

Integrated Home Improvement Service

Consultation report – 2019

www.lancashire.gov.uk





**Mick Edwardson, Mike Walker, Melissa Sherliker,
Stephanie Windross, Chris Calvert and Diana Hollingworth**

May 2019

For further information on the work of Business Intelligence please contact us at
Business Intelligence
Lancashire County Council
County Hall
Preston
PR1 8XJ
Tel: 0808 1443536
www.lancashire.gov.uk/lancashire-insight

Contents

1.	Executive summary	3
1.1	Key findings	3
2.	Introduction.....	7
3.	Methodology	8
3.1	Limitations.....	9
4.	Main findings – service user/general public	10
4.1	Use of the Integrated Home Improvement Services	10
4.2	Views on our proposal for Integrated Home Improvement Services	13
5.	Main findings – partner organisations.....	18
6.	Main findings - consultation workshops	22
6.1	Additional issues.....	22
6.2	What could be done differently?	25
7.	Other responses	26
7.1	Lancaster City Council.....	26
7.2	Morecambe Bay Health & Care partners	26
7.3	East Lancashire Clinical Commissioning Group	27
7.4	Chorley Council	29
7.5	Preston Care & Repair, Mosscares St Vincent's, Chorley Borough Council Home Improvement Agency, Care & Repair (Wyre & Fylde) and Homewise Society.....	30
	Appendix 1 – public consultation demographics.....	39

1. Executive summary

This report summarises the response to Lancashire County Council's consultation on the Integrated Home Improvement Service (IHIS).

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total, 981 completed questionnaires were returned (176 paper questionnaire responses and 805 online questionnaire responses). For the partner organisation consultation we received 140 completed questionnaires.

Consultation workshops with service providers and other organisations were held between 15 February and 18 March 2019. In total, 61 people attended the workshops.

1.1 Key findings

1.1.1 Public consultation

1.1.1.1 Use of Integrated Home Improvement Services

- About two-thirds of respondents (65%) said that they have used the IHIS in the last two years and about two-fifths of respondents (38%) said that they have referred someone to the service.
- Respondents who have used the Integrated Home Improvement Service in the last two years were most likely to say that they had used: handy person services (75%), home visit to assess and advise what jobs/repairs are needed (50%) and help to organise/oversee home repairs, maintenance, adaptations or security measures (36%).
- When asked what their reasons were for using the service, respondents were most likely to say that they used the service for jobs around the house (57%) and because they were unable to do the job by themselves (27%).

1.1.1.2 Views on our proposal for Integrated Home Improvement Services

- About four-fifths of respondents (82%) disagreed with our proposal.
- When asked why they agree or disagree with our proposal, respondents were most likely to comment that it is a vital service (54%), that elderly/disabled/vulnerable people need to be helped and safe guarded (31%) and that other organisations don't offer these services or advice (22%).
- When asked how the proposal would affect them, respondents were most likely to say that they wouldn't know where else to go for these services (35%).
- When asked how they get the support they needed or may need in the future, if they were unable to use the Integrated Home Improvement Service, three-fifths of respondents (60%) said that the work would not get done and over a quarter of respondents (27%) said that they'd pay for the work to be done by someone else.

- When asked if there is anything else that they think we need to consider or that we could do differently, nearly half of respondents (46%) asked for the service to continue.

1.1.2 Partner organisation consultation

- Nine-tenths of respondents (90%) said that they disagree with the proposal.
- When asked why they agreed or disagreed with the proposal, respondents were most likely to say: that it helps the elderly, disabled and vulnerable to live independently and safely (67%); keep it, it's a much needed service (37%); and that it will increase demand on NHS services (29%).
- When asked how our proposal would affect their services and the people they support, respondents most commonly said that it will affect vulnerable people's health, wellbeing and independence (63%), increased cost/pressure on social care and other services (31%), there would be nowhere to sign post to/no other provision (26%) and increased cost/pressure on the NHS (26%).
- When asked if there is anything else that they think we need to consider or that we could do differently, respondents most commonly said to reconsider, explore other options/delivery models (56%), the service works well/will be difficult to replace (36%) and it will affect vulnerable people's health and quality of life (32%).

1.1.3 Consultation workshops

Whilst there was some variation of comments raised by the participants across the different workshop groups, impact on vulnerable people's independence and the added demand and increased costs to health and social care, were the most frequently raised issues across the workshop groups. Other aspects of the current service are highlighted below that participants commented would be lost through the current proposal:

- **Loss of services that will impact on independence.** The proposal would reduce people's ability to stay safe and well in their own home, particularly vulnerable older people.
- **Increased demand on statutory services.** Admissions to acute/residential services and loss of service that facilitates safe and timely discharge:
 - Loss of relatively low cost prevention service;
 - Prevents falls, accidents and death;
 - Facilitates hospital discharge and reduces admissions;
 - Increased work for Adult Social Care, including Occupational Therapists (OTs)
 - The service responds to 1000's of enquires that would otherwise come to the County Council.
- **Nowhere else to go,** especially for small jobs in rural areas.
- **Trusted service** makes people less vulnerable to rogue traders and 'unscrupulous builders'. The lack of a trusted provider will result in homes falling into a state of disrepair and becoming unsafe. People's stress and anxiety will increase.

- **Coordination and service integration.** The Home Improvement Agencies (HIAs) help people to navigate through an issue by coordinating other services. HIA services support integrated working between housing, health and social care.
- **Reduced income/funding for vulnerable people.** The HIA supports vulnerable people to apply for funding for adaptations and minor works that they would otherwise miss out on. HIAs also help people to claim important benefits such as Attendance Allowance.
- **HIAs provide flexible service, working with OTs.** HIAs respond rapidly to issues that private builders or contractors might not want to undertake. Working with OTs includes: joint site visits and providing HIA advice, identifying additional issues to the OT assessment, clarifying issues and communicating with OTs to ensure correct work is done. This flexibility would be lost to Adult Social Care, as respondents considered that multiple contractors would not work in this way.
- **Concerns about future Statutory Minor Adaptation delivery.** More clarity is needed on how this will be done. Concern that contractors may want to bundle up work in future, to make it financially viable, that would cause delays. HIAs presently work flexibly with OTs when receiving minor adaptation referrals, loss of this way of working could lead to work being sent back to the OT service and delayed.
- **HIA viability/loss of other services and additional funding.** HIAs financial viability is under threat, and therefore the delivery of other services, not just IHIS. For example, The Sanctuary Scheme (this enables those who have experienced domestic abuse to stay and feel safer in the home) and delivery of affordable warmth measures may be lost.

Participants were asked to consider what could be done differently. Other funding suggestions were made including looking at the use of Better Care Fund and working with the NHS and districts through the Integrated Care System. Alternative redesign suggestions, included pooling the Disabled Facilities Grant (DFG) funding with statutory minor adaptations funding and streamlining the whole system for the districts to administer.

1.1.4 Other responses to the consultation

A number of letters were received in response to the consultation. These included letters from Lancaster City Council, Morecambe Bay Health & Care partners, East Lancashire Clinical Commissioning Group, Chorley Council and a number of HIAs.

- A letter from Lancaster City Council said that their members thought that the proposal could have potential cost implications for the city council and could ultimately risk social isolation for residents who rely on this service to make their homes safe and accessible.
- A letter from Morecambe Bay Health & Care partners explained their concern that removal of the service will impact on the low level support for older and vulnerable people in the community, resulting at a more advanced stage default to statutory services and that there will be a significant impact on the health of individuals, e.g. there is potential for more falls and loss of independence which in turn will increase the burden on health and care services.
- A letter from East Lancashire Clinical Commissioning Group asked how the burden of support required to those who have not reached crisis will be provided to prevent an impact on statutory services and how we can work together to collectively support service users in each locality and develop services that are based on the local needs. It also says that the Group wants to understand the outputs of the consultations, work with the Local Authority to help address its needs and most importantly the needs of the population of Lancashire, but also undertake its governance role. They also state they would like to see the detail of the impact assessments undertaken by the Local Authority with regard to both of these consultations to assist in the discussions on mitigation.
- A letter from Chorley Council addressed a number of our current budget proposals and put forward an offer to work with Lancashire County Council to explore opportunities to develop solutions and alternative delivery models, as the council feels the proposals represent a withdrawal from services that promote and support vital early intervention and prevention.
- A letter with a number of supporting documents was sent to us by Preston Care & Repair, Mosscafe St Vincent's, Chorley Borough Council Home Improvement Agency, Care & Repair (Wyre & Fylde) and Homewise Society. The documents provide a detailed outline of research that shows the many benefits that this preventative service delivers.

2.Introduction

Lancashire County Council, like many councils across the country, is going through financially challenging times. This is as a result of funding not keeping pace with the increasing demand and cost of services being delivered. We need to continue to look at ways of reducing costs to help balance the books for future years. This means that we have to consider changes to some of the services we currently provide, as we do not have the resources to continue to deliver what we have done in the past. These changes were considered by our county councillors and we are now looking to consult on what impact the proposals may have.

The Integrated Home Improvement Service (also known as Care and Repair) provides help to people in need of extra support to make their homes safe and accessible, by assisting homeowners to maintain, repair and improve their properties.

This supports independent living for older people, people living with physical disabilities and people living with long term health conditions. The Integrated Home Improvement Service is currently contracted to six local providers based across Lancashire for service delivery

The service divides broadly into two areas:

1. **Minor aids and adaptations** – we are legally obliged to provide works under £1,000. Examples of minor adaptations include external rails and step adaptations, additional banister rails and semi-permanent ramping. People who are eligible for this service will continue to receive it. We also provide additional services and support to enable people to live safely and independently.
2. **The Home Improvement Service includes services that we are not legally required to provide.**
 - a. Handy person services - typically used for small jobs/repairs that take less than two hours
 - b. Home visit to assess and advise what jobs/repairs are needed
 - c. Help to organise/oversee home repairs, maintenance, adaptations or security measures such as drawing up plans, organising quotes
 - d. Advice about what housing is available to meet an individual's needs
 - e. Advice about what financial support is available
 - f. Advice and information about other organisations that can help

Our proposal

We will continue to provide funding for minor aids and adaptations (under £1,000) to people who are eligible for this service. However, we are proposing to cease funding the Home Improvement Services that we are not legally required to provide.

3. Methodology

For this consultation, we asked the public, providers and partners to give their views. An electronic version of the consultation questionnaire was available online at www.lancashire.gov.uk and a paper version by request. A number of consultation workshops were also held with partner organisations, including the current providers.

We promoted the consultation via social media, a press release and panels on relevant pages of the county council website. The consultation was promoted internally to staff via a link to the press release on the intranet and to county councillors via C-First (the councillors' portal). A stakeholder email from the Chief Executive was sent to Chief Executives of district and unitary councils, health, Clinical Commissioning Groups and MPs. We made providers aware of the consultation via email and/or phone calls. Providers helped to promote the consultation to service users by encouraging people to complete the online questionnaire or by providing them with a paper copy of the questionnaire. Key contacts within partner organisation were made aware of the consultation via email and they were invited to the consultation workshops.

The fieldwork ran for eight weeks between 18 February 2019 and 15 April 2019. In total, 981 completed questionnaires were returned (176 paper questionnaire responses and 805 online questionnaire responses). For the partner organisation consultation we received 140 completed questionnaires.

The public/service user questionnaire for the Integrated Home Improvement Service consultation outlined the proposal to continue to provide funding for minor aids and adaptations (under £1,000) to people who are eligible for this service, but we are proposing to cease funding the Home Improvement Services that we are not legally required to provide.

The main section of the public/service user questionnaire included eight questions, covering how often they have used or referred someone to the service within the last two years, which services were used and what were their reasons for using the service.

The questions about the proposals asked how strongly they agreed or disagreed with the proposals, why they agree or disagree with the proposals, how the proposals would affect them, how would they get the support they need or may need in future if they were unable to use the Integrated Home Improvement Service and if they think there is anything else that we need to consider or that we could do differently.

The remaining questions asked respondents for information about themselves. For example, if they are a deaf person or have a disability. This information is presented in Appendix 1.

The questionnaire for organisations asked how strongly they agreed or disagreed with the proposals, why they agree or disagree with the proposals, how the proposals would affect their services, and if they think there is anything else that we need to consider or that we could do differently.

In this report responses to the open questions have been classified against a coding frame to analyse the qualitative data. Coding is the process of combining the issues, themes and ideas in qualitative open responses into a set of codes. The codes are given meaningful names that relate to the issue, so that during close reading of responses it can be seen when similar issues relate to a similar code. As the analysis process continues the coding frame is added to and refined as new issues are raised by respondents. All responses to open questions are then coded against the coding frame, and can be subsequently analysed as quantitative or qualitative data.

Consultation workshops were held between 15 February and 18 March 2019. Sessions were recorded by dedicated note-takers and post it notes, with responses collated and analysed using a 'Framework Method'¹ to identify proposal responses and emergent themes. Participants were asked to consider the impact of the proposal.

Responses are included from:

Service Providers / Stakeholders (n=61)
District Councils (DFG), n=20 HIAs and 1 rep from Foundations, n=10 CCG Representatives, n=4 Health and Wellbeing Partnerships , n=13 Health Leads, n=14

3.1 Limitations

The findings presented in this report cannot be assumed to be fully representative of the views of people who use the IHIS service. Neither can they be assumed to be fully representative of the population of Lancashire. They should only be taken to reflect the views of people who were made aware of the consultation, and had the opportunity and felt compelled to respond.

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

¹ Ritchie, J. and Spencer, L. (1994) Qualitative Data Analysis for Applied Policy Research. In: Bryman, A. and Burgess, B., Eds., Analyzing Qualitative Data, Routledge, London.

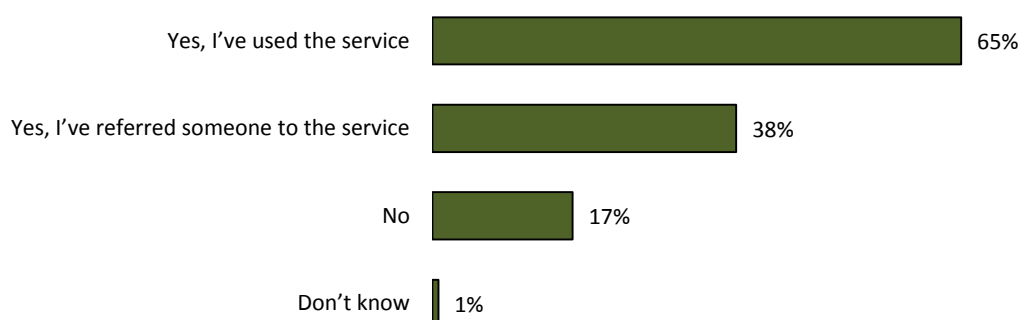
4. Main findings – service user/general public

4.1 Use of the Integrated Home Improvement Services

Respondents were first asked if, in the last two years, they had used or referred someone to the Integrated Home Improvement Service (IHIS).

About two-thirds of respondents (65%) said that they have used the IHIS in the last two years and about two-fifths of respondents (38%) said that they have referred someone to the service.

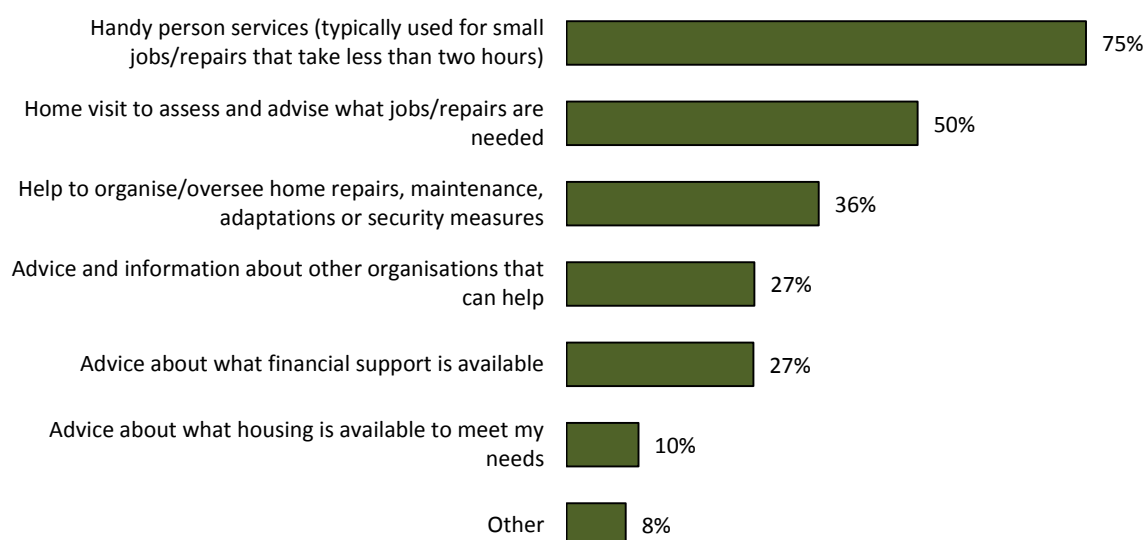
Chart 1 - In the last two years, have you used or referred someone to the Integrated Home Improvement Service?



Base: all respondents (963)

Respondents who have used the IHIS in the last two years were then asked which services they used. These respondents were most likely to say that they had used: handy person services (75%), home visit to assess and advise what jobs/repairs are needed (50%) and help to organise/oversee home repairs, maintenance, adaptations or security measures (36%).

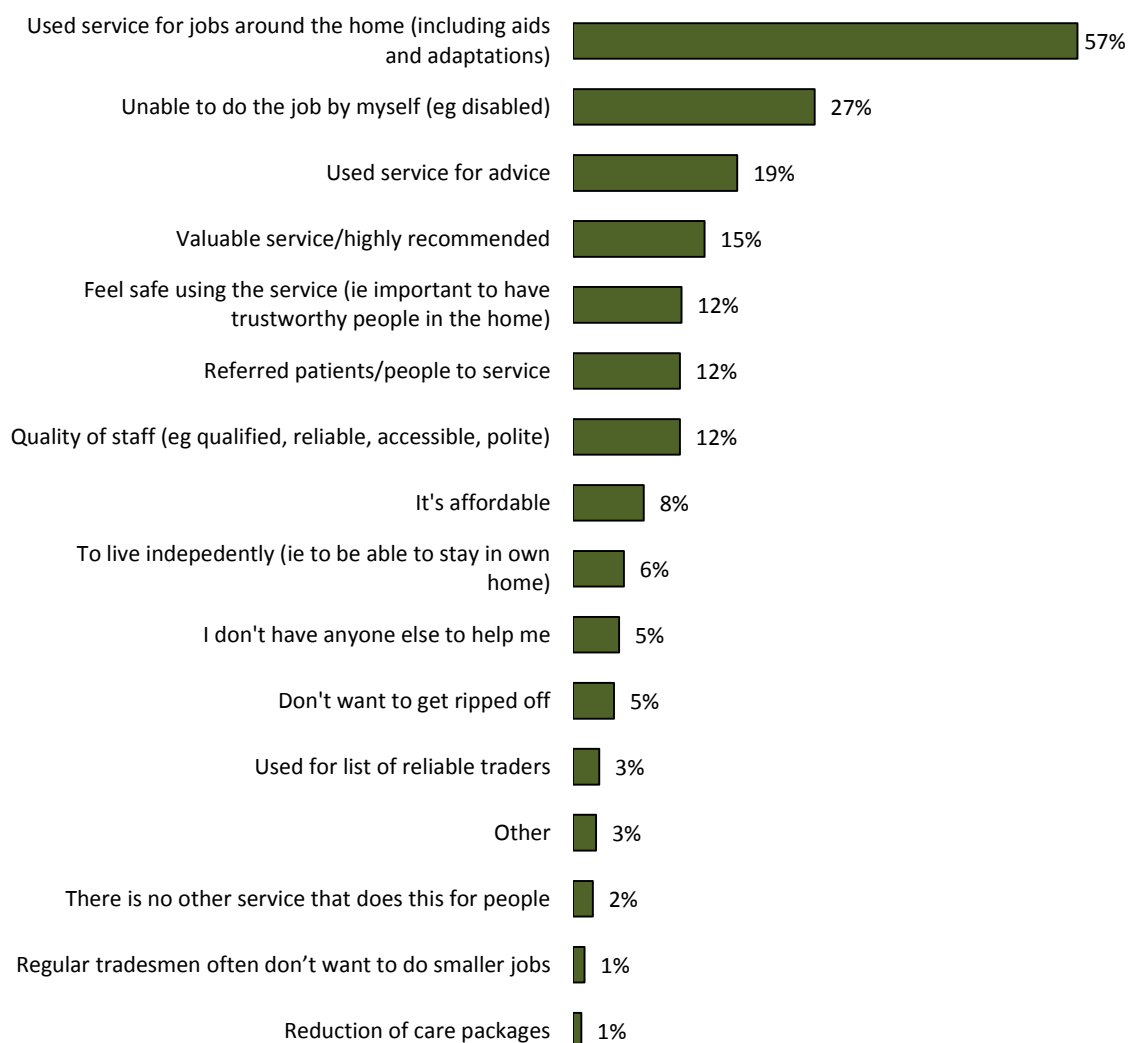
Chart 2 - In the last two years, which Integrated Home Improvement Services have you used?



Base: respondents who have used the IHIS in the last two years (649)

Respondents who have used the IHIS in the last two years were then asked what their reasons for using the service were. These respondents were most likely to say that they used the service for jobs around the house (57%) and because they were unable to do the job by themselves (27%).

Chart 3 - And, in the last two years, what were your reasons for using the service?



Base: respondents who have used the IHIS in the last two years (539)

4.2 Views on our proposal for Integrated Home Improvement Services

All respondents were then asked how strongly they agree or disagree with our proposal to continue to provide funding for minor aids and adaptations (under £1,000) to people who are eligible for this service, but cease funding the home improvement services that we are not legally required to provide.

About four-fifths of respondents (82%) disagreed with our proposal.

Chart 4 - How strongly do you agree or disagree with our proposal?

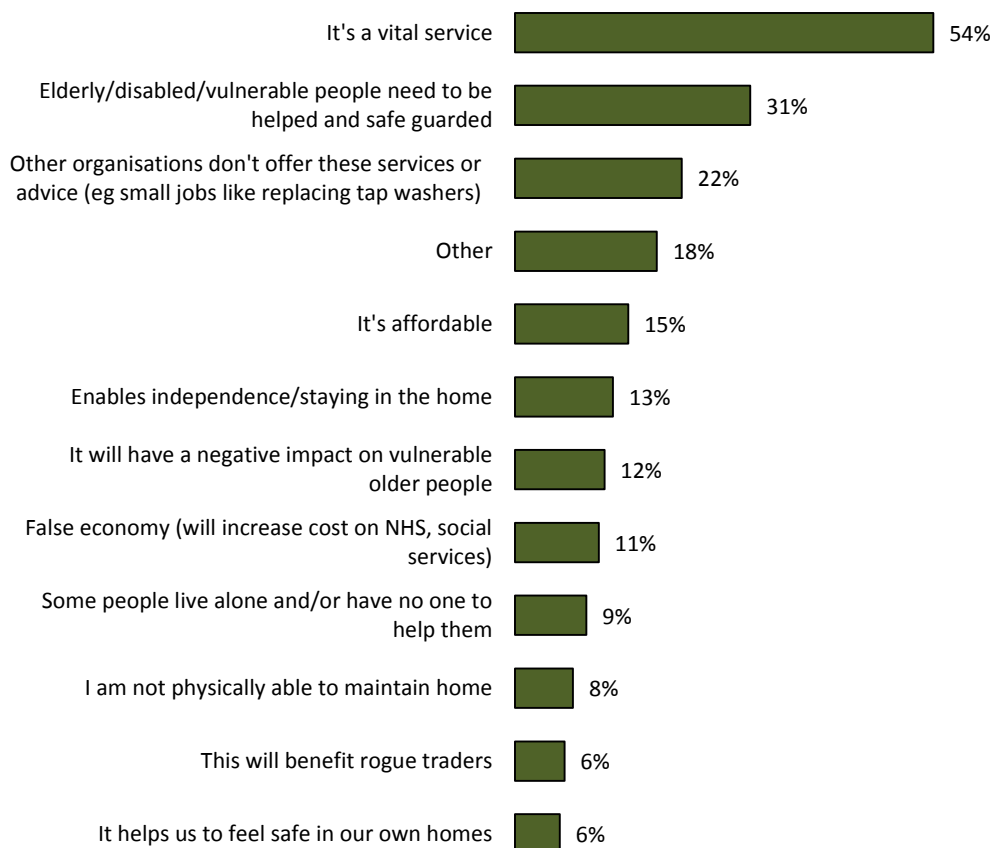


- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree

Base: all respondents (957)

Respondents were then asked why they agree or disagree with our proposal. Respondents were most likely to comment that it is a vital service (54%), that elderly/disabled/vulnerable people need to be helped and safe guarded (31%) and that other organisations don't offer these services or advice (22%).

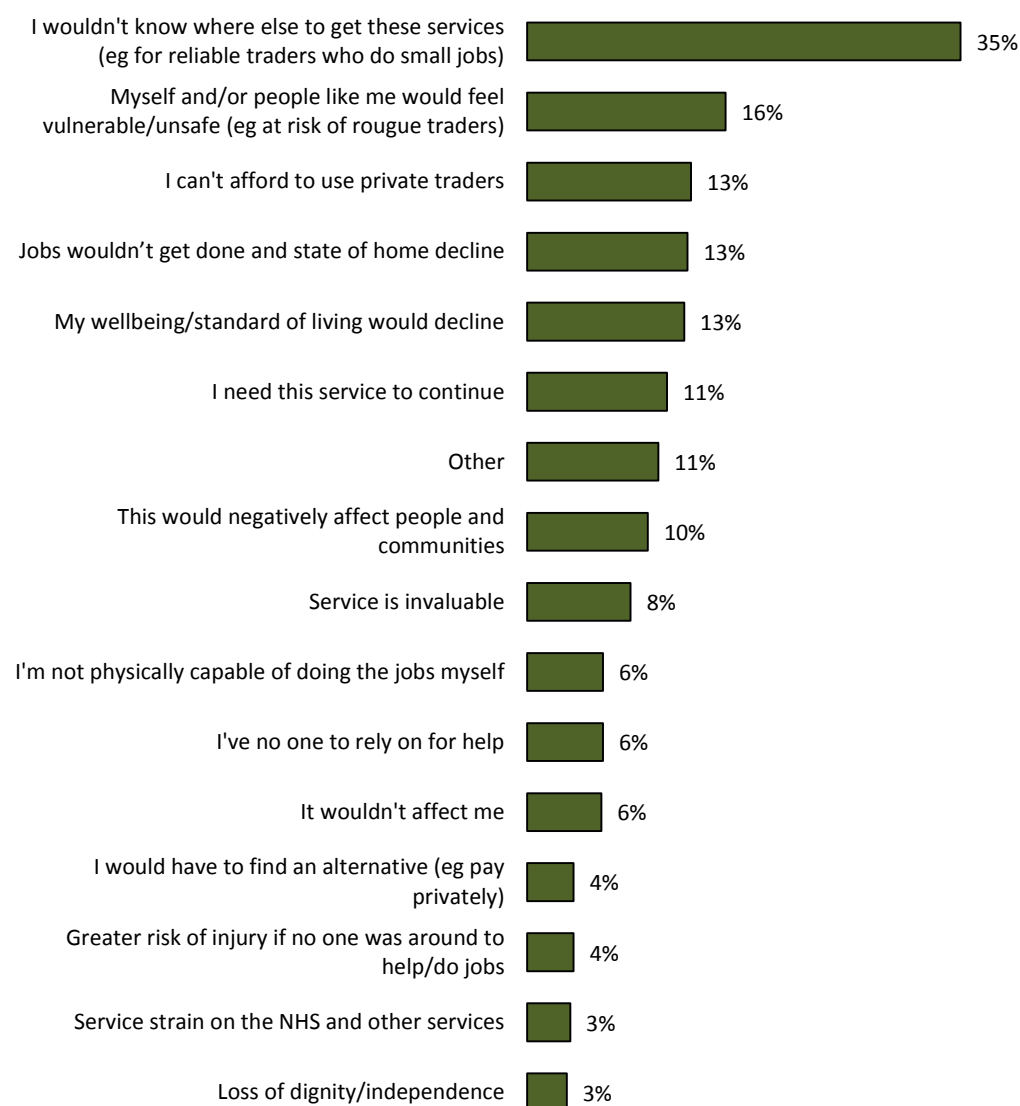
Chart 5 - Why do you say this?



Base: all respondents (809)

Respondents were then asked how the proposal would affect them. Respondents were most likely to say that they wouldn't know where else to go for these services (35%).

Chart 6 - If this proposal happened, how would this affect you?

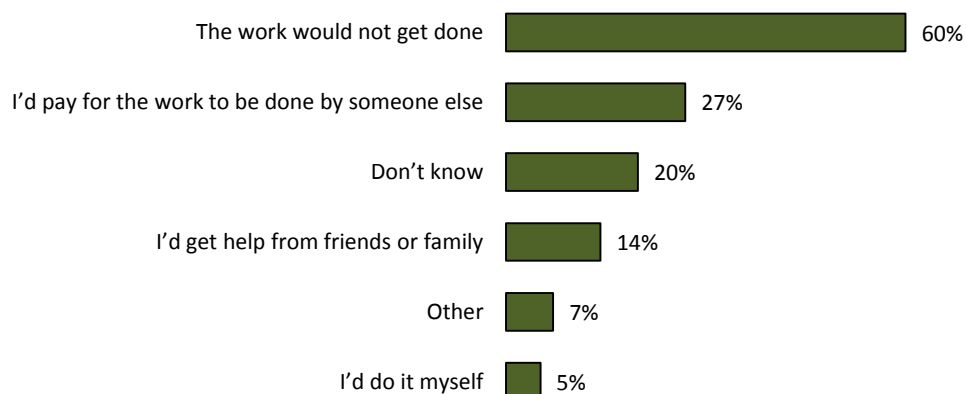


Base: all respondents (721)

Respondents were then asked how they would get the support they needed or may need in the future, if they were unable to use the IHIS.

Three-fifths of respondents (60%) said that the work would not get done and over a quarter of respondents (27%) said that they'd pay for the work to be done by someone else.

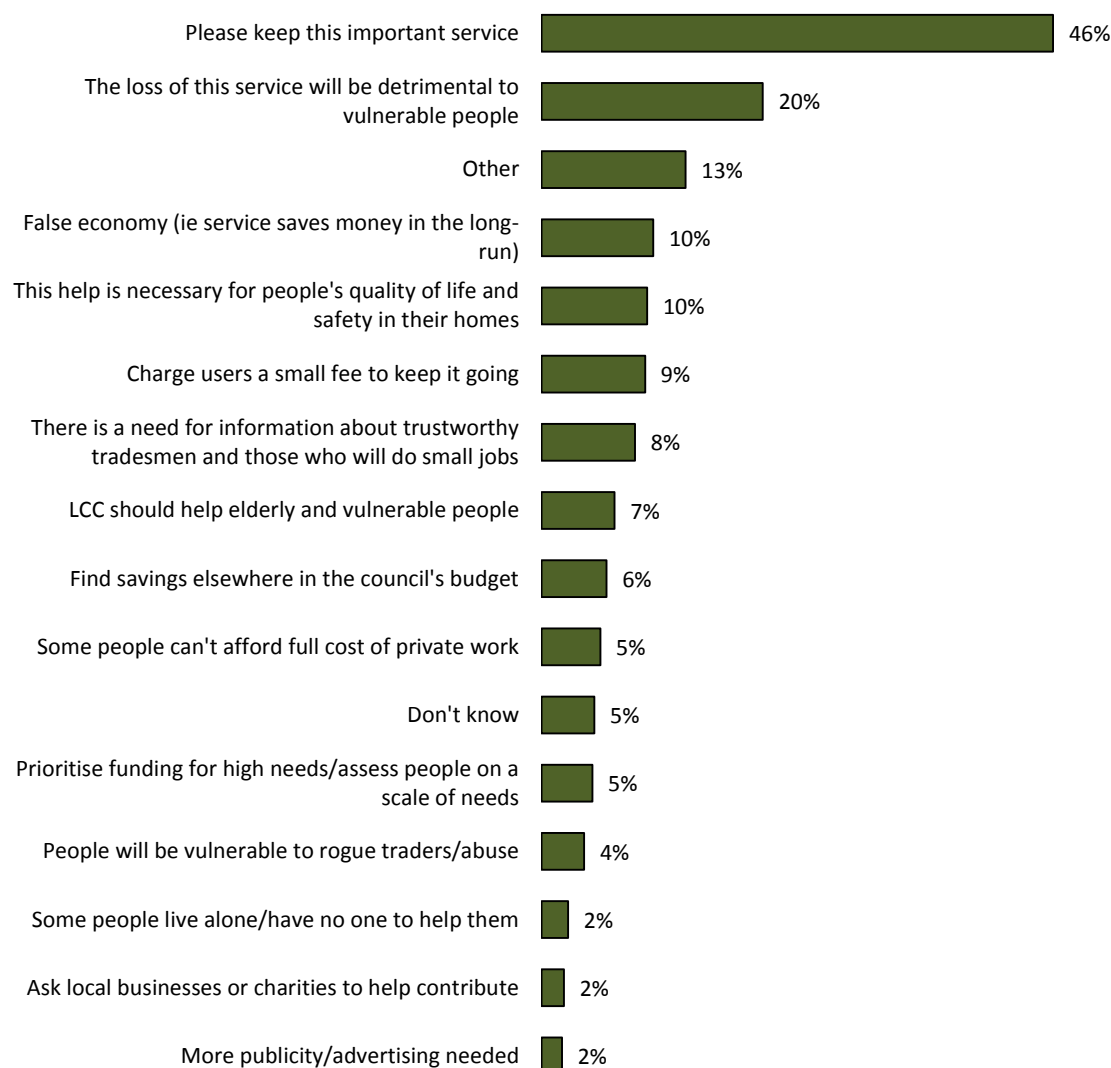
Chart 7 - If you were unable to use the Integrated Home Improvement Service, how would you get the support you needed or may need in the future?



Base: all respondents (938)

Respondents were then asked if there is anything else that they think we need to consider or that we could do differently. Nearly half of respondents (46%) asked for the service to continue.

Chart 8 - If you were unable to use the Integrated Home Improvement Service, how would you get the support you needed or may need in the future?



Base: all respondents (546)

5. Main findings – partner organisations

Respondents completing the partner organisation questionnaire were presented with our proposal and asked how strongly they agree or disagree with it.

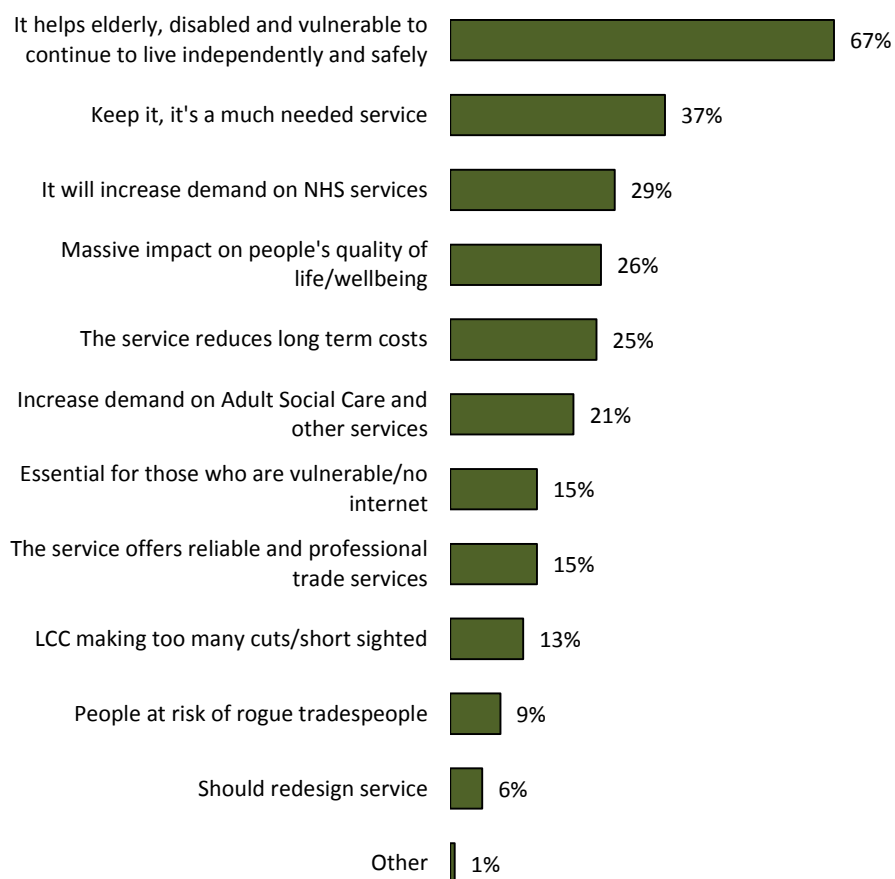
Nine-tenths of respondents (90%) disagreed with our proposal.

Chart 9 - How strongly do you agree or disagree with this proposal?



Respondents were then asked why they agreed or disagreed with the proposal. The most common types of response to this question were: that it helps the elderly, disabled and vulnerable to live independently and safely (67%); keep it, it's a much needed service (37%); and that it will increase demand on much needed services (29%).

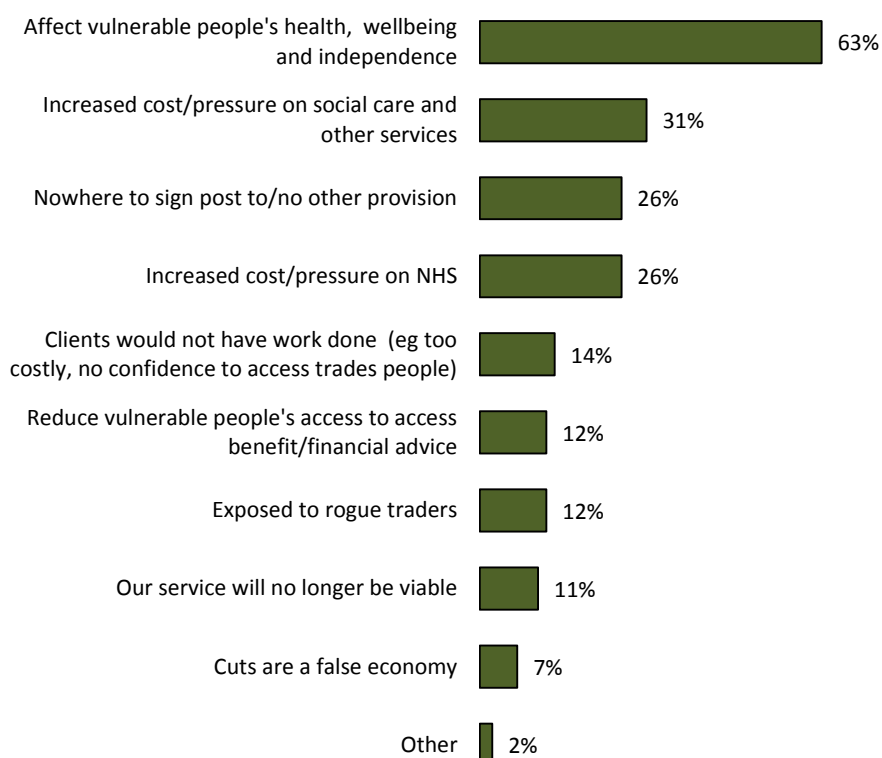
Chart 10 - Why do you say this?



Base: all respondents (126)

Respondents were then asked how our proposal would affect their services and the people they support. The most common types of response to this question were: that it will affect vulnerable people's health, wellbeing and independence (63%); increased cost/pressure on social care and other services (31%); there would be nowhere to sign post to/no other provision (26%); and increased cost/pressure on the NHS (26%).

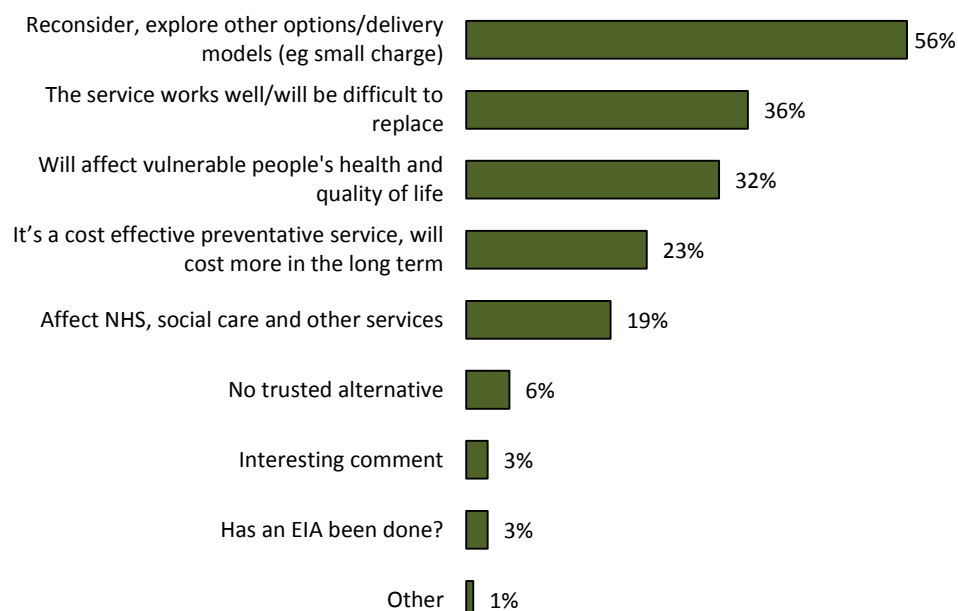
Chart 11 - How would our proposal affect your services and the people you support?



Base: all respondents (130)

Respondents were then asked if there is anything else that they think we need to consider or that we could do differently. The most common types of response were: to reconsider, explore other options/delivery models (56%); the service works well/will be difficult to replace (36%); and it will affect vulnerable people's health and quality of life (32%).

Chart 12 - Thinking about our proposal, is there anything you think that we need to consider or that we could do differently?



Base: all respondents (108)

6. Main findings - consultation workshops

6.1 Additional issues

Summary of additional issues identified by participants to support 'Key Findings' (please see section 1.1.3 Consultation Workshops).

Loss of services that will impact on independence

- Early preventative support for people will be lost, important for those who might not qualify for DFG or additional funding.
- Concern that older people's properties will fall in to state of disrepair, increasing accidents and falls, accidents could also result from people undertaking their own jobs.
- People with dementia, older people and people with disabilities were highlighted as being particularly vulnerable.
- Loss of independence for people with long term conditions
- Increase social isolation.
- Affordable warmth work, including boiler replacement and energy switching services.
- Loss of local and community knowledge.
- The physiological and social support will be lost, increasing anxiety / stress and leading to poor mental health.

Increased demand on statutory services

- Loss of low cost prevention services could double statutory spending.
- Adult social care increase in spend, increasing need for residential care.
- Increase spending for NHS, and demand on A&E, GPs, it will cost more.
- Increase hospital admissions, prevent and delay hospital discharge, HIAs support installation of equipment on discharge.
- Increase accidents and falls / death.
- The service prevents hospital admissions and reduces referrals into the system, 'a disaster'.
- More low level queries will come through the County Council's front door, HIAs deal with 1000's of enquires. Do the County Council 999 / 101 have the capacity to deal with this?
- More work for the OTs and Adult Social Care.
- Will impact on point of referral into Multispecialty Community Provider (MCP) work.
- Integral to winter flu clinics.
- More pressure on Voluntary Community and Faith Sector (VCFS) services.
- The potential loss of the HIA Trusted Assessor scheme would be a lost opportunity to reduce statutory demand.

Nowhere else to go

- No other service provides the holistic response that HIAs do.

- Difficult to get builders out for minor repairs - could lead to more falls.
- Assistance with benefit checks would be lost - welfare rights will not have capacity to pick this up.
- No one else to do small jobs - changing light bulb, fixing floors - these are not viable to do via a contractor.
- No local handy person service.

Trusted Service:

- Financial implications for vulnerable people.
- Trading Standards have brought in care and repair when person paid over the value of work done.
- HIAs not for profit and do what is right for the person.
- HIAs may have more experience, and therefore other providers may put individuals at risk.
- Losing the HIAs as provider people trust will increase stress and anxiety of people needing to repair their home, making the mental health worse.
- Support social isolated and vulnerable people to feel safe in their own homes.
- HIAs can pick up on wider issues.

Coordination and Service Integration.

- HIAs support schemes such as Sanctuary, Troubled Families, and Warmer Homes, which all linked together make service viable.
- HIAs support the link between minor adaptations and DFGs.
- HIAs support integrated working between health and social care - part of Better Care Fund working.
- Referrals between agencies including VCFS could be lost and links to statutory agencies.
- HIAs local and community knowledge.
- HIAs support neighbourhood working.
- Lancashire 'resilience forum'- district council was able to look to the HIA to identify the most vulnerable.
- No other organisation left to coordinate these services.

Reduced income / funding for vulnerable people.

- HIAs support applications to charitable organisations for affordable warmth work, helping people in fuel poverty.
- HIAs can bring in match funding.
- Income maximisation work supports the individual and the economy.
- This support helps people access DFG funding.
- Potential loss of the Welfare Rights Service, could increase the impact.

HIAs provide flexible service, working with OTs.

- HIAs work flexibly with the County Council OTs to ensure the right adaptation or equipment is delivered.

- Working with OTs includes, joint site visits and HIAs providing their advice, identifying additional issues to the OT assessment, clarify issues and communicating with OTs, to ensure correct work is done, providing rapid response when necessary.
- Provide a bespoke offer to individuals based on need.
- Person centred response
- Ensure the safe installation of correct equipment.
- Holistic service as all needs are considered.
- Provide advice to public - including when no other help has been offered.
- Advice on issues such as heating controls can make a big difference.
- Part of the response for people in crisis.

Concerns about future Statutory Minor Adaptation delivery

- Working with contractors risks losing the flexibility that HIAs provide for OT partners and the public.
- Some work is cross subsidised.
- Could cause more work for the OT service if they can't work in the way they do now.
- If work is bundled up into bigger packages to make it more viable, will this cause delay.
- Who will do the installation?
- What will be included in the new service, what is the timescale for re-procurement?
- No guaranteed volume of minor adaptations, makes it difficult for providers.

HIA Viability / Loss of other services and additional funding

- Our Care & Repair agency support our Community Safety Partnership to help victims of Domestic Violence via a Sanctuary Scheme. This support would go.
- People would not receive additional support services.

Other impacts identified by respondents included:

- Increase in winter excess death - as loss of affordable warmth services.
- Negative impact on local economy.
- Inconsistent approach to services across Lancashire - postcode lottery
- Reduces the ability to deliver Neighbourhood working.
- HIA Trusted Assessor work is at risk, assessing and fitting in one go is most cost effective.
- Lancashire Resilience Forum, district council used HIA to identify the most vulnerable.

6.2 What could be done differently?

Participants were asked to consider what could be done differently.

Responses included stopping the proposal to cease the IHIS service. Other alterations were also suggested.

Alternative Funding: including Better Care Fund (BCF), Health Funding and Healthier Lancashire and South Cumbria (HLSC) Integrated Care System. Reallocate and use Better Care Fund underspend. Top slicing BCF DFG allocation was proposed– this would need to a high level district conversation if it was to be agreed. District and County Council could have a conversation within the Integrated Care System footprints with health partners to look at joint solutions and commissioning.

Service Redesign: It was suggested that districts could consider pooling the DFG funding with Minor Adaptations funding and streamline the whole system for the districts to administer.

Additional Services: Asked if there are other County Council services that could go to the HIAs to make them more viable?

District Councils were asked: Do you think your City/District Council would consider use of disabled facility grant funding to support the HIAs in your area?

The attending district officers, were in general not in a position to confirm a response to this question, as it would need to go through formal decision making channels, but were able to indicate the following factors that would be likely in their view to influence a decision. Approximately half of districts would consider supporting HIAs with DFG funding, although this was dependant on funding that may not be available. Approximately half the districts thought it unlikely that they would use DFG funding to support HIAs. The majority of respondents were concerned that either they were or would be in the future, spending all their DFG allocation on DFGs and therefore were unlikely to be, or would not be in a position to fund the HIAs into the longer term. This might be short term funding option in some areas, depending on yearly underspends, but would not give the HIA services the stability they need in the longer term. Also some concerns about what was possible under the DFG legislation. 'DFG is not the answer to LCC's cuts and plugging the gap, it's not an endless pot of money'.

Service Redesign

- If HIAs remain, opportunity to grow the HIA Trusted Assessor scheme.
- Commission HIAs to work on falls prevention activity.
- Consider implications for each place.
- Outcome focussed commissioning.
- Connect to social prescribing.

7. Other responses

7.1 Lancaster City Council

With regard to the Integrated Home Improvement Service, Members thought that this again could have potential cost implications for the City Council and could ultimately risk social isolation for residents who rely on this service to make their homes safe and accessible.

7.2 Morecambe Bay Health & Care partners

Morecambe Bay Integrated Care Partnership welcomes the opportunity to respond to the consultations that Lancashire County Council is running. We had an opportunity to talk briefly about these with Louise Taylor and Sakthi Karunanithi on 21st February 2019 at our System Leadership Team meeting. At that meeting we agreed with Sakthi that once the consultations were complete he would we present the outcomes pertinent to the Lancashire North area and we would discuss ways we might manage the outcomes as possible.

Some of the CCG representatives also had a further opportunity to discuss the intentions around these consultations at a meeting led by Clare Platt on 11th March. We have drawn on some of that information and discussions as well to inform this response.

Integrated Home Improvement Service

We understand that the Integrated Home Improvement Service funds support through Lancaster City Council to undertake a number of functions:

- Care and Repair work – supporting people to remain independent in their own homes – in the last year this has resulted in 800 people being supported.
- Support residents where work is required but the resident is not confident to work with external contractor, the service will facilitate this – in the last year this has resulted in 570 people being supported to raise funds and work with contractors.
- Warm Home Service is delivered via this function at Borough Council level and delivery may be affected by the proposal.

We understand that the Local Authority provides £880k of funding to the Borough Councils for the services listed and there is a concern that removal of this will impact on the low level support for older and vulnerable people in the community, resulting at a more advanced stage default to statutory services. We are not aware of the level of funding which Lancaster City Council specifically receives for this service.

Whilst we recognise that these are low level services and mostly support those who will not reach the threshold for statutory provision, again the removal of these services will impact on the ability of people to function independently, and may cause an increase in use of statutory services now or at a later time.

We envisage that the proposal to reduce funding in this area is likely to have a disproportionate impact on the sustainability of local home improvement agencies. There will be a significant impact on the health of individuals, e.g. there is potential

for more falls and loss of independence which in turn will increase the burden on health and care services.

Summary

At the meeting on the 11th March we discussed the need for discussion at each Borough level to understand the local impact and how this might be managed if at all possible – a topic we also agreed at the Morecambe Bay Leadership Team with Louise and Sakthi. We would look to include their neighbourhoods in this discussion with a view to enabling each neighbourhood to understand the impacts, but also generate a discussion on how all of the services covered by the wider consultations and other provision could be viewed more holistically in the future on that footprint.

7.3 East Lancashire Clinical Commissioning Group

The Better Care Fund Steering Group welcomes the opportunity to respond to the above consultations and we would like to thank Clare Platt for attending our meeting to explain the consultations and to Tony Pounder for his assistance at that meeting as well.

Some of the CCG representatives also had a further opportunity to discuss the intentions around these consultations at a meeting again led by Clare on 11th March. We have drawn on some of that information and discussions as well to inform this response.

We note that both of these services are currently funded via the Better Care Fund and whilst we understand the funding pressures the Local Authority is under we would have expected a decision to take these to consultation to have been agreed with Partners at the group. It is disappointing that this did not happen and we would now expect the decision making process to include the BCF Steering Group. The Health and Well-Being Board has committed to integration and for this to be truly effective we need to be open and transparent in our financial oversight and collective endeavour.

Integrated Home Improvement Service

We understand that the Integrated Home Improvement Service funds support in each of the Borough Council area to undertake a number of functions:

- Care and Repair work – supporting people to remain independent in their own homes.
- Support residents where work is required but the resident is not confident to work with external contractor, the service will facilitate this.
- Warm Home Service is delivered via this function at Borough Council level and delivery may be affected by the proposal. These services are provided in different ways; some directly by the Borough Councils others by third or voluntary sector organisations and so the impact will differ from area to area depending how the services are integrated with other provision.

Other services such as minor adaptations and access to the Disabilities Facilities Grants will continue to be provided at Borough Council level unless local areas are

not able to; but that will be a local decision. Although in some areas there may be an impact on social care OT provision as more people are referred to that service for assessments for DFGs as a result of removal of Trusted Assessor work.

1) We understand that the Local Authority provides £880k of funding to the Borough Councils for the services listed and there is a concern that removal of this will impact on the low level support for older and vulnerable people in the community, resulting at a more advanced stage default to statutory services.

2) Whilst we understand that these are low level services and mostly support those who will not reach the threshold for statutory provision, again the removal of these services will impact on the ability of people to function independently, and may cause an increase in use of statutory services now or at a later time.

3) We also understand that one of the functions of the service is to support people to access funding such as Attendance Allowance or other grants to support them to live independently. We are concerned with the loss of this support and the wider implications as this bring funding into the area which not only supports people to live independently but also helps the local economy through jobs for carers or other jobs being undertaken.

At the meeting on the 11th March we discussed the need for discussion at each Borough level to understand the local impact and how this might be managed if at all possible. All CCGs would be interested in being part of this and include their neighbourhoods in this discussion with a view to enabling each neighbourhood to understand the impacts, but also generate a discussion on how all of the services covered by the wider consultations and other provision could be viewed more holistically in the future on that footprint.

Summary

In summary the issues we would like to be considered are set out below:

Home Improvement Service:

- How the burden of support required to those who have not reached crisis will be provided to prevent an impact on statutory services?
- How we can work together to collectively support service users in each locality and develop services that are based on the local needs.

The BCF Steering Group currently reports to the Health and Well-Being Board on both of these services under the Joint Governance Structures set up to support the Better Care Fund. As such the Group wants to understand the outputs of the consultations, work with the Local Authority to help address its needs and most importantly the needs of the population of Lancashire, but also undertake its governance role.

We would like to see the detail of the impact assessments undertaken by the Local Authority with regard to both of these consultations to assist in the discussions on mitigation.

We would happy to discuss any of this further at the BCF Steering Group.

7.4 Chorley Council

I'm writing on behalf of Chorley Council regarding the Lancashire County Council budget position and savings proposals presented to the Executive Cabinet in December 2018.

I wholly acknowledge the scale of the financial challenge and understand that difficult decisions have to be made, however I am very concerned that the proposed cuts to services will have a critical and detrimental impact for Chorley and its residents both now and into the future.

Our communities have already suffered many cuts to essential provision including libraries, bus routes and children's services, which in most cases we have stepped up to protect and maintain. The current proposals will hit residents even harder, for example, the proposed changes to school transport and the difficulties that this will create for families living in rural areas, with children increasingly travelling out of the borough. This will further isolate members of our population, particularly young people, from their local community and inhibit access to key local services.

Of most concern are cuts to services that support vulnerable and high risk members of our community such as reductions to the Welfare Rights Service, cessation of the Lancashire Wellbeing Service and the integrated home improvement service contracts. These services are essential support mechanisms for people who would otherwise struggle to cope and be most likely to end up in a revolving door of costly interactions with statutory provision.

Overall, the proposals represent a withdrawal from services that promote and support vital early intervention and prevention. This approach is likely to have a significant impact on service demand for the council and its partners (particularly the voluntary, community and faith sector) in the short to medium term, and more catastrophic consequences for population health over the longer term including unmanageable pressure on health and primary care provision.

I feel that the approach to achieving savings must take a wider and longer term view that will ensure sustainable services for the future, rather than a piecemeal approach to implementing quick wins. In Chorley we have committed to a model of early intervention and prevention that aims to achieve a healthier population by working differently with our partners and community to provide early help, avoiding the need for more expensive crisis care. We have established an Integrated Community Wellbeing Service that is working proactively in the community to reform key pathways and enable easier access to support.

We've also developed multi agency teams, bringing together key players from across the system to coordinate provision and reduce duplication of effort.

Therefore, rather than constantly dealing with the fallout from service cuts, I am proposing that we take this opportunity to work together to develop solutions and alternative delivery models that will avoid the most negative consequences for our residents. To do this, we need to be engaged early in the process so that we can work collaboratively to proactively shape our plans and resources. This will help to

reduce the impact for our residents and it may even lead to positive outcomes if we work constructively with our communities.

I would urge you to consider this offer, which I know is supported by district colleagues, and will gladly meet to progress this conversation further.

7.5 Preston Care & Repair, Mosscares St Vincent's, Chorley Borough Council Home Improvement Agency, Care & Repair (Wyre & Fylde) and Homewise Society

We are writing to you about the effects of the current proposal by Lancashire County Council to reduce and then end the funding for the 'Integrated Home Improvement Service', which is well targeted, practical housing help that we deliver to older and vulnerable people across the County.

We fully appreciate the very difficult financial situation faced by Lancashire County Council, but the current proposal not only puts lives at risk, it will result in higher costs to the council, for example through increased need for residential care; it will also increase demand - and therefore costs - for Lancashire's health services.

Independent evidence² shows that falls prevention is one of the main outcomes of the home modifications that we carry out. Preventing a fall for just 1% of the people we help (a highly conservative estimate) results in savings to health and social care of £891,218. This saving is more than the entire budget for the Integrated Home Improvement Service across Lancashire and is just one small part of the many outcomes and savings we achieve.

Further to this it has been demonstrated that for every £1 spent on handyperson services, £4.28 is saved by health and social care. Based on these figures, investing in the Integrated Home Improvement Service creates a return on investment of £3,766,400 to health and social care in Lancashire.

Source: Small but Significant (2018) an independent evaluation of a Lancashire handyperson service.

The home adaptations and essential home repairs that we carry out in the homes of older and vulnerable people increases the time that they are able to live safely and well at home. Last year we helped 44,364 older and vulnerable people, giving advice and practical help to enable them to live independently in their own homes for longer.

The funding reduction proposal of £880,000 pa from 2020 is the annual cost of just 29 residential care places, compared with providing preventative housing help for almost 45,000 local people.

We reach people who no-one else reaches, those for whom just a little bit of help makes all the difference, helping carers, the isolated, the lonely, people with dementia, and improving the homes and lives of so many vulnerable people. Our services are also exceptionally highly valued by those who use them.

² Described in Appendix A based on research by the [Centre for Ageing Better](#), [Public Health England](#) and the [Building Research Establishment](#), amongst others

'Nearly half of those helped by the handyperson service are over 80yrs (46%), older women (77%), living alone (72%) often living with chronic long-term health conditions and disability. 96% said that the service made them less worried about their home. 100% would recommend it to others.'

Source: *Small but Significant* (2018) an independent evaluation of a Lancashire handyperson service.

This is why we are urging you to do whatever you can as a Lancashire County Councillor to rethink and overturn this proposal which would end something so valued by your constituents and by local partners.

Lancashire County Council has been an innovative and forward-thinking authority in terms of its approach to integration and prevention.

As local, not for profit providers of practical, preventative services for very many years, we have worked constructively with the Council to evolve and change to meet its requirements and the needs of local communities. We have also achieved significant added value by bringing other resources into the county, for example through securing national charitable funding, and through harnessing input from volunteers. The Integrated Home Improvement Service is now:

- Preventing falls/accidents in the home
- Making homes more accessible
- Improving home security
- Completing small repairs
- Making homes warmer and more energy efficient

Decommissioning so much of the Integrated Home Improvement Service (described further in Appendix A) would be such a backward step from this constructive joint development of preventative, crucial housing related help.

In Lancashire County Council's recently published strategy document '*Care, Support and Wellbeing of Adults in Lancashire*' it talks about a vision for "*keeping people safe, well and connected*" and "*keeping people independent and living at home*". It notes that "*admissions to care homes are too high*" and "*we can no longer afford to provide long term/high cost packages of care*" and "*as a system we need to focus more on prevention and wellbeing*".

Additionally, Lancashire County Council has identified "*supporting independent living*" as one of its six key actions in the Lancashire Health and Wellbeing Strategy.

And yet the Council is now considering a proposal to cut a key preventative service that enables exactly this outcome.

As a County Councillor and representative of your local community, we urge you to protect the Integrated Home Improvement Service and to ask you to vote against the proposal to reduce and end funding for this important, preventative service for the benefit of older and vulnerable people across Lancashire.

Further information about the impact of Lancashire County Council's budget proposals.

As you may already be aware, the Integrated Home Improvement Service is a Lancashire-wide prevention and early intervention service that helps older, disabled and vulnerable adults to live safely and independently in their own homes. You may have heard these services referred to as 'Care and Repair' or 'HIA' (Home Improvement Agency) services.

They include:

- Handyperson Service
- Healthy Homes Assessments
- Casework, including help to access additional funding & support schemes
- Housing Options Advice & Information
- Minor Adaptations (work under £1000) – *statutory service*
- Supply and fit of aids for daily living (such as grab rails) – *statutory service*
- Assistance with Major Works & Adaptations (over £1,000)
- Support to access Disabled Facilities Grants
- Help to find trusted tradespeople
- Affordable Warmth Schemes

The Integrated Home Improvement Service is currently contracted by Lancashire County Council to six not-for-profit organisations, all based in Lancashire. Each of us has been providing support to our local communities for decades and we have built up a wealth of experience and expertise in our teams. We are trusted by our clients and respected by our peers and partners.

Last year we helped 44,364 older and vulnerable people, giving advice and practical help to enable them to live independently in their own homes for longer. The most common outcomes achieved through our services were:

- Preventing falls/accidents in the home
- Making homes more accessible
- Improving home security
- Completing small repairs
- Making homes warmer and more energy efficient

Which in turn:

- Improve client wellbeing – physically and mentally; clients better able to cope at home and live independently
- Reduce the need for social care services including residential care and home care
- Reduce GP visits
- Reduce A&E visits
- Reduce unplanned hospital admissions
- Enable timely discharges from hospitals

In budget proposals set out in November 2018, Lancashire County Council proposes to reduce the funding for the Integrated Home Improvement Service by 25% from April 2019 and then completely decommission all non-statutory elements of the service from April 2020. The proposal cites that this will create savings of £880,000 per year from 2020.

However, reducing and then decommissioning the service will cost Lancashire County Council more in terms of the additional demands it will place on Adult Social Care; and there will be the additional costs this decision will also place on partners across the wider health economy due to an increase demand on their services.

In an independent report commissioned by The Rayne Foundation and The Quality of Life Charitable Trust, produced by Care & Repair England titled: '*Small But Significant: Evidence of impact and cost benefits of handyperson services*' (enclosed), it was demonstrated that for every £1 spent on handyperson services £4.28 is saved by health and social care. This report used Preston Care & Repair – one of the providers of the Lancashire Integrated Home Improvement Service – as the basis for its research. Based on these figures, investing in the Integrated Home Improvement Service will create a return on investment of £3,766,400 to health and social care in Lancashire.

Also in the report, the BRE (Building Research Establishment) Housing Health Cost Calculator puts the year one treatment costs of falls to health and social care services at:

- Serious fall injury - £39,906
- Moderate fall injury - £6,464
- Minor fall injury - £1,545

In 2018, as providers of the Integrated Home Improvement Service, we completed 1868 jobs specifically targeted at falls prevention – approximately 10% of all the work completed. If we prevented serious, moderate and minor falls in just 1% of cases, the year 1 treatment cost savings to health and social care would be £891,218. That is more than the entire budget for the Integrated Home Improvement Service across Lancashire; and that is just based on one small element of the outcomes we achieve.

The financial impacts of the budget proposals relating to the Integrated Home Improvement Service will be significant and will far outweigh any 'savings'; it would be financially detrimental to Lancashire County Council, and to its partners in health, to remove funding this important, preventative service at a time when health and social care services in Lancashire are struggling to cope with existing demands. Reducing or decommissioning the Integrated Home Improvement Service would increase demands on both health and social care.

As not-for-profit providers, all funding received by our organisations is used to deliver services and support to local people. Not a penny leaves our organisations in profit or shareholder dividends. Although we are separate organisations, as home improvement agencies, we share a collective vision and values. Everything we do has our clients at the heart and is underpinned by a commitment to provide the best

possible support to help people to stay safe and independent in their own homes, preventing or reducing the need for other health and social care services.

When we talk about what we deliver through the Integrated Home Improvement Service we often find ourselves using the phrase '*it's not just what we do, it's also the way that we do it*'. Let us give you just one example:

Mrs A is in her late 80s and has lived on her own in her family home ever since her husband died several years ago. The Home Improvement Service has carried out a number of small jobs in her home that reduce risk of injury, e.g. power-washing a slippery path from her front door to her bins.

Mrs A mentioned to the Technician that she'd had several falls at the front door, which happened as she bent down to pick up her milk, saying that the last fall had been worse than the others, leaving her bruised, feeling vulnerable and worried about being able to cope living on her own. The Technician offered to put up a shelf at the front door for the milk to go on so she no longer had to bend to the floor. The work was completed there and then and Mrs A has not had another fall.

Technicians working on the Integrated Home Improvement Service are not only exceptional tradespeople, but they also take the time to get to know clients, to look for preventable risks around the home and to engage in conversations that will enable clients to share their worries about living safely at home. Another tradesperson, without this specialist training and knowledge, would have power-washed the path, but wouldn't have even known about the need for the milk shelf. The cost of the shelf was just a few pounds in materials, but it prevented further falls for Mrs A, one of which would likely have resulted in a more serious injury and the need for significant input from health and social care services, costing thousands of pounds. Mrs A immediately felt safer in her own home and felt better able to manage on her own – that peace of mind for her and her loved ones is priceless.

There is an ageing population in Lancashire. Current estimates from Lancashire's JSNA Demographic Dashboard state that there are 240,474 people aged 65+ in Lancashire, with 30,834 aged 85+. The 2011 Census showed that Lancashire had 65,880 people aged 65+ living alone. Mrs A is just one example, there are many thousands like her across Lancashire living in your local community who will be impacted should these proposed cuts come into force. They will lose access to a trusted service that enables them to live safely and independently at home. They will lose the reassurance and peace of mind of having access to support that improves their wellbeing and enables them to cope in their own home.

The Integrated Home Improvement Service is a preventative service, helping to keep people safe and independent at home and reducing the need for the long term/high cost packages identified by Lancashire County Council in its own report. Withdrawing funding from the Integrated Home Improvement Service will undermine the Adult Social Care Strategy and the Health and Wellbeing Strategy and hinder successful delivery of both.

About the Integrated Home Improvement Service in Lancashire

1. Background:

The Integrated Home Improvement Service was established by Lancashire County Council in 2015 to provide a more integrated approach to delivering key services to support independent living for older people, people living with physical disabilities and people living with complex, long term health conditions. Before the Integrated Home Improvement Service, funding for Home Improvement Agencies (HIA) came from Supporting People Funding.

The Integrated Home Improvement contract broadly falls into two areas:

1. **Minor Aids & Adaptations** - works under £1,000 including bannister rails, external rails, step adaptations and ramps and the provision of simple aids for daily living through Lancashire County Council's 'Retail Model'; this includes the supply and fitting of grab rails. This is a statutory service.
2. **Home Improvement Services** – range of services and support to enable people to live safely and independently including: Handyperson Service, Healthy Home Assessments and what are referred to as 'core services' which include helping people to find trusted contractors, supporting people to have major repairs and adaptations completed at their property (including support to apply for a Disabled Facilities Grant), casework, housing options advice and information and energy efficiency advice and support. These are non-statutory services and are the main subject of the budget proposals.

These individual service elements are targeted to support some of the most vulnerable people living in our local communities with an overarching aim to provide timely support that will achieve the following over-arching service objectives:

- Enable people to live safely and independently at home for as long as possible
- Prevent or delay admission to residential care; and/or reduce demand for other types of social care interventions
- Prevent falls/accidents in the home to reduce A&E visits and unplanned hospital admissions
- Enable timely and safe hospital discharge

The Integrated Home Improvement Service is currently contracted to six not-for-profit organisations across Lancashire who deliver support and services to enable older and vulnerable people to live safely and independently in their own homes. These providers are:

Provider	Districts Covered
Care & Repair (Wyre & Fylde)	Fylde, Wyre
Chorley Borough Council Home Improvement Agency*	Chorley
Homewise Society**	Hyndburn, Ribble Valley
MSV (Mosscare St Vincent's)**	Burnley, Pendle, Rossendale
Preston Care & Repair*	Chorley, Preston, South Ribble, West Lancashire

* Preston Care & Repair delivers the Handyperson Service in Chorley in partnership with Chorley Borough Council.

**Homewise Society and MSV work in partnership to deliver IHIS services collaboratively across East Lancashire.

2. Integrated Home Improvement Service in Action:

The Integrated Home Improvement Service is focussed on providing prevention and early intervention support that helps older, disabled and vulnerable adults to live safely and independently in their own homes. You may have heard these services referred to as 'Care and Repair' or 'HIA' (Home Improvement Agency) services. They include:

- Handyperson Service
- Healthy Homes Assessments
- Casework, including help to access additional funding & support schemes
- Housing Options Advice & Information
- Minor Adaptations (work under £1000) – *statutory service*
- Supply and fit of aids for daily living (such as grab rails) – *statutory service*
- Assistance with Major Works & Adaptations (over £1,000)
- Support to access Disabled Facilities Grants
- Help to find trusted tradespeople
- Affordable Warmth Schemes

Last year we helped 44,364 older and vulnerable people, giving advice and practical help to enable them to live independently in their own homes for longer. The most common types of work delivered through the service were:

- Preventing falls/accidents in the home
- Making homes more accessible
- Improving home security
- Completing small repairs
- Making homes warmer and more energy efficient
- Giving advice and Information

Which in turn:

- Improve client wellbeing – physically and mentally; clients better able to cope at home and live independently
- Reduce the need for social care services including residential care and home care
- Reduce GP visits
- Reduce A&E visits
- Reduce unplanned hospital admissions
- Enable timely discharges from hospitals

3. Clients:

The Integrated Home Improvement Services supports some of the most vulnerable people in local communities. Lancashire County Council's eligibility criteria for the service is:

- Aged 18 or over and resident in Lancashire **and**
- Have a registered disability and/or diagnosed long term health condition/s that directly affect their mobility or independence to stay safe in their own home **or**
- When there is an imminent and/or major risk that will lead to the person having an unscheduled admission to hospital or residential care without intervention **or**
- The service is needed to facilitate a discharge from hospital where it would not be deemed safe for them to return without intervention

Many clients of the Integrated Home Improvement Service are frail, elderly people who have little access to other support. The service has become a 'lifeline' to them and they often describe it as such in their client feedback.

4. Outcomes of the integrated Home Improvement Service

The Integrated Home Improvement Service has a significant impact on people's mental and physical health, on their wellbeing, their independence and on their quality of life.

Outcomes achieved through the Integrated Home Improvement Service include:

- Improved wellbeing and quality of life – clients feel better supported and able to cope at home
- Reduced worry and anxiety associated with maintaining a home
- Extended safe, independent living at home
- Improved client mental and physical health
- Improved safety and security in the home

- Reduced need for social care services including residential care and home care
- Reduced need for GP visits and on other health professionals' time
- Reduced A&E visits
- Reduced unplanned hospital admissions
- Enabled safe, timely discharges from hospitals

These outcomes are recorded anecdotally through the many comments received by providers through their feedback mechanisms (see client quotes and case studies for examples)

As part of the research for the independent report by Care & Repair England into Evidence of Impact and Cost Benefits of Handyperson Services, data was collected to measure and demonstrate the outcomes of Handyperson services, which are a key component of the Integrated Home Improvement Service.

The report found:

- Falls risk was reduced for 37% of the older people using the Integrated Home Improvement Service Handyperson service
- Improved wellbeing was a key outcome for 90% of older service users
- 77% of people said that they would not have jobs done if the Handyperson Service did not exist due to worry about finding a trustworthy builder
- Trust was a key factor for clients. It was important to them that the Handyperson service was delivered by a local, not-for-profit, trustworthy provider to which they had ready access to i.e. 'only a phone call away'.
- 48% said they could not afford to have work carried out by a builder (at a commercial rate)
- 96% of people said that the Handyperson service made them less worried about their home
- 100% of people said that they would use the service again and would recommend it to others

Perhaps most pertinent to the subject of Lancashire County Council cutting the Integrated Home Improvement Service, which includes Handyperson services, on the grounds of making financial savings, the report demonstrates that for **every £1 spent on Handyperson services the saving to health and social care is £4.28 – from falls reduction alone.** (This return on investment calculation does not include many other fiscal and social gains e.g. improved wellbeing, reduced anxiety, timely hospital discharge etc...)

A full copy and a summary copy of [Small But Significant: The Impact and Cost Benefits of Handyperson Services](#) is included in this briefing pack for your information.

Appendix 1 – public consultation demographics

Table 1 - Are you...?

	%
A Lancashire resident	94%
An employee of Lancashire County Council	2%
An elected member of Lancashire County Council	0%
An elected member of a Lancashire district council	1%
An elected member of a parish or town council in Lancashire	1%
A private sector company/organisation	13%
A member of a voluntary or community organisation	7%
Other	94%

Base: all respondents (959)

Table 2 - Are you...?

	%
Male	27%
Female	71%
Other	0%
Prefer not to say	2%

Base: all respondents (954)

Table 3 - What was your age on your last birthday?

	%
Under 18	0%
18-34	3%
35-49	11%
50-64	25%
65-74	23%
75-80	15%
80+	21%
Prefer not to say	2%

Base: all respondents (955)

Table 4 - Are you a deaf person or do you have a disability?

	%
Yes, learning disability	2%
Yes, physical disability	38%
Yes, sensory disability	10%
Yes, mental health disability	8%
Yes, other disability	13%
No	40%
Prefer not to say	6%

Base: all respondents (930)

Table 5 - Which best describes your ethnic background?

	%
White	94%
Asian or Asian British	1%
Black or black British	0%
Mixed	1%
Other	0%
Prefer not to say	3%

Base: all respondents (953)