Portsmouth CITY COUNCIL

Title of meeting:	Full Cabinet
Date of meeting:	4th February 2020
Subject:	Domiciliary care in Ian Gibson Court
Report by:	James Hill (Director of Housing Neighbourhoods and Building Services) and Innes Richens (Director of Adult Services)
Wards affected:	Charles Dickens and Fratton
Key decision:	No
Full Council decision:	No

1. Purpose of report

1.1. The purpose of the report is to present the pilot of in-house care service at Ian Gibson Court in Somerstown, to seek agreement for a permanently funded service and to seek agreement to explore the potential to expand the provision to other schemes/areas if appropriate.

1.2. The report arises from joint working across the Adult Social Care and Housing, Neighbourhood and Building Services Directorates. The report comes to cabinet because it requires a cross portfolio decision.

2. Recommendations

2.1. That the Cabinet recognises the improved care provided for residents at Ian Gibson Court and approves that the pilot scheme is made permanent.

2.2. That Cabinet approves the ongoing funding model as documented within this report.

2.3. That the Cabinet approves that a new phase of the pilot scheme begins to be planned with immediate effect.

2.4. That Cabinet agrees the principle of expanding this method of care provision to other city council local authority housing schemes or areas of operation if appropriate and delegates' authority to the Directors for Housing, Neighbourhood & Building Services and Adult Social Care to progress, in consultation with the relevant portfolio holders.

3. Background

3.1. Ian Gibson Court (IGC) is a Sheltered Housing scheme, managed by the council's Local Authority Housing service. It is based in Somerstown and has traditionally provided independent living for tenants in the 44 one and two bedroom flats. The scheme is a Cat 2.5 Sheltered Housing scheme for those who are over 55. An

overview of Sheltered Housing schemes is shown on the council's website. https://www.portsmouth.gov.uk/ext/housing/council-tenants-and-leaseholders/sheltered-housing-and-extra-care

3.2. Many of the residents of IGC are also in receipt of packages of care from the council's Adult Social Care (ASC) service, and historically this was provided through the use of a range of commercial providers.

3.3. In 2017 a joint review of this service identified that there was potential to improve the quality of the domiciliary care offered. The first identified benefit would be the closer integration of care with the Housing Support service, making this seamless to the resident. Two diagrams showing the before and after differences are attached as **Appendix 1**.

3.4. A secondary benefit identified was to reduce the demands made on the sheltered housing support team, who were dealing with high levels of demand where ineffective care was being delivered by external agencies.

3.5. A mini-check intervention process using the systems thinking method was undertaken and the recommendation from redesign was that the domiciliary care service for IGC residents should be provided within the location, brought in-house and managed and provided by the Sheltered Housing team.

3.6. It should also be noted that ASC has been developing its service-wide strategy for 2018/19 to 2020/21. Implementing this strategy will achieve outcomes for residents and work toward financial balance. One of the key aims of its strategy is "Delivering through a market based on personalised services to people that meet their needs and help them (clients) achieve the outcomes they want to achieve and keep them safe." This pilot contributes to implementing this aim.

3.7. As a result of this review an in-house care service pilot at IGC was registered with the Care Quality Commission (CQC) and appropriate staff recruited. The pilot service began delivering care in September 2017 and continues pending the decisions identified within this report.

3.8. A wider systems thinking intervention has been undertaken for all domiciliary care provided by ASC through contracted services. That work will lead to a different model of domiciliary care but doesn't impact on the recommendations in this report with regard to IGC and the potential to expand into other schemes/areas.

4. Pilot service

4.1. The pilot service is operated by a staffing complement of one Care Service Manager (working 30 hours per week) and nine staff (each working 22.5 hours per week). The service also requires a Registered Manager who, for the purposes of the pilot, was the Sheltered Housing Manager. This role has been supported by the Director for ASC who acts as the Nominated Individual as required under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

4.2. The purpose of the service is *"To provide the right care at the right time"* and the pilot service has done the following:

4.2.1. Delivered packages of care (PoC) to 37 different clients on a daily basis.
4.2.2. Provided, on average, 60-65 individual care visits each day seven days a week 365 days a year between 07:00 and 22:00. This means that since the start of the pilot it has delivered over 46,000 individual visits, with less than 20 missed as a result of administrative error.
4.2.3. Taken on the community support role giving improved access to the community and valued quality of life improvements for clients.

4.3. The clients report that they are exceedingly pleased with the service and that the average satisfaction score is 9.78 out of 10. This compares to a previous score of 7 out of 10 before the pilot.

4.4. The following are some sample quotes from residents about their care;

- "I like to talk to them and they talk to you, this makes me feel human and included."
- "I cannot fault any one of them that help, they talk to you. They are good. They care"
- "They are always on time, they are friendly & do everything I want them to. Everything is really good, I have no problems with my care at all."
- "I am very happy with my care, she asked me what I wanted and I told her. We had a good conversation about the day and she listened to me. I felt comfortable with her and not rushed about"

4.5. The following example of care provision illustrates what has been achieved for Client A:

4.5.1. **Previous care provision**
- Had 4 lots of daily care
- Only left flat to use communal shower room due to poor mobility and lack of confidence
- Had to be mobilised using a wheelchair as could not walk to/from shower room and no time for carers to encourage this
- Had meals delivered to their home
- Never attended social activities in the scheme or mixed with other residents
- Experienced long spells in hospital

4.5.2. Ian Gibson Court care provision
- Has 4 lots of daily care
- Leaves flat for weekly social outing with carer and runs own errands
- Attends communal dining room for meals 2 x daily & makes some meals independently
- Attends many social activities in the scheme and has formed meaningful relationships with other residents
- Leaves the scheme independently to buy daily paper & items for other residents

- Following consistent support from carers, client now mobilises independently & has not used a wheelchair for 18 months
- Has not been in hospital since receiving Ian Gibson Court care

4.6. The service was inspected by the CQC in September 2018, after less than one year in operation. In the categories of **Effective**, **Caring** and **Responsive** the service was rated Good, whilst in the categories of **Safe** and **Well-led** the services was rated as Requires Improvement.

4.7. The Registered Manager and Nominated Individual worked together to ensure that the required improvements were made. The service was then inspected again in November 2019 and was found to have reached the standard of 'Good' in all areas, and has an **overall 'Good' CQC rating.** The link to the CQC report can be found here https://www.cqc.org.uk/location/1-3758387104

4.8. The Ian Gibson Court Care Team were nominated and shortlisted for the Inside Housing, "Housing Heroes Awards" in June 2019 where their special contribution and new way of working was acknowledged and celebrated.

4.9. The team recognises that delivering the pilot has been challenging to achieve. This is due to the amount of learning required to deliver a regulated in-house service together with the very real challenge of managing a new team and deployment of resources to maintain a high standard of care.

4.10. Overall both directorates, supported by evidence from the residents, are content that this new way of working provides a better service for residents without significant additional cost, and would like it to be made permanent. Senior management officers from both directorates have had continuing oversight of the pilot and agree the basis of the recommendation.

5. Risks

5.1. Service Risk - there is a need to expand the current scheme in order to provide more resilience and reduce impacts on key staff within the system (Registered Manager and Care Manager).

5.2. Financial Risk - increasing the numbers of residents with care above a critical level in IGC may increase the financial burden and change the nature of scheme to make it less attractive to those residents who do not receive care. Fundamentally this site is a sheltered housing scheme as a 2.5 service for independent living, and not an Extra Care Scheme. Therefore if there was a situation where it did prove to be a financially non-viable service, it could ultimately be returned to its original service model.

5.3. General Market reform risk - level of this risk is low but we do not know what the future of the care market / NHS reform will look like given we await the publication of Government intentions.

6. Funding for the pilot and permanent service

6.1. This pilot has been funded by ASC where the payment for providing care is made to the Housing Service rather than to external agencies. The service ran at a financial surplus of approximately £6,000 in financial year 17/18, and a deficit of approximately £8,000 in financial year 18/19.

6.2. The pilot has identified that an unanticipated cost is the high number of days of care which are lost to the service because the clients are in hospital. With a traditional care approach, after 5 days in hospital the PoC is ended and carers can then be re-assigned. However for the pilot care service at IGC, with its limited number of clients and fixed costs (due to staff not being retained on zero hours contracts), the 5 day period following admission and the ability to restart PoC on the same day is not being priced into the hourly rate.

6.3. The approximate cost deficit for IGC was approximately £8,000 in 2018/19 and, whilst relatively small, is not a cost that can continue to be borne by the Housing Revenue Account on an ongoing basis. Therefore officers from both directorates have been working together with Finance colleagues to find a suitable funding model.

6.4. Various funding proposals to resolve this issue have been reviewed and it has been provisionally agreed that a fixed amount per month for an agreed level of care would be the best solution. This would minimise administrative work and be more practical. The exact amount, and service level, is to be agreed between the directorates and reviewed annually.

6.5. The cost of care to the residents, for those who make financial contributions for their care, would not be affected by this change.

7. New Phase of pilot

7.1. Part of the benefit of making permanent the service at IGC is to build in more staff resilience. The best way to support this is to begin a new pilot at another Cat 2.5 Sheltered Housing Scheme/cluster area. A new phase will enable the service to learn how to grow the service in new areas and any problems which may come from such growth.

7.2. Officers from the two directorates have worked together to identify suitable ways to extend the trial, and propose that this could be at Hale Court in Fratton, or provide a cluster service in homes in Somerstown centred around IGC.

7.3. This scheme at Hale Court is the most similar scheme to IGC in that it also has a similar number of residents with care, both now and for the foreseeable future. However there is a need to understand the nature of the clients at this site and the level of care required. The initial funding for this pilot would be on the same basis as used previously at IGC and would allow officers to pilot without the permanence of the proposed block contract of the IGC proposal.

7.4. A second site would allow the building of resilience in the service without risking what has been achieved so far at IGC. This must also be done without jeopardising what is in place or give rise to undue demands on the current staff and management of the service.

7.5. The potential of a cluster model around IGC would enable the service to be expanded to surrounding PCC tenants without any significant changes to current CQC registration providing care to tenants in their own homes, dependant on what Care demand is identified.

7.6. It is also important to do this without producing any instability in the wider care market.

7.7. In summary, regardless of the chosen pilot extension, the following approach will be used:

7.7.1. Use the learning, methodology and principles from the IGC care service pilot.
7.7.2. Form a small, dedicated team, combining staff from HNB and ASC. This will be led by the Sheltered Housing team.
7.7.3. Undertake a small 'mini check' period to understand type, quality and frequency of care provision to design a new service against.
7.7.4. Considerately proceed with rolling in the in-house care provision (if appropriate to do so) in a similar approach to that used at IGC.
7.7.5. If work on the chosen pilot starts by the end of February 2020, and the demand is found, the above timescales and learning from the IGC pilot leads officers to expect the delivery of a new care pilot before the end of the financial year 2020/21.

8. Reasons for recommendations

8.1. This pilot has shown how, by working together, domiciliary care provision for the residents in Sheltered Housing Schemes can be improved, specifically with in house flexible care provision.

8.2. By making the pilot permanent it will provide resilience to the service and enable better recruitment and retention of staff. It also meets the corporate goal of increased integration between services for the benefit of the residents.

8.3. IGC care approval is sought for a financial arrangement to be agreed so that the improved service can be maintained without impacting the Housing Revenue Account.

8.4. By starting a new pilot it will enable the team to learn about expanding the service to new areas as well as creating resilience.

8.5. By accepting the principle for this type of care, and delegating authority to progress further work to the appropriate Directors, it will ensure that future change is provided quickly and effectively.

9. Equality impact assessment

9.1. An Integrated Impact Assessment has been undertaken and indicates positive impacts for service users (Appendix 2).

10. Legal implications

10.1. The pilot is lawful and can be implemented (Subject to a positive equality impact assessment)

11. Director of Finance's comments

11.1. The proposed cost of £202,560 in relation to the provision of the service at Ian Gibson Court is in line with expected costs of externally provided services. The enhanced flexibility of service further enables potential savings within the wider Health and Social Care system such as through improved hospital discharge.

11.2. Funding for the Ian Gibson Court element of the proposal will be incorporated into the ASC Medium Term Financial Strategy (MTFS) to enable long term sustainable funding.

11.3. The proposed new pilot of additional care at Hale Court/Somerstown cluster area will be funded by Adult Social Care and costs will be closely monitored to ensure that the scheme offers value for money for ASC and General Fund activities do not become a financial burden to the Housing Revenue Account.

11.4. The value of the Hale Court/Somerstown cluster area scheme is estimated to be up to £250,000 per annum. This cost directly replaces packages of care currently commissioned by ASC at the same rate. As such it is not envisaged that there will any cost pressure within ASC as a result of the Hale Court/Somerstown cluster area proposal.

11.5. The Housing Revenue Account cannot subsidise the City Council's General Fund activities and therefore a new funding mechanism needed to be introduced that offered Adult Social Care value for money and didn't burden Social Housing Tenants with General Fund costs. The arrangement as outlined within this report ensures that this has now been remedied.

Signed by:

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James Hill, Director of Housing, Neighbourhood and Building Services

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Innes Richens, Director of Adult Services

Signed by:

Appendices:

Appendix 1

Diagram of Ian Gibson care service before implementation of the Pilot

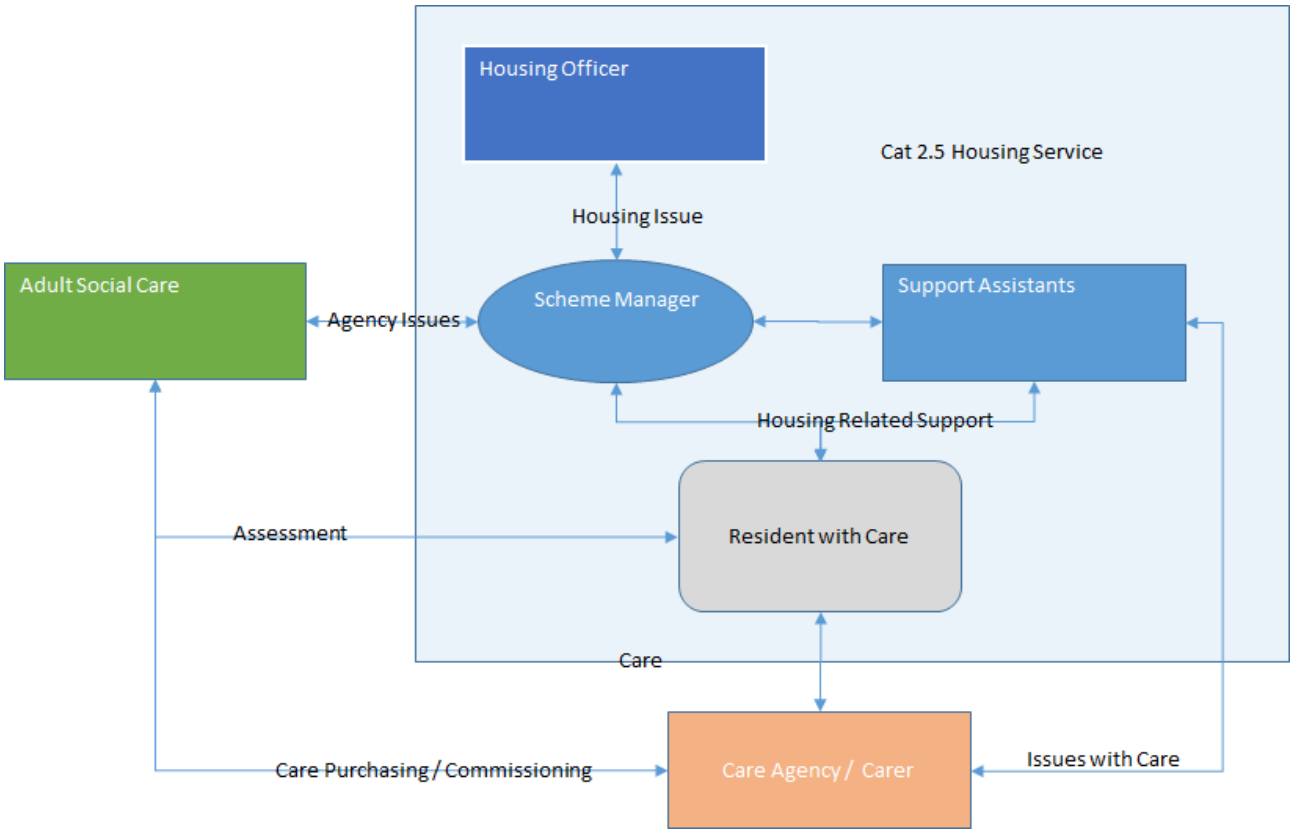
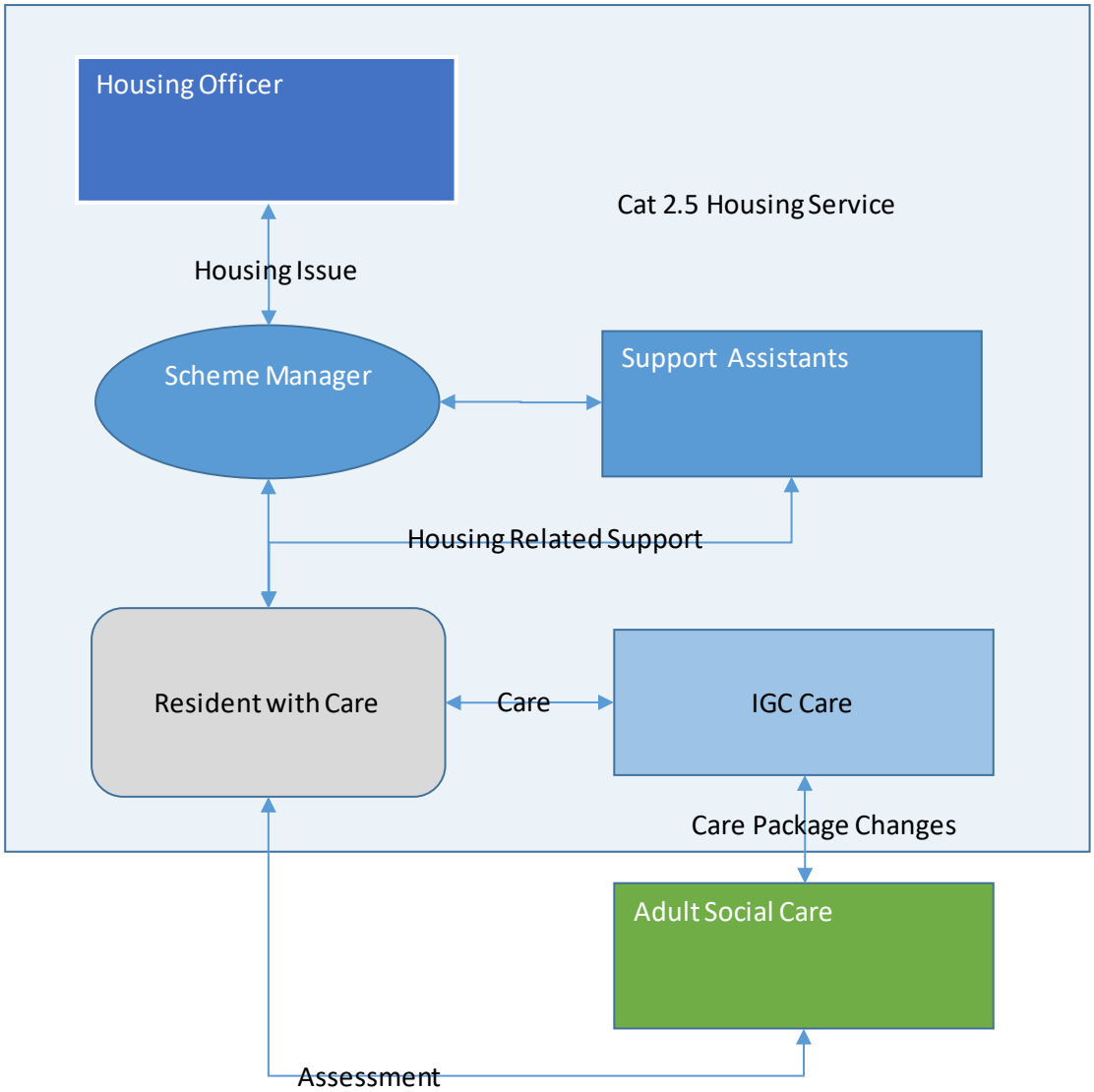


Diagram of Ian Gibson care service after implementation of the Pilot



Appendix 2 - Integrated Impact Assessment

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
Council's webpage on Sheltered Housing and extra care	https://www.portsmouth.gov.uk/ext/housing/council-tenants-and-leaseholders/sheltered-housing-and-extra-care
CQC inspection of Ian Gibson Court November 2019	https://www.cqc.org.uk/location/1-3758387104

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

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Leader of the City Council