

## Minutes

### SOCIAL SERVICES, HEALTH AND HOUSING POLICY OVERVIEW COMMITTEE

1 September 2010

Meeting held at Committee Room 5 - Civic Centre,  
High Street, Uxbridge UB8 1UW



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|     | <p><b>Committee Members Present:</b><br/>Councillors Judith Cooper (Chairman), Peter Kemp, John Major, David Benson, Beulah East and Pat Jackson</p> <p><b>LBH Officers Present:</b><br/>Brian Doughty – Corporate Director ASCHH<br/>Neil Stubbings – Deputy Director ASCHH<br/>Daniel Kennedy – Head of Performance ASCHH<br/>Paul Feven – Head of Commissioning<br/>Sarah Morris – Head of Access and Assessment<br/>Manesh Patel – Older People Housing Services Operations Manager<br/>Charles Francis – Democratic Services</p> <p><b>Also Present:</b><br/>Councillors Wayne Bridges and Dominic Gilham</p> |                         |
| 17. | <p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>None.</p>   |                         |
| 18. | <p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>None.</p>   |                         |
| 19. | <p><b>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 8 JULY 2010</b> (<i>Agenda Item 3</i>)</p> <p>Were agreed as a correct record.</p>   |                         |
| 20. | <p><b>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE</b> (<i>Agenda Item 4</i>)</p> <p>All items were considered in Part 1.</p>   |                         |
| 21. | <p><b>REVIEW OF ASSISTIVE TECHNOLOGY IN HILLINGDON: TELECARE AND TELEHEALTH (BACKGROUND REPORT)</b> (<i>Agenda Item 6</i>)</p> <p>At the request of the Chairman and with the agreement of the</p>   | <p><b>Action by</b></p> |

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|     | Committee, agenda Item 5 (Assistive Technology in Hillingdon:Telecare and Telehealth background report) and Item 6 (Witness session1) were considered as a combined item.   |           |
| 22. | <p><b>REVIEW OF ASSISTIVE TECHNOLOGY IN HILLINGDON: WITNESS SESSION 1</b> (<i>Agenda Item</i> )</p> <p>The Head of Commissioning introduced the background report which provided an overview of the current position in Hillingdon in respect of telecare and telehealth and outlined the future direction of the service.</p> <p>The Head of Commissioning, the Head of Access and Assessment and the Older Peoples Housing Services Operations Manager answered the suggested questions and further supplementary questions from Members. Key points were:</p> <p>Hillingdon faced a number of challenges which included:</p> <ul style="list-style-type: none"> <li>• an ageing population leading to increased demand for services and greater budget pressures;</li> <li>• the national and local policy priority and popular aspiration of preventing avoidable admission into institutional care;</li> <li>• contracting council budget arising from national financial situation.</li> </ul> <p>On the role of telecare and telehealth assisting Hillingdon residents to remain independent in their own homes:</p> <ul style="list-style-type: none"> <li>• effective integration between Health and Social Care when supported by telecare and telehealth can:</li> <li>• promote people’s long term health and independence</li> <li>• improve quality of life for people and their carers</li> <li>• improve the working lives of health and social care professionals</li> <li>• provide an evidence base for more cost effective and clinically effective ways of managing long term conditions.</li> </ul> <p>The components of Telecare Services included:</p> <ul style="list-style-type: none"> <li>• enquiries and referrals about and for telecare;</li> <li>• assessment for telecare;</li> <li>• purchase of telecare equipment;</li> <li>• equipment installation and collection (when no longer required);</li> <li>• maintenance of equipment;</li> <li>• monitoring for alerts;</li> <li>• alert response.</li> </ul> <p>On accessing telecare in Hillingdon:</p> <ul style="list-style-type: none"> <li>• anyone who was a Hillingdon resident, or someone acting on their behalf, can apply for telecare. The main route for this is through Hillingdon Social Care Direct (HSCD).</li> <li>• there were two levels of telecare service in Hillingdon: <ol style="list-style-type: none"> <li>1. <i>Bronze service</i> –the basic service consisting of lifeline, smoke detector and bogus caller alarm. It was a universal service available to any Hillingdon resident for a monthly charge of £4.91. The charge was for the</li> </ol> </li> </ul> | Action by |

monitoring service and not the equipment. Anyone just wanting the bronze service can approach Careline directly.

2. *Silver service* – This level of service was available to Hillingdon residents following a community care assessment. This enabled residents to access more complex detectors and sensors to support independent living for a monthly charge of £4.91 per month. Assessments for the silver service were currently undertaken by the Critical, Substantial Teams, Review and Specialist Teams within Adult Social Care and also the Hospital.

- Hillingdon Hospital was a key source of referrals. It accounted for 45% of referrals during 2009/10 and was responsible for 38% of referrals during the first quarter of 2010/11.

On the mobile response service pilot:

- the pilot was being developed to avoid the numbers of admissions into residential or nursing care.
- to be successful it was essential that residents, their families and professionals had confidence in the support structures intended to enable people to live safely in the community.
- the mobile response service would be available 24/7 and would be provided by the in-house Home Care Team.
- using the in-house Homecare Team ensured access to personal care should this be required and represented a part of its transition to become a reablement service.
- the pilot would start in October consisting of new users identified by care management or through the Hospital.
- Participants in the pilot would be those identified by professionals as being at risk of residential, nursing home or hospital admission.
- the purpose of the pilot was to:
  - identify the number of attendances required;
  - identify reasons for attendances;
  - quantify resources required to support the service.
- The key success measures would be:
  - period admission to residential/nursing home avoided;
  - hospital attendance/admission prevented.
- The cost of the mobile response service meant that it was unlikely for it to become a universal service. However, this would not prevent residents nor their families seeking to buy into it should they wish to do so. It was not intended that this option would be made available in the early stages of the pilot.

Safer Wandering Pilot (swp)

- SWP was closely related to the mobile response service.
- this pilot would assist people at risk of wandering. Participants would have a device attached to their wrist that resembled a wrist watch. This would set off an alert if the person went beyond a pre-set distance from their home.
- the alert would initially be detected by the equipment supplier, Evron, who would then notify Careline. The intention was that

the mobile response service will then go out to the person, whose exact location would have been identified through GPS, and encourage them to return home. The safer wandering device would be used in conjunction with exit sensors.

#### Practice in Other Boroughs

- Models in other Boroughs included:
  - *Bromley* – there were four levels of service each incurring a different weekly charge;
  - *Camden* – provided two levels of service and had outsourced the monitoring function to a company based in Kent;
  - *Ealing* – access to telecare was restricted to people at risk of falls or people with a dementia diagnosis. The monitoring function was provided by Tunstall, which was one of the main equipment suppliers in the country. Their Homecare Service provided a mobile response during office hours;
  - *Newham* – a branch of Newham Homes (the council's arms-length management organisation) called Newham Telecare Network provided all aspects of the telecare service, including the initial assessment.

#### Areas for Development

- Performance indicators – these had not been applied as yet pending resolution of outstanding IT issues arising from the implementation of the new Integrated Adult Social Care system (IAS), i.e. electronic ordering and staff training, and also some staff recruitment matters.
- Developing technology – telecare and telehealth was a rapidly moving area. There was a standard list of equipment but other items can be provided where this would address assessed need. A key proviso was that the equipment must be compatible with the monitoring equipment.
- Telehealth – a pilot focussed on dermatology, i.e. skin cancer, based at one GP practice in the north of the borough was currently being explored by NHS Hillingdon and the benefits of establishing further pilots intended to assist in keeping people with chronic obstructive pulmonary disease (COPD) or diabetes in their own home would be explored over the next year.
- Publicity – publicity materials were currently being developed to be given to users and their carers and also to assist professionals.
- Rebranding of Careline – discussions were taking place about the rebranding of Careline to emphasise its new role as a telecare service.

The Older People's Housing Services Operations Manager provided members with a practical demonstration of some of the key telecare technologies. These included programmable pill dispensers, bogus caller alarm systems, tilt detectors, armchair sensors and wandering sensors which were linked to both door sensors and global positioning systems.

Members asked a number of questions including:

- About the sensitivity and radius of wandering systems
- Whether or not the council would be the first point of contact with the user, if an alarm had been triggered.
- Whether some of the tracking technology was susceptible to dead spots (when the sensors would not work) similar to problems associated with mobile phone usage.
- Whether systems could be adapted to suit the needs of specific use groups. Members expressed particular concern that dementia sufferers might be frightened by a combination of lights and sounds emitted from some of the devices.

Key points of the responses and the subsequent discussions included:

- Whether rebranding Careline was strictly necessary and the possibility that if this was done, it might confuse elderly users. Members suggested that before any rebranding took place, a strong business case for this would need to be presented by officers.
- The re-enablement service currently had a 23% success rate. Officers would be using a combination of occupational therapy and telecare to improve this success rate.
- Members asked for the case studies on telecare and telehealth, provided as Appendix B to the background report to be costed so that the potential cost savings (compared to residential care) could be identified.
- The plans in place to deliver assistive technology. Officers explained that this was not just about demand and it was anticipated that using new technology would make service delivery less staff intensive.
- Members referred to the wrist monitor used in the wandering pilot and asked whether this might have wider applications such as monitoring mental health clients.
- Other important issues raised by the Committee included the need for officers to investigate self funding patterns, anticipated demand and ways of marketing the re-enablement service.
- Referring to the performance indicators (on page 18) measuring the success of assistive technology and what the Council should monitor in the future, Members agreed that it was essential to track the numbers of referrals back to hospital (through the PCT) and usage patterns so the Council could establish whether the service paid for itself.
- Further aspects which required performance monitoring included: the Services' serviceability, maintenance, reliability and feedback from users.
- Members agreed that it was essential to track the cost of the service and the changing patterns of cost and in relation to the 2 levels of service (bronze and silver) it was essential that users understood that this differentiation was based on need and not cost.

**Resolved –**

- 1. That the Committee notes the information provided and use this to inform their review**

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|     | <p>2. To request that the Committee receive information on how bids for telecare services are made, value for money and cost comparison data.</p> <p>3. That the case studies on telecare and telehealth, provided as Appendix B to the background report to be costed so that the potential cost savings (compared to residential care) can be identified.</p>   | <p>Paul Feven &amp; Gary Collier</p> <p>Paul Feven &amp; Gary Collier</p> |
| 23. | <p><b>ADULT SOCIAL CARE, HEALTH &amp; HOUSING ANNUAL COMPLAINTS REPORT 2009/10</b> (<i>Agenda Item 7</i>)</p> <p>The Head of Improvement ASC,HH introduced the report. The department aimed to resolve problems raised by residents at the earliest opportunity and to learn positively from mistakes. The number of complaints had fallen from 494 in 2008/09 to 315 in 2009/10. 92% of complaints were resolved at stage 1 of the complaints procedure and the number of stage 2 complaints had broadly remained the same. There were only 3 stage 3 complaints compared to 6 in the previous year.</p> <p>Other actions to improve services and customer outcomes included: <i>improving customer care and communications issues</i> (including reviewing written communications to customers), specific targeted action and visits to care providers and improved monitoring within Hillingdon Homes of their contracts.</p> <p>Members made the following comments:</p> <ol style="list-style-type: none"> <li>1. To congratulate officers on a clear and concise report.</li> <li>2. To endorse the early intervention strategy employed by officers when dealing with complaints.</li> <li>3. To note that officers had amended the format of the report from last year to include a brief retrospective so that annual developments and improvements could be tracked.</li> </ol> <p><b>Resolved –</b></p> <ol style="list-style-type: none"> <li>1. That the report be noted.</li> </ol> | Action by   |
| 24. | <p><b>HILLINGDON CENTRE FOR INDEPENDENT LIVING: BRIEFING NOTE</b> (<i>Agenda Item 8</i>)</p> <p>The Corporate Director introduced the briefing note.</p> <p>It was noted that a number of possible options existed for taking the Hillingdon Centre for Independent Living service forward. These included:</p> <p><i>Public sector options</i>, looking at the possibility of generating income by commissioning HCIL to other boroughs or (the Committee) recommending it might be necessary to reprioritise the Council's current third sector funding and put the service out to tender under a specification that created a unified service. It was noted that the latter option would require the agreement of NHS Hillingdon and Hillingdon</p>  | Action by   |

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|     | <p>Community Health would be required and there would also need to be consultation with GP representatives.</p> <p>The <i>Independent sector option</i>, that the Committee could recommend the possibility of HCIL being set up as a community interest company which would give HCIL independence from state control and give the freedom to set its own direction as well as to access non-statutory funding. In this case the agreement of NHS Hillingdon and Hillingdon Community Health would be required and there would also need to be consultation with GP representatives.</p> <p><i>Private sector options</i>, looking at a retail model whereby the Council might not fund low risk equipment and that people requiring this equipment would need to go through the retail service. This could result in an enhanced role for HCIL to provide impartial advice and support and could provide an opportunity for private sector investment. If this approach were selected then it would require approval from Hillingdon Community Health before any arrangements with private equipment providers could be entered into.</p> <p><b>Resolved –</b></p> <ol style="list-style-type: none"> <li><b>1. That the report be noted.</b></li> </ol> |                  |
| 25. | <p><b>TRANSFORMING SOCIAL CARE - TRANSITION PILOT FOR YOUNG ADULTS - VERBAL UPDATE</b> (<i>Agenda Item 9</i>)</p> <p>The Corporate Director provided an update on the transition pilot for young adults.</p> <p>It was noted that 7 young people in transition had been given personalised budgets. The initial feedback had been very positive and most of the participants felt more confident having selected and managed their care provider/s. Members welcomed the news that a parent of one of the participants had chosen to join the user group.</p> <p><b>Resolved –</b></p> <ol style="list-style-type: none"> <li><b>1. That the report be noted.</b></li> </ol>   | <b>Action by</b> |
| 26. | <p><b>FORWARD PLAN</b> (<i>Agenda Item 10</i>)</p> <p>The Committee considered the Forward Plan from September to November 2010.</p> <p><b>Resolved -</b></p> <ol style="list-style-type: none"> <li><b>1. Cabinet Item 491 – NHS White Paper &amp; Future of Hillingdon Homes: To note the committee’s interest and to ask officers to report back on this at a later date as appropriate.</b></li> <li><b>2. Cabinet Item 366 – Private Sector Renewal Strategy: To note the committee’s interest and ask officers to report back on this should there be any significant changes.</b></li> </ol>  | <b>Action by</b> |

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|     | <p><b>3. Cabinet Item 484 – Mental Health Floating support service: Award of Contract. That officers report back on this item at the next meeting.</b></p> <p><b>4. Cabinet Item 486 – Rural Activities Centre - verbal update to the November meeting</b></p> <p><b>5. Cabinet Item 487 – Contract Award – Carer Support Services. To note the committee’s interest and maintain a watching brief on this item.</b></p>  | Barry Newitt     |
| 27. | <p><b>WORK PROGRAMME</b> (<i>Agenda Item 11</i>)</p> <p>Reference was made to the work programme and timetable of meetings. It was noted that the Safeguarding Adults in Hillingdon – Annual Report would be considered at the next meeting.</p> <p><b>Resolved –</b></p> <p><b>1. That the report be noted.</b></p> <p>At the end of the meeting, the Chairman explained that this would be the last meeting attended by Brian Doughty – Corporate Director Adult Social Care, Heath and Housing as he was leaving the Authority. The Committee thanked him for all his help and support during his time at Hillingdon and wished him well for the future.</p> | <b>Action by</b> |
|     | The meeting, which commenced at 7.00 pm, closed at 8.40 pm.   |                  |

These are the minutes of the above meeting. For more information on any of the resolutions please contact Charles Francis on 01895 556454. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.