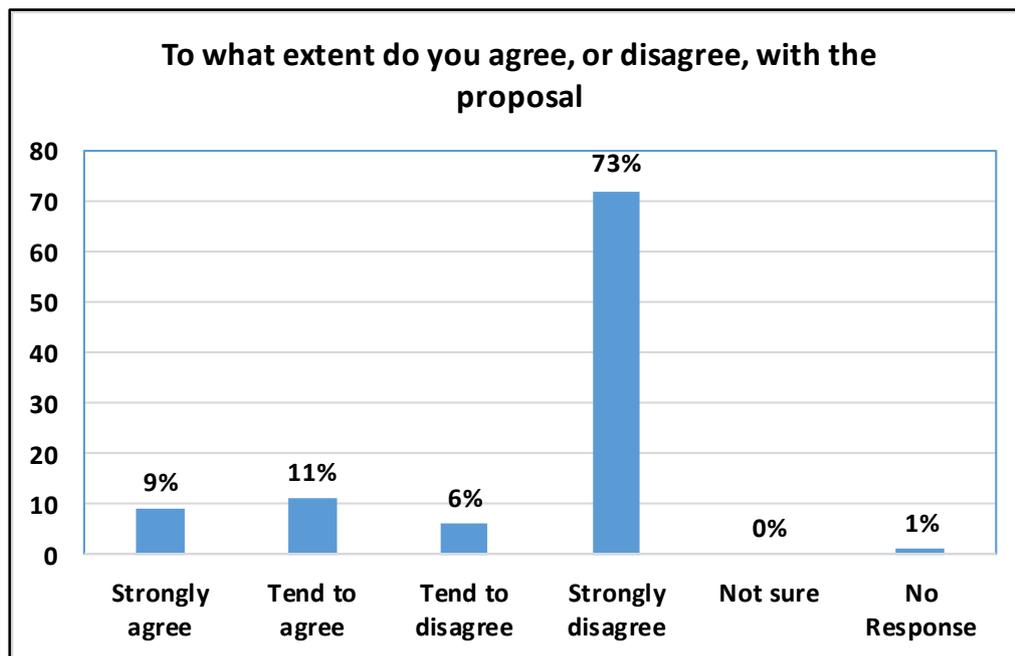


## Analysis of Feedback from ‘other interested parties’ to the Housing Related Support Consultation

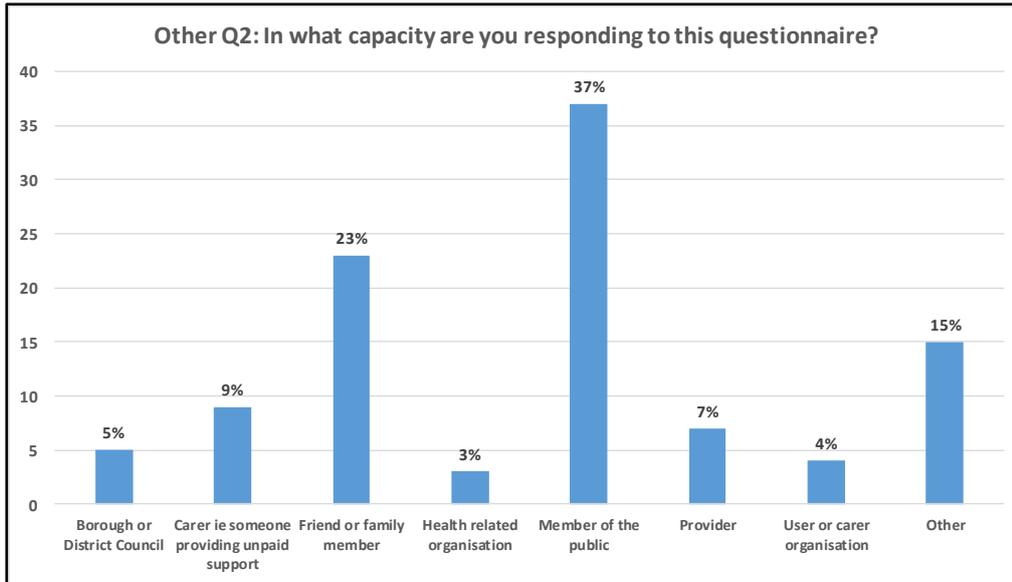
The Council invited feedback from other interested parties (family, friends, carers, providers, district and borough councils, CCGs, MPs, user led groups) through a number of channels:

- An online questionnaire on the SurreySays website - 99 responses were received.
- Correspondence to the [housingrelatedsupport@surreycc.gov.uk](mailto:housingrelatedsupport@surreycc.gov.uk) mailbox – 27 responses were received.
- A consultation event for providers held on 10 August - 29 providers attended.

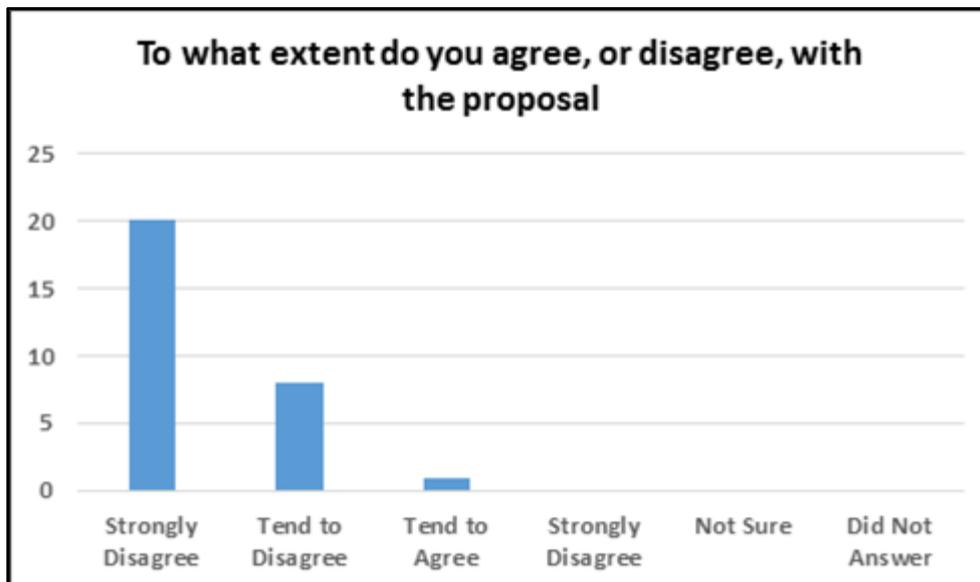
### Data Analysis - feedback from ‘other interested parties’



Stakeholders were asked to what extent do you agree, or disagree, with the proposal that we will be consulting on with residents. 79% of responses disagreed to some extent with the proposal (73% “strongly disagree” and 6% “tend to disagree”). 20% of responses agreed with the proposal to some extent (11% “tend to agree” and while 9% “strongly agree”).



Respondents were asked in what capacity they were responding to questionnaire. The most responses received were from members of the public (37% of respondents), followed by friends or family members (23% of respondents).



A consultation event was held for providers on 10 August. Of the 29 providers attending, 28 disagreed with the proposal to some extent whilst 1 provider tended to agree.

### Qualitative analysis - feedback from 'other interested parties'

The following summarises the key themes identified by 'other stakeholders' (family, friends, carers, providers, district and borough councils, CCGs, MPs, user led groups) in their feedback on the proposals. Some quotations from correspondence have also been included to provide a flavour of what resident's feedback. The numbers are for reference purposes only and do not imply any ranking.

1.	Potential loss of a preventative service which provides practical and emotional support to help people remain independent in their own homes
2.	Potential impact upon individual's wellbeing, with social isolation and loss of a sense of community
3.	Access to an emergency alarm service is important
4.	Loss of benefits of moving into sheltered accommodation
5.	Potential increase in demand on adult social care, health, other public services and the voluntary, community and faith sector
6.	Potential impact on hospital admission and discharge
7.	Reputational and relationship damage undermining the health and social care integration agenda
8.	Impact upon provider's business viability, particularly in context of other potential changes ie Government Supported Housing Welfare Benefits Reforms and Exempt Accommodation, which could mean loss of specialist supported housing as providers remodel into general housing stock
9.	Could influence who providers are willing to offer tenancies to and providers may experience more arrears, more anti-social behaviour, more tenancy failures etc
10.	Some sheltered housing schemes include significant numbers of the socially excluded, as local housing authorities have duty to house – these individuals can be difficult to engage and present mental health and substance misuse challenges
11.	It is unfair to make cuts impacting the elderly and most vulnerable in society
12.	Concern about Adult Social Care's capacity to undertake assessments before end March 2018 and to provide the support required
13.	Concern about on-going support for people who don't meet the eligibility criteria
14.	Don't believe the proposals will deliver a saving
15.	The implementation of any changes to future funding need to be robust and well managed

Figure 4: Themes emerging from comments from 'other interested parties'

*"These vulnerable adults have the assurance of day-time support from staff who they have grown to trust and appreciate deeply. Residents feel safe in their homes because they know there is good support available to them accessible on site should they need to call for assistance" (Vicar and community leader)*

*"The co-ordination of care and support is becoming increasingly more complex but it is the regular contact by our staff that builds a relationship so that potential crises are tackled well before they can occur and tenants' anxieties minimised by the*

*reassurance that they can access support through the service at any time.” (District and Borough)*

*“The safety and security X provides is a major factor in the psychological wellbeing of its residents. It reduces anxiety and enables people to continue living independently thus reducing the need for residential care or hospitalisation” (Family)*

*“My 94 year old mother, had a fall in her kitchen and broken her hip. Without the services you provide she could have been lying on her kitchen floor for a significant amount of time before anyone found her. As it was she quickly pulled the chord in her kitchen and was seen and in hospital within 2 hours. I cannot stress how grateful I am to X and the rest of the team for making sure she was treated so quickly” (Family)*

*“In my view it is an excellent preventive service which, whilst difficult to quantify, actually plays a significant role in keeping individuals at home in a safe environment as long as possible – avoiding increased call on the health and social care network generally and indeed escalating further into A&E / residential home etc” (Borough and District)*

*“Preventative programmes and support services of the very kind that SCC are planning to cut are always more effective at managing the mental and physical health conditions of vulnerable patients and are more cost-effective than dealing with the consequences of the deterioration in their health and wellbeing” (CCG)*

*“People discharged home from hospital will not have ready support available nearby to assist them if required” (User Group)*

*“In my view the proposal fails to recognise the role our services play in supporting health and social services by delaying or preventing the need for hospital admissions and social care support. You should be aware that over 90 of our sheltered housing resident have had a fall in the last year and 134 had an unplanned hospital admission. In many cases the provision of housing support has enabled an early discharge without the need for on-going social support or a care package and may have helped in some circumstances prevent a failed discharge” (Borough and District)*

*“We are very concerned about the lack of an available assessment on residents who would be affected by these changes. In addition, it is unclear to us, from a healthcare perspective, what the likely repercussions may be on resident’s use of healthcare services. We would ask that the analysis considers the likely impact of the changes from a health perspective including the implications for health services (primary, secondary, community and mental health) as well as those of a social nature” (CCG)*

*“Sheltered and supported housing providers are in an extremely difficult position and without some certainty around future funding may well decide to close services if these are not financially viable. We will need to make similar hard decisions if these proposals are adopted” (Borough and District)*

*“Having just completed a profiling exercise, we have established that 28% of those currently living in our sheltered housing would meet the criteria for those being recognised as ‘socially excluded’ and requiring housing related support largely for this reason rather than being over 60 years of age. Such tenants include those who have a history of homelessness and rough sleeping, others with drug and alcohol misuse issues, and those with mental health issues (including hoarders)..... Whilst we appreciate those living within our accommodation are entitled to a needs*

*assessment under the Care Act, those mentioned above will not easily engage with the process and I am concerned their needs will not be met under the current proposal” (District and Borough Council)*

*“It seems to me an unrealistic expectation that the current locality social care team will have the capacity to carry out and introduce a care package for each individual that needs one prior to 31 March 2018” (Borough and District Council)*

*“Some of our tenants who have a learning disability or autism may not meet eligibility for support under The Care Act. This vulnerable group will probably be moved on to General Housing where they will struggle to maintain their tenancy as they haven’t learned all the independent living skills required to live alone” (Provider)*

*“We believe the forecasted saving are likely to represent a false economy. This is because we believe that the £2.8m forecasted savings per year could be more than offset by additional costs incurred to the public purse elsewhere – most likely in the social care and health sectors, but also in relation to housing and homelessness too” (Borough and District)*

*“It is extremely important for the Council to ensure that i) there is clear and timely communication with borough and district councils, housing support providers and affected tenants in order that they are all clear about the implications of cuts and signposted to sources of alternative support in time for transition arrangements to be made, and ii) that the transition processes are robust, well managed and executed. It is vital that affected residents are all needs and social care assessed and referred to alternative support, funding or services, as required” (MP)*

*“If the Cabinet decide to approve the proposal to cease funding Housing Related Support, then we would ask that support is put in place, including access to advocacy, to encourage and help people to apply for an Adult Social Care Assessment” (User Group)*

This page is intentionally left blank