

Decision maker: Cabinet Member for Housing

Subject: Sheltered Housing – Night Service at CAT 2.5 Schemes

Report by: Head of Housing

Wards affected: All

Key decision (over £250k): Yes

1. Purpose of report

- 1.1 To report on the results of the consultation with CAT 2.5 sheltered residents and other stakeholders on the options for the delivery of the night service in Category 2.5 sheltered housing schemes.
- 1.2 To agree permanent arrangements for the night service at CAT 2.5 schemes
- 1.3 To agree funding for the provision of the night service for CAT 2.5 residents
- 1.4 To agree charges for the CAT 2.5 residents in 2011/12

2. Recommendation

2.1 That in view of the overwhelming support of the CAT 2.5 residents for Option 2 (on-site presence every night in each of the seven schemes) the Cabinet Member agrees to the implementation of Option 2 and the consequent necessary funding and charging arrangements.

3. Background

3.1 The sheltered housing service provides housing-related support for older persons (but not personal care, medical care or first aid) at 40 sheltered housing schemes. Housing-related support includes assistance with daily household tasks and is designed to support residents to maintain their independence in their own home which has a secure tenancy. Many residents receive personal care support from other agencies.

3.2 Housing-related support staff provide 24 hour cover to 360 approx residents at seven of the schemes (known as CAT 2.5 schemes) as follows:

Bresler House
Arthur Dann Court
Ian Gibson Court

John Marshall Court
Hale Court
Nicholson Gardens
St John's Court

3.3 Prior to 1/11/09 a member of the day staff slept in each of the CAT 2.5 sheltered schemes each night between 22:00 and 09:00 to respond to any pull cord requests for housing-related support from residents.

3.4 On 1/11/09 a mobile night service was introduced (see details in **Appendix A**) to patrol the seven schemes and respond to residents' requests for support.

3.5 Some residents objected to the introduction of the mobile night service and following a High Court decision that consultation with residents and an equalities impact assessment had not been comprehensive, the mobile night service ended after 65 nights' operation on 4/1/10 and a temporary sleep-in service was restored at the seven schemes.

3.6 On 23/3/10, Cabinet considered four possible options for the future provision of the night service and decided that CAT 2.5 residents be consulted about the possible introduction of two options, a mobile service (Option1) and a static presence every night in each of the seven schemes (Option 2).

4. Consultation Results

4.1 The consultation process was a comprehensive exercise taking into account the needs and requirements of each CAT 2.5 resident and tailoring the consultation process to meet individual needs accordingly. This included being clear about how each resident wished to be consulted and the appropriate representation they required during the process of consultation itself. The report on the consultation is attached at **Appendix B**.

4.2 Residents were provided with information about the two options and specifically asked about their preference. Residents' suggestions for other ways of providing the service were also recorded.

4.3 The consultation exercise was most successful in that individual, private meetings were held with 89% of the residents. The main finding of the private meetings with the residents was that residents overwhelmingly (81%) prefer an on-site night-time service (option 2). This view is reflected across all seven schemes with the lowest scheme majority in favour of option 2 at 61% and the highest at 92%.

5. Analysis of Night-Time Demand at CAT 2.5 Schemes

5.1 Prior to the introduction of the Mobile Night Team in November 2009 demand from Cat 2.5 residents between the hours of 10pm and 7am averaged three requests per night, of which one request was typically an error call.

5.2 Between November 2009 and December 2010 this level rose to an average of seven per night, this was primarily due to several residents in one scheme with unusually high support needs.

5.3 Demand types mostly related to:
Residents asking for or providing information (19%),
Domestic related support (12%)
Personal or physical related support (28%).
21% resulted from pull cords or pendants being activated in error.

5.4 Demands resulting in attendance of healthcare professionals were 4%, while a further 2% resulted in hospitalisation..

5.5 There were many nights where no demands were received from residents. Across all seven schemes, from 5th January 2010 until 28th December 2010 (a total of 2506 nights, ie 358 nights x 7 schemes) there were 1340 nights where no request for support was received throughout the night.

5.6 Full details of demand for this period can be found at **Appendix C**.

6. Responding to Night-Time Demand at CAT 2.5 Schemes

6.1 The consultation results demonstrate an overwhelming preference of residents for an on-site night-time service and apart from the mobile service, no other preferences or options for the service have emerged.

6.2 It is important to note that although any night-time service will be designed to meet regular patterns of demand, the service will be changed to meet unusual circumstances in one or more schemes (e.g. residents with high levels of demand, outbreak of illness, extreme weather).

6.3 Consideration has been given to the possibility of providing a different regular night-time service at different schemes but since the consultation demonstrates that residents in all seven schemes prefer an on-site service, this has not been pursued.

6.4 An on-site night-time presence at every scheme will usually be able to respond to residents' average demands. Since the hourly rate of employing a PCC staff member is identical whether they are asleep or awake, an on-site awake service can be provided when necessary. This might be for the following reasons:

- a. experience of the mobile night team was that there are a number of residents wandering or who would like pre-arranged night-time visit(s)
- b. there are some (normally day-time) duties that could be undertaken at night, freeing up manager and support assistant time during the daytime when demand is highest
- c. an awake presence is more flexible in the event of unusual circumstances (e.g. flu outbreak)

6.2 The temporary night-time on-site service in operation since January 2010 has been provided by the four remaining members of the mobile night team and registered

domiciliary care providers. This service has been successful primarily because the care providers have been requested to provide the same staff members on a long-term basis. Staff in the CAT 2.5 schemes have good working relationships with the care providers who know the schemes and many of the residents. Scheme Managers have reported several advantages of using care providers' staff:

- a. Good attendance
- b. Care provider arranges cover for any absence at no additional cost to PCC
- c. Registered carers are able to deal routinely with personal care issues (e.g. personal washing, pad changing) that PCC sheltered staff are not registered to perform. Personal care is the largest resident demand at night.

6.3 The cost of using registered care providers' staff (including when awake) is similar (sometimes less) to the cost of PCC employed night-time staff, and sometimes much less when the cost of covering absence and overheads are taken into account. More advantageous rates could be negotiated for long term contracts with the domiciliary care providers.

6.4 Charges to residents for the night-time service is clearly an issue and if it is decided to provide an on-site night-time presence at all schemes, domiciliary care providers' staff may continue to be routinely engaged in order to minimise charges to residents. Using the existing domiciliary care providers' staff will also mean less change for residents, many of whom have stated the importance of knowing the night staff.

6.5 Experience has shown that demand for the regular night-time service, even at the increased average level of demands at 7 per night, can be met by the mobile night team and the service can be quickly changed to respond in the event of unusual circumstances. The lower cost of the mobile night team results in reduced charges to residents.

6.6 However, the consultation has shown that residents overwhelmingly prefer the on-site service; the reason of "peace of mind" and speed of response has often been quoted by residents and their relatives.

6.7 When considering how to provide the night service in future, Members should bear in mind that the two options described in detail in this report are not the only possible ways of providing the night service. On 23rd March 2010, Cabinet considered two other options, a centrally managed on-site night team and increasing staff numbers in each scheme so that the same staff would work days and nights in a pattern that would comply with the EUWTD. Cabinet decided not to consult on these two options because they were both more expensive than the two options chosen for the consultation exercise.

6.8 Members should also bear in mind that although the current night service is of a temporary nature, it is a reliable and stable service. Other possible options for providing the night service could be explored if Members so wished.

7. Cost and Charging for the CAT 2.5 Night Service

7.1 The estimated cost of the CAT 2.5 sheltered housing service (excluding rent and general service charge) with the two main options for providing the night service in 2011/12, per resident, per week, is as follows:

Mobile Night Service - £69.32

On-site Night Service - £82.02

7.2 These costs were explained to each resident during the consultation and it was explained that current charging arrangements agreed by PCC result in self-funding residents (approx 20% of residents) paying the charge from their own resources. The remaining 80% of residents (those in receipt of housing benefit) have their charges met by a combination of housing benefit, Supporting People benefit and subsidy by all PCC housing tenants.

7.3 The additional cost of the on-site night service was explained to each of the 76 residents who pay their own charges in full and 81% of these 76 expressed a preference for the on-site service, despite the increased cost. It should be remembered that even though the 76, a significant minority, meet the current charge from their own resources, their continuing ability to pay a further increase in charges is uncertain.

7.4 Consideration should also be given to the impact of the continuing levy to pay for the sheltered housing service on the general needs council housing tenants who receive no benefit from the sheltered housing service. Many of these tenants will belong to minority groups, many will have a disability and many will be of similar age and circumstances to those living in sheltered housing and will have to pay the levy without receiving any of the services enjoyed by the sheltered residents.

8. Resourcing of the Sheltered Housing Service

8.1 Since 2003 the older persons Sheltered Housing Service has received funding from the Government's Supporting People programme (SP). Although this has been reducing, the value of the contracts in 2010/11 is £683k.

8.2 Portsmouth's total SP grant in 10/11 is £7.7m approx.

8.3 Although the Government stated its intention that SP funding should be largely protected, when the grant announcements for 2011/12 were made in early December, SP grant was absorbed into Formula Grant, thereby ending its ringfencing for housing support.

8.4 If there were a reduction in SP funding, unless resources from the HRA can be made available, Members will face very difficult choices about whether spend should be reduced, charges increased, or both.

8.5 Because spend in the sheltered housing service is primarily on staff, real spending reductions will mean job losses. Instead of spending reductions, charges could be increased for sheltered housing residents or housing charges for all tenants could be

increased to meet the shortfall (or a combination of both spending reductions and increased charges would be possible).

8.6 If increased charges to sheltered housing residents were to be made it should be noted that since HB (80% of sheltered residents receive HB) will not meet the cost of housing support there are three ways (or combinations of) in which the increased sheltered housing charges could be met:

1. Sheltered residents on HB pay a nominal sum towards the charge
2. Sheltered residents who pay their own charges pay more
3. All PCC housing tenants pay more each week to subsidise sheltered housing.

9. Funding Options

9.1 The reduction in the Supporting People Grant and the increase in staff costs resulting from the implementation of the Local Pay Review (LPR) have led to increased charges to all council tenants for the Sheltered Housing service. The amount of Supporting People Grant for 2011/12 is as yet undecided. General expenditure will be less than originally forecast in 2011/12 partly because of the Government imposed pay freeze for staff.

9.2 For the year 2010/11 the council decided that some of the increasing cost of the sheltered housing service and some of the Supporting People reduction would be met through the HRA. This increased the subsidy by **£274K to £524k**. This meant increasing the **£0.32** charge to all PCC tenants by **£0.35 to £0.67** per week. However CAT 2 and CAT 2.5 residents still pay increased charges in 2010/11 of 13.9% and 10.6% respectively.

9.3 At present, 80% of all sheltered residents (those on Housing Benefit) make no contribution to the cost of the Supporting People subsidy they receive, as a result of previous council decisions.

9.4 Councillors have indicated that for the year 2011/12, that all increased costs falling on the sheltered housing service (and not met by the 20% of residents who pay their own charges) should be met by charging all housing tenants an increased rent.

9.5 The amount that CAT 2.5 residents will be charged in 2011/12 will depend on the chosen night-service option. The 20% minority of CAT 2.5 residents who pay their own charges will either pay the full charge or the "protected" charge. Sheltered housing residents who were in their tenancy at or prior to 1st March 2003 pay a "protected" charge at a discounted rate that keeps their cost at the original payment level allowing only for rate of inflation increases.

9.6 For the purpose of charging residents for the service this creates three distinct categories:

- Residents with Unprotected Costs paying Full SP Charge
- Residents with Protected Costs paying Full SP Charge
- Residents in receipt of Housing Benefit

9.7 Charges to CAT 2.5 Sheltered Scheme residents will ultimately depend on the amount of SP funding available, both the option chosen and their own individual situation. Based on an assumption that the SP grant will be reduced by 15%, weekly charges (excluding rent and general service charge) for 2011/12, in comparison with the charge for 2010/11 (£76.32) could be:

Mobile Night Service - £69.32

On-site Night Service - £82.02

9. Consultation with other Interested Parties

9.1 Scheme Managers and staff were consulted about the two options. Managers and staff reported that residents had told them that they felt more secure with an on-site presence, but managers and staff also expressed concern about possible unused staff time from an onsite presence each night.

9.2 Consultation has taken place with PCC Adult Social Care. The main comment received was that if registered domiciliary care providers' staff continue to provide the night-time service, this could reduce demand on Adult Social Care's night-time Independent Living Service.

9.3 The Hampshire Fire and Rescue Service local operations manager was consulted and had no concerns about the impact upon residents of either option.

9.4 Local General Practitioners have also been consulted and were asked to respond by 17th December 2010. No responses had been received as at 20th January 2011.

9.5 Portsmouth City Council's Housing Service Residents' Consortium was also consulted about the options but expressed no concerns or preference for either option.

9.6 The Portsmouth Local Involvement Network (LINK), a health and social care pressure group, was also consulted and expressed no concerns or preference for either option.

11. Equality Impact Assessment (EIA)

5.1 Full Equality Impact Assessments have been undertaken on each of the two consultation options and copies are available on request. These indicate no adverse affect on any minority group by the introduction of either option.

12. Head of Legal Services' comments

12.1 As with most decisions of the Council there is a risk of challenge by way of judicial review. As the decision being taken has the potential to affect many residents of sheltered housing the risk of challenge is higher.

12.2 As a matter of public law the Council is required to put out the proposals for changes to the sheltered housing provision to consultation to groups affected by those changes and to consider the results of the consultation process. The Council is also required by

equalities and discrimination legislation to have 'due regard' to the need to eliminate unlawful discrimination and promote equality of opportunity.

12.3 Challenge may be brought on usual judicial review grounds although the Council has undertaken a thorough consultation and evaluation of the various options in conjunction with obtaining specialist advice on the legal implications of any change to category 2.5 service provision.

13. Head of finance's comments

13.1 The estimated 2011/12 total staffing cost of the CAT 2.5 sheltered service for the two options (difference of £238,329) is as follows:

Mobile Service - £1,353,987

On-site service - £1,592,316

13.2 The on-site service is the most expensive but the cost has been included in the budget for 2011/12. Supporting People funding has been reduced again for 2011/12.

13.3 This shortfall in SP funding can only be met by increasing charges to sheltered residents, asking those sheltered residents on Housing Benefit who currently pay nothing towards the cost of the service to make a contribution or else by increasing the rent of every housing tenant. It is already proposed to increase the charge to CAT 2.5 residents as explained in the consultation process. If the remaining shortfall is to be met by all tenants this will require a subsidy of £522,000 from the HRA in 2011/12, which requires each tenant to pay 66p per week on average towards the cost of the sheltered housing service

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Signed by:

Appendices:

Appendix A – Mobile Night Service Details

Appendix B - Consultation Report – December 2010

Appendix C – Analysis of Night-Time Demand

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:



| Title of document | Location |
|---|---|
| <i>Portsmouth Supporting People Strategic Review – Support with Care and Sheltered Clusters – Implementation Plan</i> | <i>Portsmouth Supporting People Team, Navigators Building</i> |
| | |

The recommendation(s) set out above were approved/ approved as amended/ deferred/ rejected by on

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Signed by:

APPENDIX A

Change to Night Service in November 2009 – Mobile Night Service

1. Prior to 1/11/09 a member of the day staff slept in each of the CAT 2.5 sheltered schemes each night between 22:00 and 09:00 to respond to any pull cord requests from residents.
2. The cost of the Local Pay Review (LPR), the removal of the Housing Sleep-In Allowance and as previously reported, reductions of 250k in Supporting People funding resulted in inevitable increases in cost. Residents have to meet the cost of the service of which 20% are self-funding (i.e. the resident pays the charge themselves); the remaining 80% have their charges met by Government funding and are also subsidised by other residents through the HRA.
3. Specifically, the introduction of LPR abolished the concept of a sleep-in duty remunerated with an allowance paid based on a minimum wage payment. The new LPR allowances schedule no longer provides for a sleep-in allowance. This change was in line with the European Working Time Directive, which states that time at work, whether asleep, or awake is a working shift and that staff must be paid the hourly rate for the job. The other consequence of this is that staff working at night, whether asleep or awake, are entitled to an 11 hour break following a working shift.
4. Therefore, the common practice within Cat 2.5 schemes of a Support Assistant commencing work at 18.00, starting a sleep – in duty at 22.00 and then working the next day until 12.00, was no longer sustainable as this would result in an 18-hour working shift.
5. The requirement to give three months notice to staff changing their terms and conditions to implement LPR council-wide on 1st November 2009 resulted in a compressed resident consultation process taking place so that a decision on the night service could be taken before the end of July 2009.
6. Data about sheltered residents' demand had been gathered from 2007 and a more detailed focus on CAT 2.5 residents' demand in 2008 and up to 2009 took place. This revealed that only 2% of residents' demands occurred between 22:00-07:00, typically 3 demands each night across all seven schemes. The demand analysis also revealed that the majority of this small level of demand was of a domestic nature
7. As a result, a mobile night team was introduced, based on detailed analysis of resident demand, being a team of 5 night time workers, with 2 on duty on any night, travelling between schemes to meet demand between the hours of 22.00 and 07.00. In addition to meeting demand, they patrolled each scheme throughout the night and made calls on residents who for example had been unwell during the day, upon the request of scheme staff. They were also able to split and deal with two simultaneous demands where necessary.

Performance of the Mobile Night Team

8. The mobile service operated between 22:00 and 07:00 for 65 nights (1/11/09-4/1/10) receiving a total of 315 requests by pull cord, an average of 5 per night. Of these requests, 229 required a visit, an average of 3.5 per night. Average (measured) response time fell from 9 minutes to 8 minutes as the service developed. This compared to the reported

response time of former sleep-in staff of 5 minutes. Learning from this demand has indicated that 30% of calls were in 'error,' i.e. the resident was unaware that they had pulled the cord or pressed their pendant. Therefore, with further understanding of this demand, it is likely that this level could be further reduced.

9. The mobile service patrolled the schemes throughout the night (when some residents have been heard calling out for help) and also provided "pop-in" visits to residents following requests from the resident, family, day staff or other professionals. This mobile night service made a total of 244 such visits to 48 residents, an average of 3.75 visits per night. The mobile service responded to medical issues by summoning medical assistance and attending to the resident, which is the established approach for the service. Medical assistance was summoned on 25 occasions and on 9 occasions residents were taken to hospital – i.e. 7.4% of demand related to medical issues and 2.7% required hospital admission.

10. Feedback from residents who used the service was good. 44 of the 57 residents who were asked to score the service out of 10, gave a score of between 8 and 10. Five residents scored between 5 and 7 with one resident scoring 2, which was followed up by dealing with the feedback as a formal complaint in which all points were addressed. Verbal feedback from residents, relatives and day staff was positive.

11. Much has been learned which suggests that the new service was being used by the most vulnerable residents who would be too confused or reluctant to disturb an asleep member of staff by pulling the emergency cord. The options for future provision have been assessed to ensure that this previously unknown and unmet demand continues to be met.