

**CONSULTATION REPORT ON PROPOSALS FOR THE FUTURE  
PROVISION OF THE OLDER PEOPLE'S INDEPENDENT LIVING  
SERVICES**

**1. Purpose of the Report**

A report was presented to Cabinet on 10 March 2022 which sought approval to undertake a public consultation on proposals for the future provision of the Derbyshire County Council funded Older People's Independent Living Services (ILS) and the Better Care Funded (BCF) Falls Recovery Service. Following Cabinet approval, the consultation took place between 28 March 2022 and 19 June 2022.

This report is a summary of the responses to that consultation.

The proposals submitted for comment would, if approved, enable Derbyshire County Council (DCC) Adult Social Care and Health (ASCH) to commission a new, improved offer that would:

- Include a tiered approach to support, would be available to all adults (rather than only those over 55) and would target those most in need of short-term support to live safely and independently;
- be available to a greater number of people of all ages that live in different kinds of housing including social housing, owner occupied and privately rented;
- be developed alongside practical housing support which would aim to maximise access to other helpful interventions such as Disabled Facilities Grants and, minor aids and adaptations that can help people to remain in their own homes for as long as possible;
- include a service review for all current recipients of the service and only those having an identified ongoing need would be offered a service;
- Include a short-term targeted support plan for up to 12 weeks to maximise people's independence;
- Include an opportunity to receive a follow up call to check how independence is being maintained after the 12 weeks support has ended.
- be built to maximise integration with other community-based services that actively support and enable independent living for all adults.

## 2. Methodology and Approaches

A report was presented 10 March 2022 to Cabinet to seek agreement to consult with customers of the Older People's Independent Living Services. Cabinet agreed and the public consultation took place between 28 March and 19 June 2022. This report will summarise views and opinions submitted by the people of Derbyshire during this period.

The consultation used a combination of quantitative and qualitative approaches to gather people's views about the proposed changes. Officers enabled as many people who are in receipt of the service as possible to take part, by offering a range of ways in which they could share their views:

1. All current clients of the Older Peoples Independent Living Service received an introductory letter detailing the proposed changes to the service.
2. The questionnaire was made available in different formats on request, such as other languages or larger print if this was more appropriate.
3. People were invited to complete the questionnaire online.
4. Information regarding the consultation was available on the Derbyshire County Council Consultation webpage [Older People's Independent Living Services Consultation and Review](#) which gave an outline of the proposals and the ways in which people could share their views.
5. People were also given the opportunity to request a paper copy of the questionnaire via the Stakeholder Engagement and Consultation Team (SECT) and returned their response using the postal questionnaire.
6. There was also opportunity to write into the Council via a letter or email to a dedicated email address.
7. Telephone interviews were offered for those people requiring support to complete the questionnaire.
8. Media releases which were issued at the start of the consultation and news releases were published on the Derbyshire County Council website.

Staff from the Adult Care Stakeholder Engagement and Consultation Team (SECT) arranged four virtual meetings co-hosted by a Service Manager from Adult Social Care Commissioning Team, to enable participants to hear about the proposals and have an opportunity to give their views. Providers were also invited to share their views via email.

## Approach to analysis of the Qualitative and Quantitative information

### Qualitative Approach

Qualitative information was collated from the comments provided in online submissions and/or paper questionnaires. Overall, 375 individual comments were submitted. These comments were analysed and coded by the SECT team into a number of themes arising from the data. The themes are derived from all of the comments received and are not necessarily question specific

### Quantitative approach

Tick box responses from the questionnaires were collated into a complete dataset, analysed, and graphs produced to represent the data.

The following chart shows the overall number of people who completed the survey

### Question 1: Which statement below best describes your current circumstances?

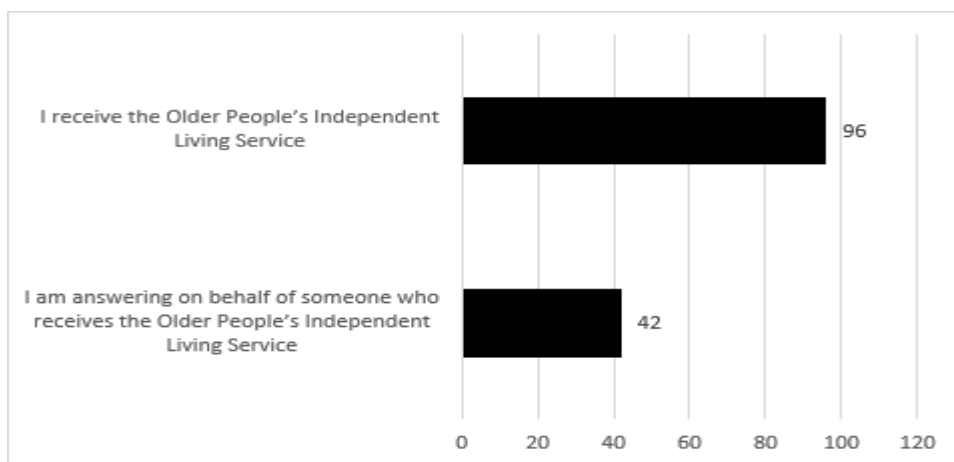


Figure 1: Q1

In total, 138 people responded to the consultation, including respondents who completed questionnaires on behalf of an existing recipient of the service and those who chose to respond via email, letter, or via telephone call.

No one took up the option to attend one of the scheduled virtual meetings co-hosted with SECT and a Service Manager from ASCH.

- 82% of respondents lived alone
- 62% of respondents were female

- 79% of respondents were over 70 years of age
- 86% of respondents stated they had at least one disability
- 98% of respondents identified themselves as White British
- 64% of respondents lived in either Chesterfield, Bolsover or Amber Valley.

## **Analysis of the Quantitative data within the questionnaire**

The following summary provides an analysis of the quantitative and responses to the questions asked within the survey.

### **Value of the service**

The questionnaire asked people to consider what they most valued about the service. Respondents were offered a multiple choice and asked to tick all those that applied. The top three options were: 81% of respondents reported that the service made them feel safe at home; 74% stated that the service helped them maintain their independence; and 56% had received information and advice to access other support. Five respondents said they didn't use the service.

### **Service Improvements**

When asked how the service could be improved, again asked to review a multiple-choice list and tick all that applied 64% of respondents said they would benefit from help to find aids and adaptations; 35% advice about home security; 35% help to carry out small repairs to the home. Older people in the 70 -79 age band stated that practical tasks like changing a light bulb would be most beneficial to them and in the 80-89 age bracket there was an increase in people saying that help to find alternative housing would be appreciated.

### **Importance of the current service**

The questionnaire asked how important or not the service was, 90% stated that the service was important or very important, 7% felt it was neither important or unimportant, 3% reported it was unimportant or very unimportant.

### **Targeting a new service**

When asked about a targeted service 56% either agreed or strongly agreed that a new service should be targeted. 42% of the total who either agreed or strongly agreed were over 70 years of age. 25% either disagreed or strongly disagreed with the proposal to target the service.

### **Access to a new service**

The questionnaire asked for people's feedback on the proposed new service offer and whether they agreed or not to it being open to all vulnerable adults that live in different kinds of housing including social housing, owner occupier

and private rented. 75% either agreed or strongly agreed that the offer should be available to anyone who needed a bit of extra support with their home environment not solely older people. Only 5% of people disagreed or strongly disagreed.

### **Linking the service to practical support.**

It is proposed that the new offer be developed alongside a practical support offer to help people maximise access to other helpful interventions such as Disabled Facilities Grants and minor adaptations. 80% either agree or strongly agreed to the service being linked, 9% of respondents disagreed or strongly disagreed.

### **Review of existing service**

When asked if existing service users should be reviewed to establish their current level of need of this kind of service 53% agree or strongly agreed and 20% neither agreed or disagreed. 27% disagreed or strongly disagreed.

### **Time limiting the service**

The survey asked people if they agreed with support lasting 12 weeks. 55% either disagreed or strongly disagreed with time limiting the service. 17% neither agreed or disagreed and 28% agreed that a time limited offer would be appropriate.

### **Follow up call**

74% agreed or strongly agreed to there being a follow up call post the ending of the service. 15% stated that they disagreed or strongly disagreed and 11% neither agreed or disagreed.

### **Scope of the summary of themes from the qualitative responses:**

The comments were analysed and coded by the SECT team into a number of themes arising from the data. These are listed here in alphabetical order.

### **Access for all**

Some respondents were very positive about widening who could access the service for all that would benefit from the service but there was concern about how it would be funded if more people were going to be able to use it.

### **Agree with the proposals**

A good proportion of respondents felt that the proposal was acceptable And that being able to target support where it was most needed was important. There were comments that offered ideas on how to make a new

offer more supportive by building in a review point at the end of the period as well as a check up call later on post the intervention.

## **Alternative options**

There were comments about alternative options that had a clear pathway but were not limited to 12 weeks but that flexibility about the amount of time that people may need support for to be built into the service. It was expressed that in some cases 12 weeks may not be enough time.

## **Already receiving the service**

A number of respondents reported that they were already receiving this kind of service in the level of signposting and navigation to other services that the ILS officers were supporting them with.

## **Concern for others**

This theme was picked up in many of the comments and even when agreeing with proposed changes people were evidencing concern for those who were more vulnerable and frail than themselves.

## **Disagree with the proposal**

A number of respondents disagreed with the proposed changes and would prefer that it continues as it is for them and others. They expressed concern about what happens to people who following review are no longer able to access the support.

## **Distress caused**

There were comments about the level of distress and upset that the consultation had caused to people who were worried that their service would be ended, that they would be left alone and what would they do without it.

**Fluctuating need** There were comments submitted that challenged the 12 week period based on their personal experience of how their needs changed at different times. They felt that the new service should review people's needs on a regular basis with suggestions that this needs flexibility as people aged differently and have a varying levels of need and capability to manage.

## **Length of service**

A proportion of comments reflected on the time scales of support for the future service and that consideration should be given to individually reviewing each case on a regular basis as some people have peaks and troughs of need related to health and mobility issues particularly as they age. There were also comments that related to the capability of people on a long term basis and that they needed some regular support on an ongoing basis because of their age and frailty whilst maintaining independent living in their own home.

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## **Maximising income**

A small number of comments noted that the proposed service would be beneficial to them in helping them maximise their income.

## **Negative impact on long term support**

There were a range of comments that illustrated concern for people who had received a service from the OP ILS for a long period of time and what would they do should they be reviewed as having no ongoing need. Others were concerned for their own ongoing support and that older people would be losing a service.

## **No change needed**

There were a number of comments that stated that no change was needed and that the service delivered the support they wanted and had done for some considerable time.

## **Praise**

Some respondents took the opportunity to praise the current service as a general comment and in some cases named their Independent Living Services Officer (or warden in one case) as being important to them remaining independent.

## **Preventative**

People stated a range of additional activities that the current service is supporting them with that are preventative, for example, with support to order aids and adaptations or liaise with other professional services preventing them requiring more intensive interventions from health or social care.

## **Promoting Independence**

A number of respondents reported that they wanted a service that promoted their independence and helped them to remain in the home of their own choosing for as long as possible.

## **Reassurance**

A significant number of the respondents live alone and many expressed how reassured they felt and the peace of mind they had that there was someone there if they needed them.

## **Service not required**

A number of people said they had the service but had no call to use it and didn't know why they had it. In one case they stated that it came with their tenancy.

## Visit more often

A number of the older respondents expressed that they would like a greater number of visits not less because they spent many hours alone everyday.

## Combined Analysis of the Qualitative and Quantitative data within the questionnaire.

The following section summarises both the quantitative and qualitative responses to the questions asked within the survey.

**Question 2** – If you or the person you care for has the Independent Living Service – please tell us what you/they value about the Service? (Please select all that apply).

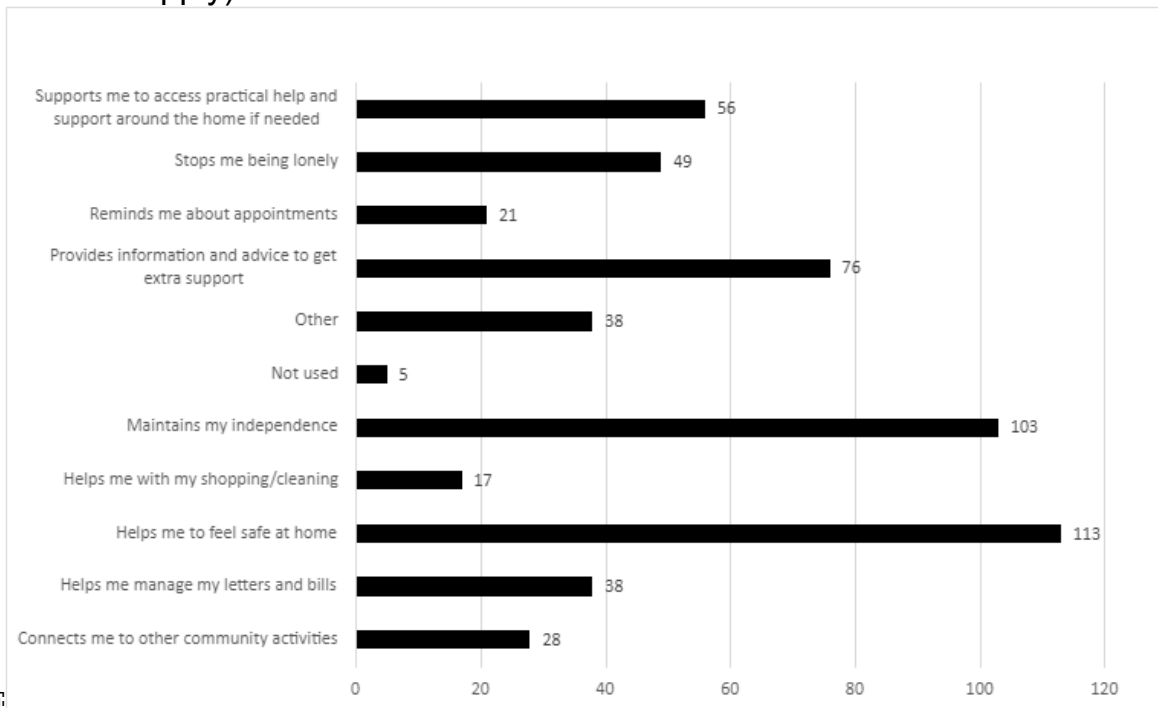


Figure 2: Q2 – Respondents ticked all that applied to them

12 respondents chose ‘Other’ from this category with the following themes emerging:

The top theme with 8 comments were regarding the services providing a ‘preventative’ element with comments such as:

- “Helped me get a refund from my utility company when the company went into liquidation, helps me return equipment to Medequip, helps me sort out my cluttered home.”
- “helps with adaptations to the home, communicates with care company on my behalf, checks that I'm ok all the time.”
- “liaise with NHS, book appointments, orders aids, adaptations”



The other comments captured **did not form a theme** but were regarding such issues as:

- Peace of mind
- Help with health appointments
- Financial help/advice

**Question 3** - If you told us in Question 2 that the Older People’s Independent Living Service is not used, please tell us why it is not used?

5 respondents chose to answer this question the top theme with 3 comments being “No help needed”, such as:

- “I have had no instances when I've needed help”
- “Up to present have not felt the need to utilise this service, it came with the property when I moved in. That is not to say I won't need it in the future.”

2 comments did not form a theme but were regarding:

- Did not know about the service
- Checked on every 2/3 months with a phone call

**Question 4** – Please tell us what could be improved about the Older People’s Independent Living Service? (Please tick all that apply)

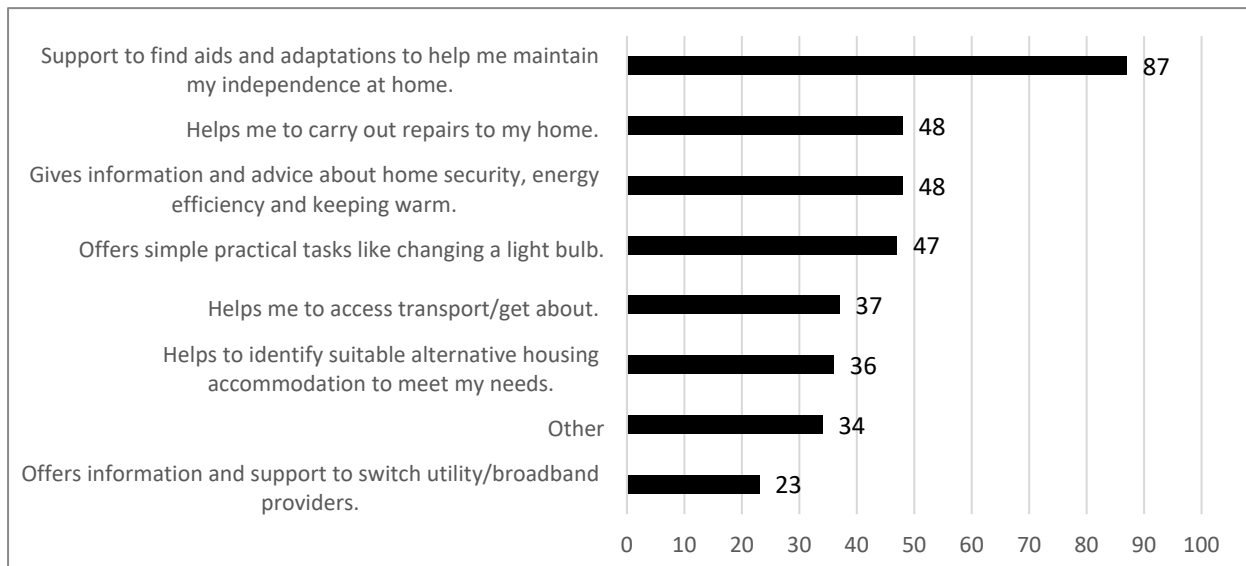


Figure 3: Q4: Respondents ticked all that applied to them

31 respondents chose ‘Other’ from this category with the following themes emerging:

The top theme with 4 comments were regarding the **service not being required** with comments such as:

- "Have not needed advice"
- "I only have an alarm system and I have never used it only to test it"
- "No other services at present being received"
- "All of the above are carried out by my husband"

There were then four more themes, examples of comments are:

**Maximising income** – with comments such as:

- "Maximising income, helping sort out debt, getting a tradesman in to help repairs, support with ASB"

**No change needed** – with comments such as:

- "I think everything is running alright at the moment, I cannot see anything they can improve on."

**Praise** – with comments such as:

- "ILS service is my total lifeline they help me with everything"

**Visit more often** – with comments such as:

- "A visit now and again would be good not just when needed"

The remaining comments did not fall into a theme with comments related to things such as:

- Social isolation/Loneliness
- Warmth of home
- Help with health appointments
- Provides peace of mind / reassurance
- Reluctance to accept help
- Unaware of service

**Question 5** – How important or unimportant do you think it is to be able to receive the type of support you are currently receiving from the Older People's Independent Living Service?

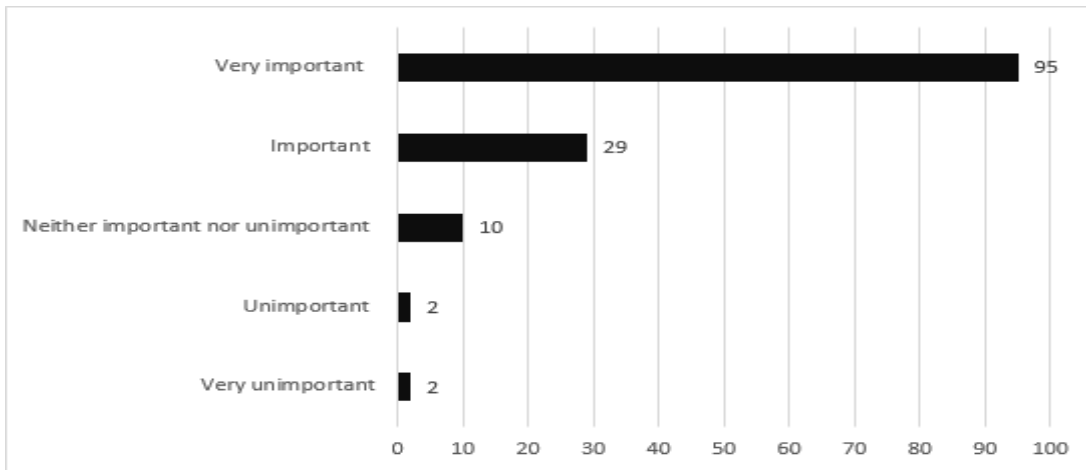


Figure 4: Q5 Number of individual responses per option

**YOUR VIEWS ON TARGETING THE NEW OFFER:** If approved, the proposal would enable DCC Adult Social Care and Health to commission a new, improved offer that will be available to all adults (rather than only those over 55) and that targets those most in need of short-term support to maximise people’s opportunities to live safely and independently.

**Question 6** – How strongly do you agree or disagree with the proposal about targeting the new offer?

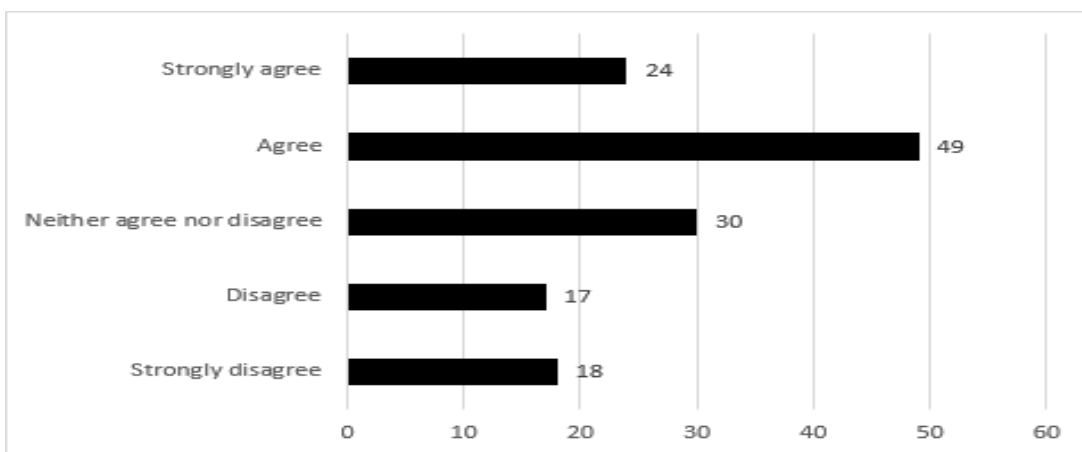


Figure 5: Q6 Number of individual responses per option

Over half the respondents felt that a targeted approach would be of benefit.

**Question 7** - If you have any other comments about the proposal regarding targeting the service, please put them in the box below.

54 respondents chose to comment on Question 7 and these comments fell

under the following themes

The top theme with 30 comments were in relation to **negative impact on long term support** :

- "I think it should stay separate with being with older people. Essential service for people with no contacts, also people in poor health that can't communicate properly. Need security of knowing service exists if problems occur down the line."
- "I have a heart condition and I have a disabled son with learning disabilities this is why this service is important to us"

Five comments were regarding **access to all who meet criteria** with comments such:

- "Give it to people that need it not just those over 55"
- "If it meant that it would be available to more people who needed it then I would be in favour"
- "It would be good to open the service up to more people, but the support needs to be for longer."

Four comments were regarding providing **preventative** services such as:

- "These proposals will have a severe and detrimental effect upon the health of my brother who is receiving this care. We have a named worker who has been extremely supportive, informative and knowledgeable during periods of crisis and where help and advice has been needed. If my brother did not have this regular and, more importantly, familiar contact, then his health and wellbeing would be extremely affected."
- "I feel this service has provided me with much needed support and help and would be very sad to see it end."

The remaining comments **did not fall into a theme** but were regarding:

- Delay in service provision
- Service not required
- Family support
- Financial impact
- Peace of mind
- Praise for service

**YOUR VIEWS ON WHO CAN ACCESS THE SERVICE:** It is proposed that the new short-term offer would be available to a greater number of people of

all ages that live in different kinds of housing including social housing, owner occupier and private rented.

**Question 8** – How strongly do you agree or disagree with the proposal about who could access the new offer?

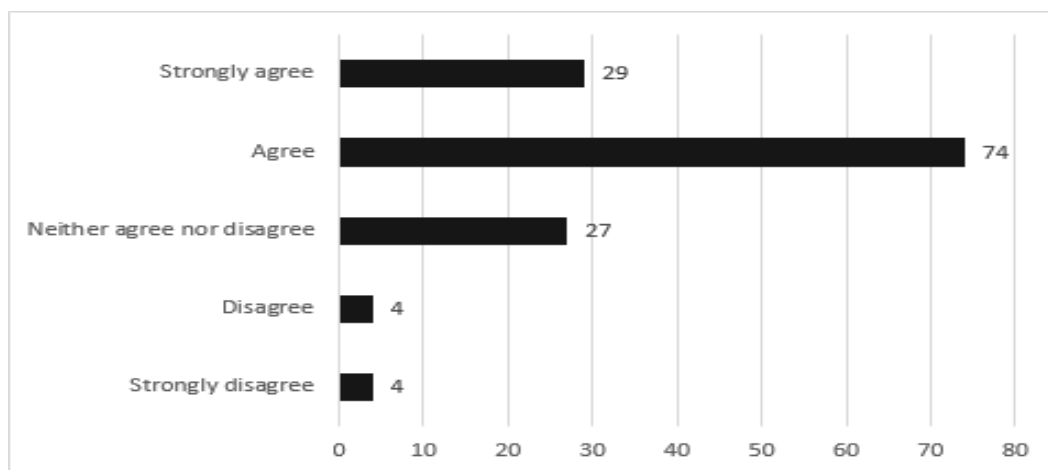


Figure 6 Q8 Number of individual responses per option

**Question 9** - If you have any other comments about the proposal about who could access the new service, please put them in the box below.

30 respondents chose to comment with the following themes emerging:

The top theme with 9 comments were **agreeing with the proposal** with comments such as:

- “The more people they can reach to help them stay in their homes the better. That is what the Council are all about, supporting people to stay at home.”
- “If this means that younger people with perhaps learning disabilities for example benefit from this change then I agree with it.”
- “Agree that all should access irrelevant of if council tenant or not”

8 comments were received under the theme **negative impact on long term support** with comments such as:

- “I think the service should stay the same as it is I don't like the idea of it being short term. I feel if I need any help I can currently ring my Independent Living officer and I feel at ease with her and that she will help me.”

- “If opening up the service to more people affects the quality of the service older people receive now then it would be a detrimental move.”
- “The proposal is only for short term support and as such the consistency and familiarity needed by someone with certain needs (such as mental health, learning disabilities and autism) from a recognised worker would be lost. This is a proposal that could cause long-term health and social care issues and would also place a great deal of stress upon family members who try and support these individuals to the best of their own ability within the confines of their own health, education and skills.”

The remaining comments **did not fall into a theme** but were regarding:

- Access to all who meet criteria
- Having regular assessments
- Disagree with proposal
- Expand the service
- Praise
- Questioning the proposal

## **YOUR VIEWS ON HOW THE SERVICE LINKS TO OTHER HELP AND**

**SUPPORT:** It is proposed that the new offer would be developed alongside a practical housing support offer which will aim to maximise access to other helpful interventions such as Disabled Facilities Grants and minor adaptations that will help people to remain in their own homes for as long as possible.

**Question 10** – How strongly do you agree or disagree with the proposal about linking the new offer to other practical help?

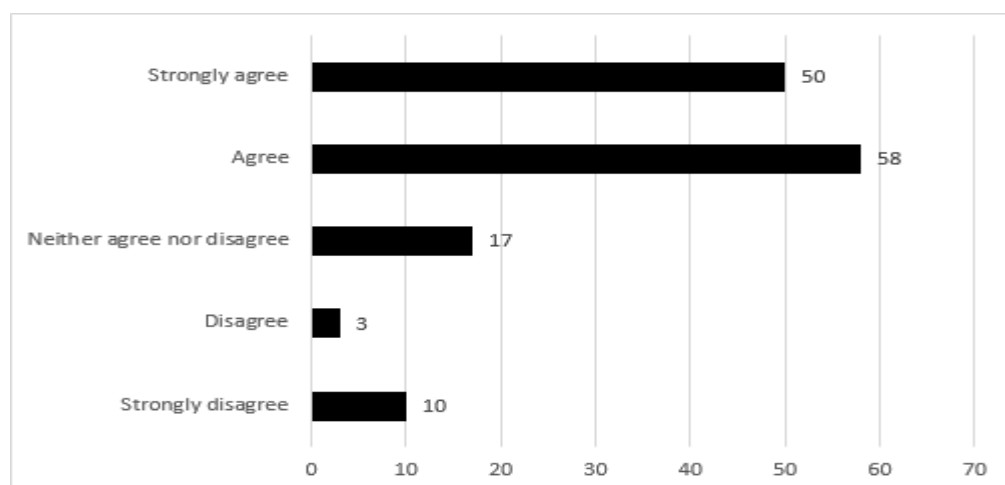


Figure 7: Q10 Number of individual responses per option

**Question 11** - If you have any other comments about the proposal regarding linking the service to other practical help, please put them in the box below.

31 respondents chose to add other comments with the following themes emerging:

The top theme with 10 comments were regarding **already receiving the service** such as:

- "My support officer already provides this service."
- "My ILO does all this already."
- "I get this already from my ILO."
- "My ILO does this already, all you are doing is moving it from 1 area to another."

4 comments were **agreeing with the proposal** such as:

- "It's a great idea"
- "Think this is a brilliant idea."
- "I think that this would be extremely helpful."

3 comments were regarding **promoting independence** such as:

- "It would be good to know there is help and advice when you need it. Things like handrails really help in the bathroom. Help to get these things would be good."
- "I don't want to go into a home. I want to go out of here in a box. Keep me here as long as possible."

The remaining comments **did not fall into a theme** but were regarding:

- Provides additional help
- Delay in service
- Provide a personalised service
- Disagree with proposal
- Financial impact
- Reliability of service

## **YOUR VIEWS ON WHO SHOULD BE ABLE TO RECEIVE THIS SERVICE:**

It is proposed that the new offer would be developed to support those who are most in need of help to remain living independently and who will benefit the most.

**Question 12** – how strongly do you agree or disagree with the proposal about who could benefit from the service?

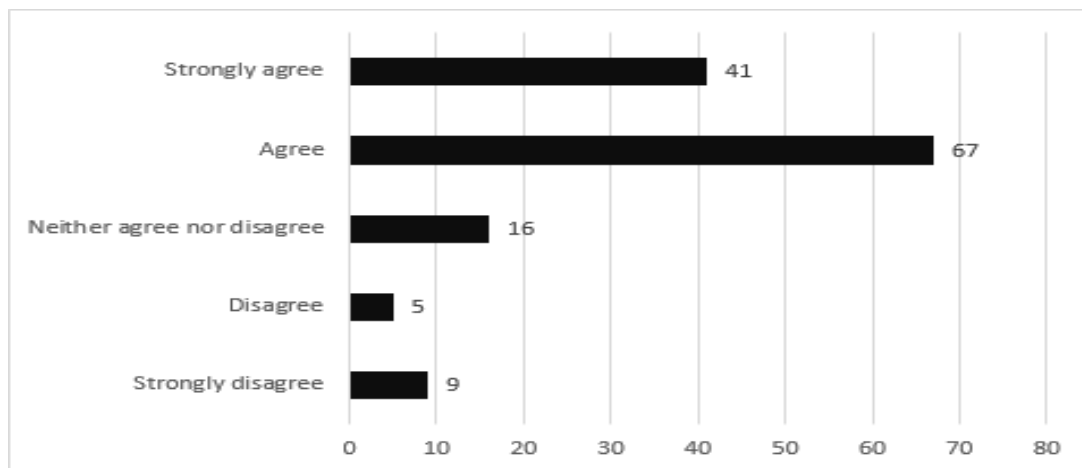


Figure 8: Q12 Number of individual responses per option

**Question 13** - If you have any other comments about the proposal regarding who should receive this service, please put them in the box below.

29 respondents chose to add other comments with the following themes emerging:

The top theme with 9 comments was **access to all who would benefit from the service** such as:

- Everyone who needs help to live independent should be able to use the service.
- We all need help and I shouldn't have to be struggling badly to get help.
- those that need, should get it. help should start at home.
- If you need it, you need it.

8 comments were regarding the **length of support**, such as:

- "yes offer 12 weeks, then review it. some people can recover"
- "I agree that it should go to those who need it but 12 weeks is not long enough, my ILO helps me with all letters, forms, benefits, paying for things online, setting up DD'S"
- "Those 'most in need' of long-term support will not benefit from this. This is a proposal that after a very short period of time relies on referrals to other individuals and organisations, which is very worrying."
- "I agree as long as it is ongoing and not for a set period."

5 comments were **fluctuating need**, such as:



- “need is not a regular thing that is the same daily, my needs change from day to day dependent on my health, well being, mental health etc so you may assess me on a good day then put me into crisis by removing me off the service.”
- “Elderly people’s needs can change due to illnesses, so I feel I need the regular contact I have and just knowing that they are at the end of the phone in the day is very important.”
- “I receive an ongoing monthly visit from my support officer, this prevents me from reaching crisis point where I would need more input”  
“I never know when I will need this and 12 weeks is not long enough I need to keep it to be able to contact anytime when needed and have piece of mind that my support officer is there.”

The remaining comments **did not fall into a theme** but were regarding:

- Already receiving service
- Reluctance to change

## YOUR VIEWS ON A REVIEW OF EXISTING CLIENTS OF THE SERVICE

**OCCURRING:** It is proposed that all current recipients of the service will have their service reviewed and only those having an identified ongoing need will be offered a service

**Question 14** – How strongly do you agree or disagree with the proposal that the new offers would result in existing clients having their service reviewed to establish any continuing need for the service? ....

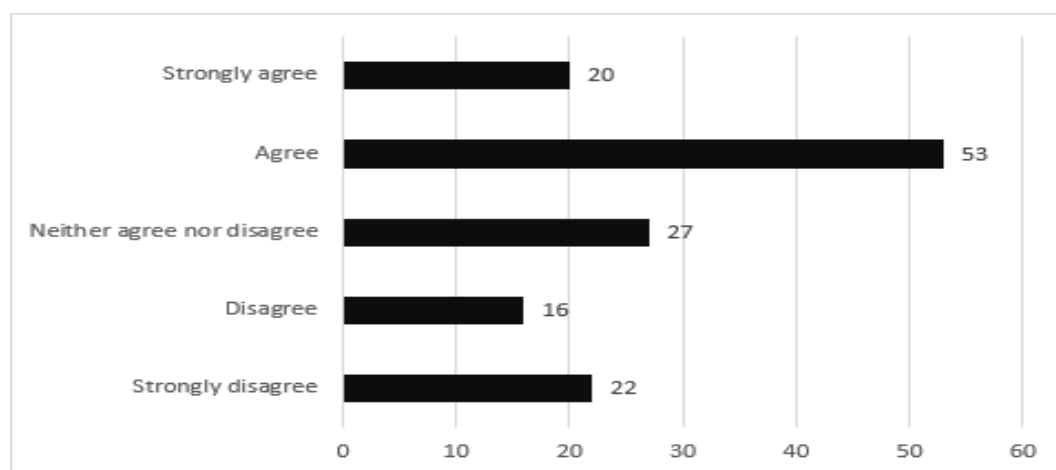


Figure 9: Q14 Number of individual responses per option

**Question 15** - If you have any other comments about the proposal regarding

the new offer, please put them in the box below.

39 respondents chose to add other comments with the following themes emerging:

the top theme with 11 comments were regarding providing **preventative services** such as:

- “The service needs to be targeted but it is essential that those who do need support continue to get it, sometimes the positive effect on mental health just knowing someone is there in an emergency is enough to warrant the service being in place.”
- “The service I receive from my support officer prevents me from going into a crisis, surely that is better than waiting for someone to reach crisis point?”

8 comments were received regarding **distress caused to current clients**, such as:

- “ILS service is my lifeline I don't know what I will do without it.”
- “This is stressful for existing clients who may have services withdrawn that they rely on.”

5 comments **disagreeing with the proposal**, such as:

- “Should still be in place no matter what.”
- “This is wrong.”

4 comments were received **fluctuating need**, such as:

- “Needs change from day to day, you may assess on a good day and the following day may be bad.”

3 comments were received **agreeing with the proposal**, such as:

- “If this means that people who really need a service will receive it then I am all in agreement with this proposal.”

The remaining comments did not form a theme but were regarding:

- Appreciation for service
- Financial implications

**YOUR VIEWS ON HOW LONG SOMEONE SHOULD RECEIVE THIS SERVICE:** It is proposed that the new offer would offer short-term targeted support for up to 12 weeks to maximise people's independence.

**Question 16** – How strongly do you agree or disagree with the proposal that the new offer would be available for up to 12 weeks?

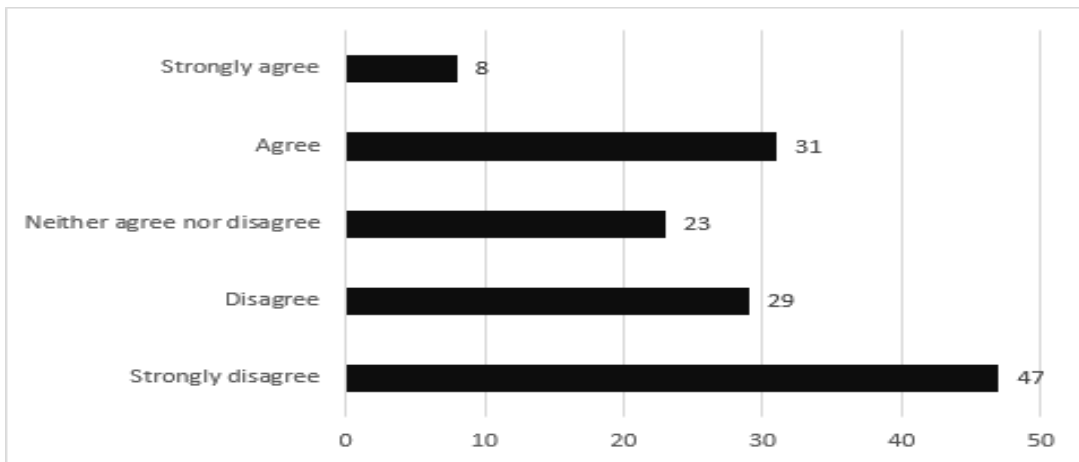


Figure 10: Q16 Number of individual responses per option

**Question 17** - If you have any other comments about the proposal regarding the time that the service will be available for, please put them in the box below.

55 respondents chose to add other comments with the following themes emerging:

The top theme with 44 comments were regarding **disagreeing with the proposal to provide the service for 12 weeks**, such as:

- “There are circumstances where that is sufficient, but I use a pendant and have a linked fire alarm due to my circumstances these require long term support.”
- “What will happen to me after that?”
- “If you are an older person and need the service then you would really need the service for the rest of your lifetime.”

5 comments were received regarding **alternative suggestions**, such as:

- “There needs to be a clear pathway of support laid out so that if the service will end after 12 weeks, that a referral will be made to another appropriate service if support is needed longer term.”
- “Yes offer 12 weeks, then review it. Some people can recover”

4 comments were received regarding **preventative services**, such as:

- “Us elderly people need stability in this ever-changing world. Just making a phone call about a bill is so confusing and people sat at desks who can easily do this by other means do not understand.”

The remaining comment was **concern for others**.

- What provision will be put in place for those requiring long-term, ongoing support?

**YOUR VIEWS ON CHECK UP CALLS:** It is proposed that there would be an opportunity to receive a follow up call to check how you are maintaining your independence after the 12 weeks support has ended.

**Question 18** – How strongly do you agree or disagree with the proposal that people receive a follow up call after the 12 weeks support has ended?

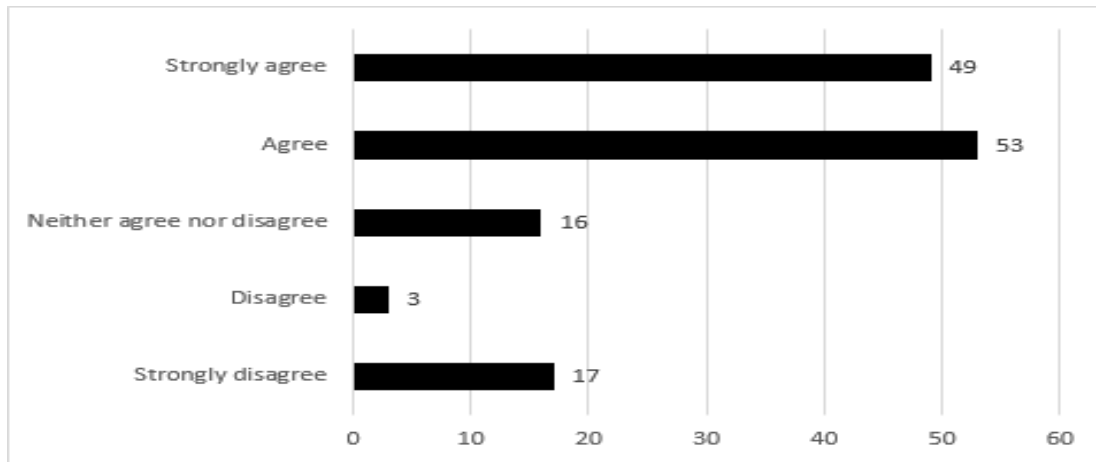


Figure 11: Number of individual responses per option

**Question 19** - If you have any other comments about the proposal regarding receiving a follow up call, please put them in the box below.

41 respondents chose to add other comments with the following themes emerging:

The top theme with 15 comments were regarding **disagreeing with the proposal for 12 weeks**, such as:

- “I don't feel it needs to be every 12 weeks because with my health problems I could be well for 12 weeks then have a flare up for 4 to 6 weeks.”
- “12 weeks for someone who struggles permanently is a waste of time.”
- “12 weeks is far too late for a vulnerable person to receive a follow up call. This type of person may not have the mental capacity to ask for help or may be too proud to ask for it. Not all people have mobile phones either or the internet facilities to email asking for support.”

11 comments were regarding **alterative suggestions**, such as:

- “But you would need to make sure that if the service user needs support in speaking to professionals over the phone that a family member or carer etc is present to make sure you get the full picture of how the service user is managing.”
- “Only worthwhile if further support will come if issues are identified in the follow up call, otherwise it is just a tick box exercise.”
- “Need more than 1 call needs to be continuous checks, my family cannot give me the help I need and wouldn't know where to start.”

7 comments **agreeing with the proposals**, such as:

- “A follow up would be good, but if after 12 weeks the help is taken away, I don't know what I would do. It would be good for follow ups to see if you need more help though.”
- “If the service is reduced to just 12 weeks, then they definitely receive a follow up call.”

5 comments were **questioning the proposal**, such as:

- “A follow up call is fine, but I'm concerned that this will not highlight any real issues that may have developed in the interim period!”

the remaining comments **did not fall into a theme** but were regarding:

- Financial impact
- Reluctance to accept help

## **About you section:**

**Question 20:** What area of Derbyshire do you live in (obtained via postcode):

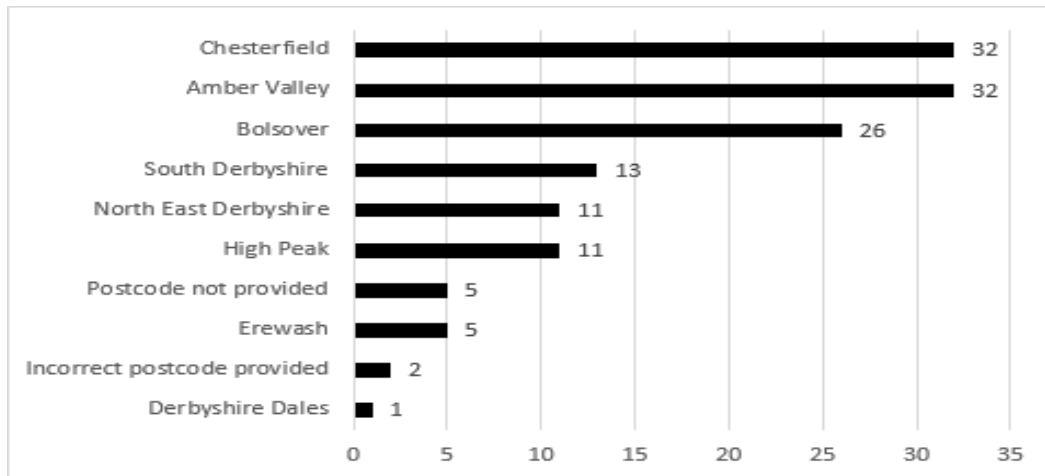


Figure 12 : Q20 Count of area

## Question 21: Do you live alone?

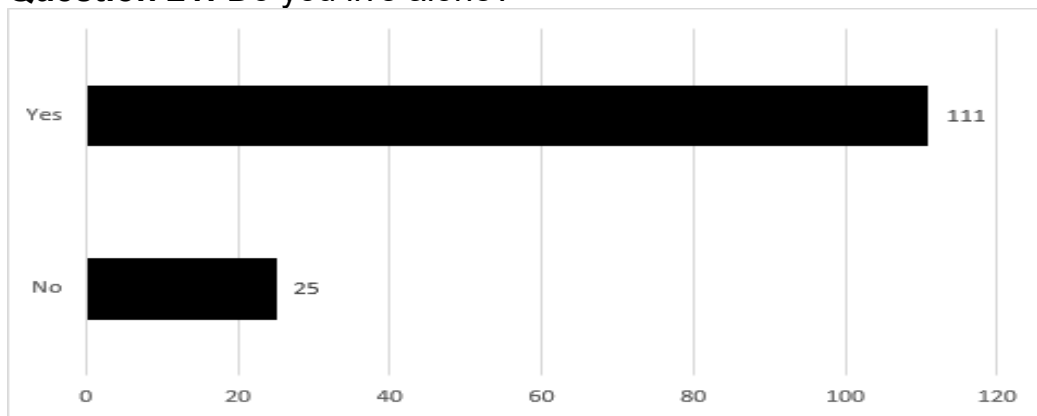


Figure 13: Q21 not all responded to this question

## Question 22: Are you Male/Female?

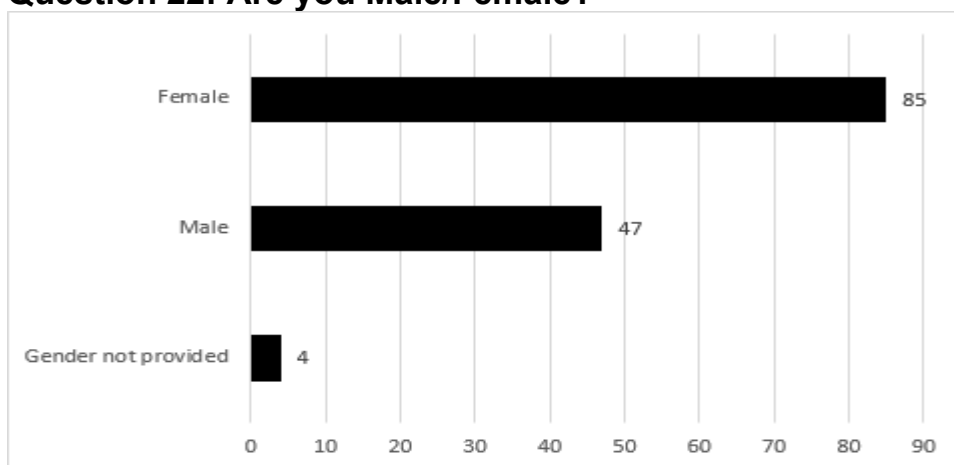


Figure 14: Q22

## Question 23: Is the gender you identify with the same as your sex registered at birth?

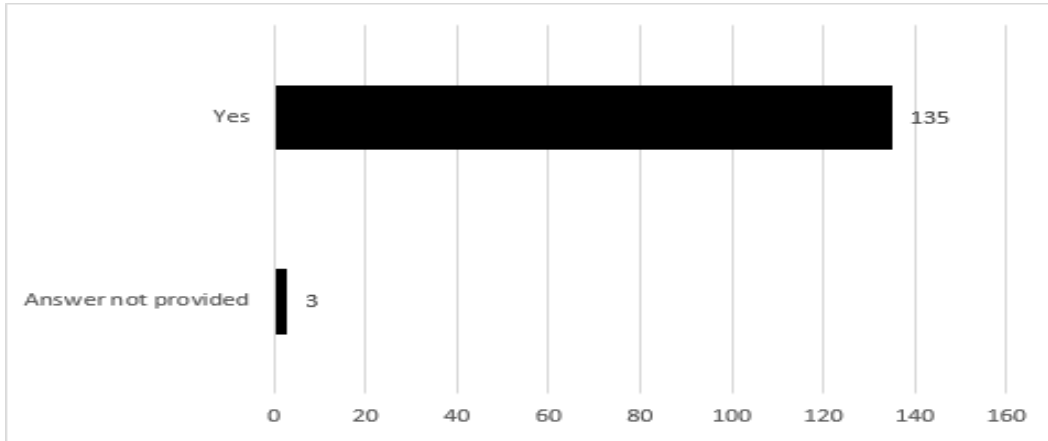


Figure 15: Q21 not all responded to this question

### Question 24 - What was your age at your last birthday?

131 people answer this question. The minimum age was 41 and the maximum age was 98. This gave an age range of 57 and an average age of 77.

Count	Sum	Mean	Minimum	Maximum	Range
131	10124	77.28	41	98	57

6 respondents chose not to answer.

### Letters, Emails, Telephone Calls, and Meetings:

Of the comments that were captured via email, the following were the top themes:

#### An offer to coproduce future support plans

- “The council would welcome further discussion with DCC and other agencies as to what package of care, support and assistance would be mutually beneficial to residents cross all tenures.”

The other comments captured did not form a theme but were regarding such issues as:

- Future role of local councils in joined up care
- Historical rational
- Lack of equality on who currently receives the services
- Questioning the rational
- Agree with the proposal
- Financial implications
- Preventative

## Question 25: Do you consider yourself disabled?

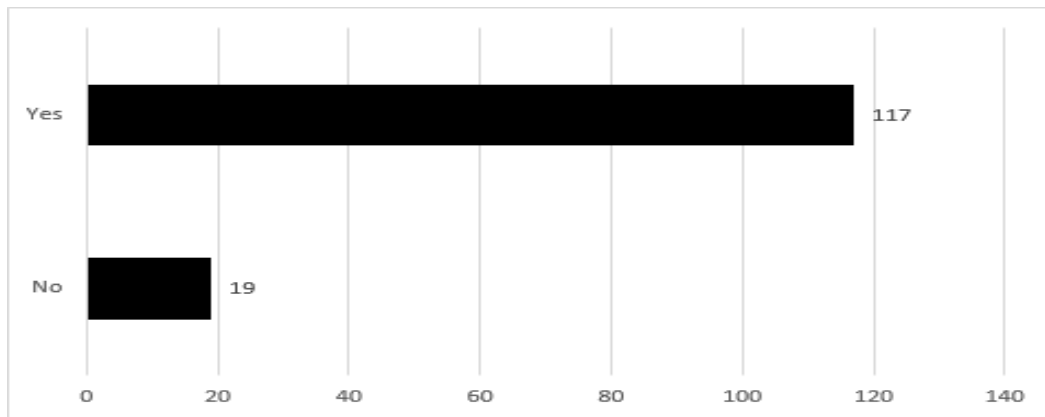


Figure 16: Q25

## Question 26: If so, what type of disability do you have?

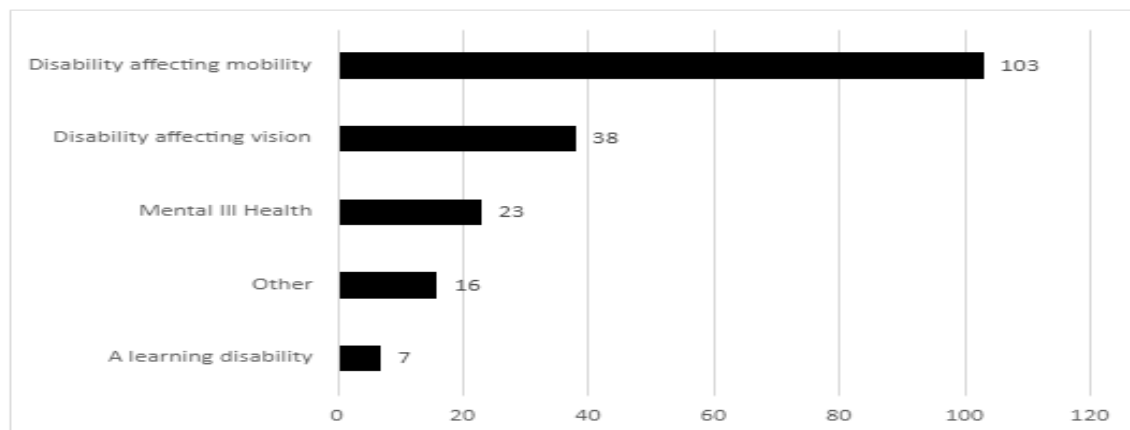


Figure 17: Q26, Respondents selected multiple answers

## Question 27: Marital Status

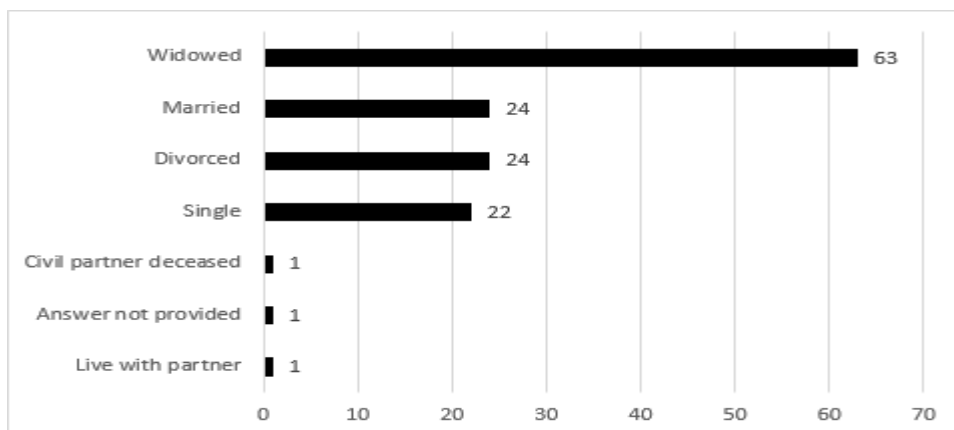


Figure 18: Q21 not all responded to this question

## Question 28: Sexual Orientation



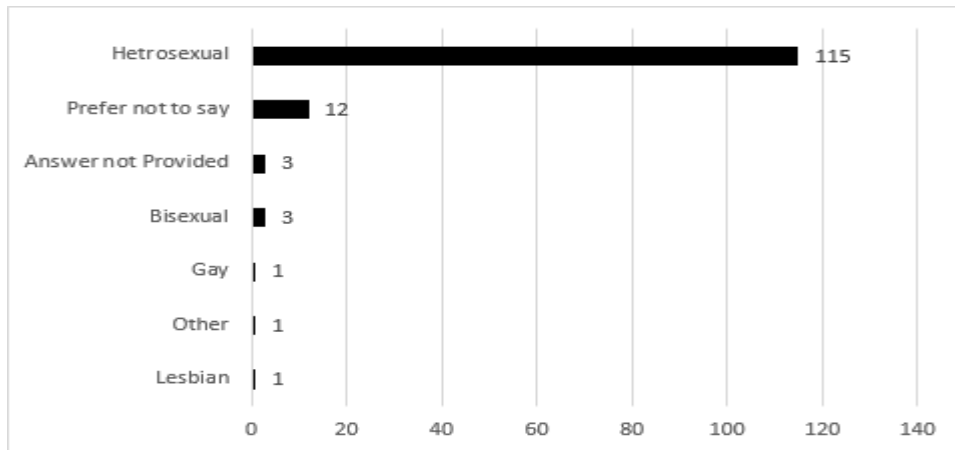


Figure 19: Q21 not all responded to this question

## Question 29: Ethnic Group

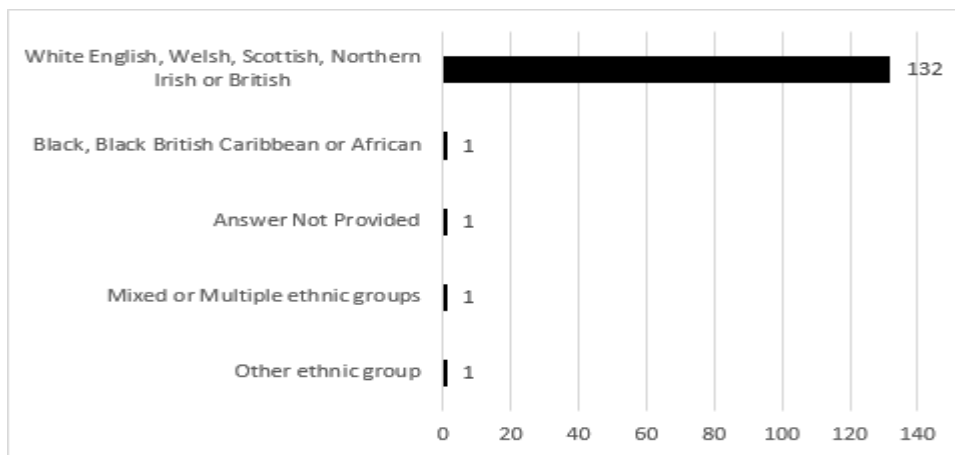


Figure 20: Q21 not all responded to this question