

Wiltshire Council

Health Select Committee

16 March 2022

Rapid Scrutiny Exercise: Housing Related Support (HRS)

Purpose

1. To present the findings and recommendations of the second 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 service.
3. This followed the Cabinet decision of 29 June 2021, where it was 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. The scrutiny panel concluded that it was satisfied with the council's preferred position however, a second RS was proposed for early 2022 to ensure that alternative ongoing support would be in place for residents up to and beyond 1 April 2022.
6. The scrutiny group also requested that the second meeting included detail on the following:
 - a) The number of residents who have had a care act assessment
 - b) The number of residents who have care act assessments outstanding
 - c) The number of residents who have been linked directly with Voluntary Community Sector (VCS) groups
7. The second RS took place on 11 February 2022; landlords, Community Engagement Managers (or a representative) and VCS partners were also invited to attend the exercise.

Membership

8. Cllr Ruth Hopkinson (Lead Member)
Cllr Johnny Kidney
Cllr Mike Sankey (apologies for 2nd RS)
Cllr David Vigar
Diane Gooch

Witnesses

9. Cllr Jane Davies - (Cabinet Member: Adult Social Care)
Helen Jones - (Director Procurement & Commissioning)
Deborah Elliot - (Commissioning Manager)
Jessica Mitchell - (Senior Commissioner)
Jacqui Abbot - (Community Engagement Manager)
Maria Gibbs (Aster), Tony Helm (Aster)
Gemma Castley Adams (Greensquare Accord)
Hannah Perkins (Selwood)
Sarah Cardy (Age UK), Pippa Webster (Age UK)
Jane Mason (Mere VCS)

Summary of findings

10. The meeting commenced with officers emphasising that delivery of the Cabinet resolution is very much a partnership approach. The breath of stakeholder representation in attendance was used to illustrate this collaboration.
11. The primary concern to emerge from the first RS exercise was the potential implications for residents when the HRS service ended. In response, the group was presented with the table below, detailing the number of residents that had been referred to Adult Social Care (ASC) and those currently in receipt of care whose packages had been reviewed. The table also included the number of residents referred to the voluntary community sector (VCS).

Activity	Total Number of Residents
Number of residents with active care packages (as of January 2022)	243- 63 opted in
Number of HRS customers i.e. opted in with active care packages who have had these reviewed within the previous ten months (since March 2021)	30
Number of HRS customers who require their care package to be reviewed before 31 March 2022. Adult Social Care has provided assurance us that all reviews will be completed by 31 March 2022	33
Referrals made by HRS to Adults Social Care (ASC) (period August 2021 to January 2022)	12
Referrals made by HRS to VCS (period August 2021 to January 2022)	65

12. There were currently sixty-three residents who had opted into the HRS service with active care packages (i.e., known to ASC). Of these, thirty packages had already been fully reviewed, with a further thirty-three to be finalised. The group explored in detail whether it would be possible to complete all reviews by the deadline of 31 March. Members were given the commitment that the thirty-three outstanding assessments would be completed on time. It was also reaffirmed to the group that the ASC officers responsible for the reviews had confirmed this timeline. Several members were concerned at the short timescale available to complete the outstanding assessments and felt that this presented significant risk to vulnerable residents who required continuity in support.
13. Members explored the impact for residents whose care review determined they needed a revision to their current package. In that instance it was learnt that the request would be referred to the council's Brokerage Team, who would secure the necessary support, as appropriate. Once more some members felt that this was a potential further area of risk, particularly if there were delays in assessment leading to additional delays in securing appropriate support packages.
14. During the first RS exercise there was concern that HRS had masked potential social care needs, where residents would have been in receipt of a social care package if not for HRS. In the June [Cabinet](#) report this was estimated at approximately one hundred and forty residents. This was based upon one hundred residents (unknown to ASC) who had contacted the council's Wellbeing Hub during the pandemic, plus estimates from housing provider partners.
15. To date twelve additional residents had been referred to ASC for an assessment by the HRS service. Data protection regulations prevented the details of those individuals who had contacted the Wellbeing Hub being shared to further facilitate a referral. However, contact information for ASC's access point for referrals - 'the Advice and Contact Team' had been shared with landlords and residents to help with signposting and to access support. Additionally, two letters had been sent to all residents making them aware of the referral process and the availability of wider support. The difference between estimated and realised numbers concerned several members, particularly when one of the housing providers stated that they too were worried about the future support available to help residents complete an assessment. In response, it was highlighted that the Council's Prevention and Wellbeing Team was now embedded within the organisation and was receiving positive feedback about the quality of their work. This team would be a tool available to support residents as they made the transition to the new arrangements.
16. The housing providers attending the meeting confirmed their commitment towards meeting duties relating to housing support. It was highlighted that this would exclude any care provision, which was not within their remit. Some members felt that this challenged the message that the HRS service had

duplicated the responsibilities of the providers, and because of this vulnerable residents were potentially being exposed to risk from 1st April.

17. Although not available at all schemes, the feedback from landlords was that residents benefitted mostly from activity provision that the HRS provided. In response to this the community engagement managers (CEMs) had been working with ASC to produce a directory of information on community groups in local areas to support with wellbeing. The intention was to make this list available to the public through [Your Care Your Support](#). Feedback at the meeting from the VCS reinforced the importance of a single portal providing this information.
18. VCS representatives from Age UK told members that they aspired to take activities into schemes, but resources made this challenging on a wider scale. The VCS representatives also highlighted that they also faced resource challenges with retention of volunteers difficult. The opportunities presented within the council's proposed open framework for adult day services was highlighted to the meeting and members agreed that this would be a potential area for future overview and scrutiny (OS).

Conclusion

19. The RS exercise established that progress had been made towards providing a care referral for residents with an active care package and a commitment that all assessments would be completed by 31st March. There was concern within the group that this would not be completed by the deadline and confirmation has been requested within the recommendations.
20. The efforts to ensure residents were referred to ASC was welcomed, however the estimated numbers within the Cabinet report had not yet translated into formal referrals and this had been raised as a significant risk by several members. The commitment by the Executive to provide wellbeing support beyond 1st April, through such mechanisms as the CEMs and Prevention and Wellbeing teams, was seen as key in addressing any potential concerns for this area.
21. The housing providers clarified for members their statutory duties, which focused on housing support functions as opposed to social care. Again, several members felt this did not complement the justification to end the service because of duplication with the statutory duties of providers.
22. The scrutiny group welcomed the commitment to create a central portal for community activities and commended the commitment of the VCS and CEMs in identifying and providing community-based activities to ensure a successful transition post April 2022.
23. The members felt that open framework arrangements being developed as part of the transformation of ASC was a key development that required further scrutiny, particularly in respect of the opportunities that this presented the voluntary sector.

Recommendations

The Health Select Committee (HSC) is asked to approve:

- i) That a written update is given to the Chair and Vice-Chair of the HSC on 31st March 2022 confirming the status of the HRS related care assessments.**
- ii) That the Prevention and Wellbeing team prioritise its focus on sheltered housing schemes particularly during the transition period up to and beyond 1st April; and any associated delivery plan is shared with the members of the rapid scrutiny group.**
- iii) That the HSC incorporates into its work programme how the Council's ASC transformation intends to collaborate with the voluntary sector in relation to the proposed open framework for day care opportunities.**

Cllr Ruth Hopkinson, lead member for the rapid scrutiny exercise – Housing Related Support

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Appendices None

Background documents None