 1:1 appointment (typically up to 30 minutes) with the HRSO who visited them on a separate date. The HRSO organised group activities in some schemes including 'knit and natter' and coffee mornings. The group learnt that there was an inconsistency of application, with Somerset Care running 14 activities in 49% of their sites and Cera Care running 60 activities in 70% of their sites. Access to activities was not equitable across Wiltshire's community areas with Tidworth and Marlborough, for example, only having access to activities in 11% and 18% of their schemes.
13. In terms of usage 54% of respondents opted out of the service because they felt they didn't need it and 58% were happy for the landlord to meet HRS needs through their statutory duties. Whereas 42% of respondents felt they may need additional support if HRS ended. Of key concern to the group was the 140 households (6% of residents) who were using the current service that may have eligible social care needs (as identified by landlords, providers, residents contacting the commissioning team and adult social care performance).
14. Moving onto the second element of the meeting, the group sought assurances that if the HRS scheme was to end that appropriate support would be available during the transition and beyond.
15. It was reaffirmed that landlords had a statutory responsibility to help residents maintain tenancies by offering support around benefits, for example. The

Housing Ombudsman Regulator enforced these duties. The project delivery team also reassured members that they met monthly with providers to ensure HRS responsibilities continued if the council ended its support.

16. The 6% of residents with a potential social care need would be offered a care assessment. Undertaking 140 care assessments in advance of the deadlines was a challenge and the Director of Access and Reablement was identifying resource to meet this demand. This exercise would potentially ensure that the residents would be given more appropriate support, if the care assessment agreed that they were eligible. However, the group was concerned that the social isolation activities delivered through the HRS had prevented residents from developing a social care need and sought assurance that ongoing support would be put in place to combat social isolation.
17. The project team confirmed that they were working alongside Community Engagement Managers, to help identify activities that residents could participate in and maintain social wellbeing. It was acknowledged that not all CEMs had been contacted regarding this role assigned to them in the proposals as of time of the RS meeting. Additionally, the new Prevent and Wellbeing team was currently recruiting new staff. This would build upon the work of the Local Area Coordinator Scheme, which had been undertaken across eight of Wiltshire's pilots and would offer further resilience around support. It was felt useful that the HSC received an update on the work of this team and recommended its inclusion within the forward work programme.
18. Concern was voiced within the group that because of the pandemic a number of community activities had been mothballed and too heavily a reliance on the voluntary sector as a solution would come with risk during a pandemic. It was confirmed that these discussions were being picked up with landlords and VCS partners through the community resource workstream.
19. The group was also told that the landlords and providers had identified individuals who they felt potentially had social care or isolation needs and were speaking to them on a 1:1 basis to ensure support continued and that they had the necessary assurances. The providers were also continuing to make referrals for residents to Advice and Contact or the VCS, where appropriate.
20. Twelve residents had responded within the survey stating that they would like support with their substance misuse, most likely alcohol. Public health leads or the Wiltshire substance Misuse Service were not currently part of the project team. It was felt beneficial that the team engaged with these experts to attempt to ensure appropriate help was available for the residents.
21. Finally, members established that TUPE (Human Resource regulations) would not be applicable to the preferred council position of option B. However, advice from Human Resources was that TUPE could not be categorically ruled out at this stage, as the council had not yet made its final decision.

## Conclusion

22. When considering the statutory responsibilities for landlords, the survey responses of the residents, the fact that the service no longer fulfilled its original purpose, the inconsistency of application, and the £957,987 potential savings available, the group concluded it was satisfied with the council's preferred option to end the HRS with residents supported appropriately through this period of change.
23. The group was satisfied that the project team had plans in place to manage the transition to April 1<sup>st</sup> but expressed concern over the challenge of delivering it on schedule. This included ensuring care assessments were completed, the Prevention and Wellbeing Team being fully operational and the Community Engagement Team working with the voluntary sector to ensure activities were consistently available across the county. The RS group did feel, however, that as landlords now had to meet their statutory responsibilities it was felt that further reassurance was required to ensure that this was deliverable too.
24. With that in mind it was felt appropriate to request support for a second meeting to be held by February 2022 to ensure the delivery plan for transition was being fully implemented and that residents would have access to appropriate support following the end of the service on March 31<sup>st</sup>, 2022.

## Recommendations

**The Health Select Committee is asked to approve the following findings from the RS exercise;**

- i) That the group was satisfied that the preferred position of the council - option B, was the most appropriate way forward for the HRS;**
- ii) That the group was satisfied that a transitional plan was in place to March 31<sup>st</sup> 2022, subject to the project team engaging with Public Health colleagues to identify potential substance misuse support;**
- iii) That in recognition of the number of milestones within the transition plan that the RS group reconvenes in early 2022 to meet with landlords, project team, community engagement team and volunteers to ensure that ongoing appropriate support was in place for residents up to and beyond April 1<sup>st</sup> 2022;**
- iv) That the HSC incorporates an update on the work of the Prevention and Wellbeing Team into their forward work programme.**

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**Appendices** None

**Background documents** None