



HILLINGDON  
LONDON



# Social Services, Health and Housing Policy Overview Committee

## Councillors on the Committee

Judith Cooper (Chairman)  
Peter Kemp (Vice-Chairman)  
John Major (Labour Lead)  
David Benson  
Beulah East  
Patricia Jackson

**Date:** WEDNESDAY, 1  
SEPTEMBER 2010

**Time:** 7.00 PM

**Venue:** COMMITTEE ROOM 5  
CIVIC CENTRE  
HIGH STREET  
UXBRIDGE  
MIDDLESEX  
UB8 1UW

**Meeting  
Details:** Members of the Public and  
Press are welcome to attend  
this meeting

**This agenda and associated  
reports can be made available  
in other languages, in braille,  
large print or on audio tape on  
request. Please contact us for  
further information.**

**Published:** Monday, 23 August 2010

**Contact:** Charles Francis  
Tel: 01895 556454  
Fax: 01895 277373  
Email: [cfrancis@hillington.gov.uk](mailto:cfrancis@hillington.gov.uk)

This Agenda is available online at:

<http://modgov.hillingdon.gov.uk/ieListDocuments.aspx?CId=247&MId=755&Ver=4>

Lloyd White  
Head of Democratic Services  
London Borough of Hillingdon,  
3E/05, Civic Centre, High Street, Uxbridge, UB8 1UW  
[www.hillingdon.gov.uk](http://www.hillingdon.gov.uk)



INVESTOR IN PEOPLE

## Useful information

Bus routes 427, U1, U3, U4 and U7 all stop at the Civic Centre. Uxbridge underground station, with the Piccadilly and Metropolitan lines, is a short walk away. Limited parking is available at the Civic Centre. For details on availability and how to book a parking space, please contact Democratic Services

Please enter from the Council's main reception where you will be directed to the Committee Room. An Induction Loop System is available for use in the various meeting rooms. Please contact us for further information.

Please switch off any mobile telephones and BlackBerries™ before the meeting. Any recording of the meeting is not allowed, either using electronic, mobile or visual devices.

If there is a FIRE in the building the alarm will sound continuously. If there is a BOMB ALERT the alarm sounds intermittently. Please make your way to the nearest FIRE EXIT.



# **Policy Overview**

## **About this Committee**

This Policy Overview Committee (POC) will undertake reviews in the areas of Social Services, Health & Housing and can establish a working party (with another POC if desired) to undertake reviews if, for example, a topic is cross-cutting.

This Policy Overview Committee will consider performance reports and comment on budget and service plan proposals for the Council's Adult Social Care, Health and Housing Department.

The Cabinet Forward Plan is a standing item on the Committee's agenda.

The Committee will not consider call-ins of Executive decisions or investigate individual complaints about the Council's services.

## **Terms of Reference**

### **To perform the following policy overview role:**

1. conduct reviews of policy, services or aspects of service which have either been referred by Cabinet, relate to the Cabinet Forward Plan, or have been chosen by the Committee according to the agreed criteria for selecting such reviews;
2. monitor the performance of the Council services within their remit (including the management of finances and risk);
3. comment on the proposed annual service and budget plans for the Council services within their remit before final approval by Cabinet and Council;
4. consider the Forward Plan and comment as appropriate to the decision-maker on Key Decisions which relate to services within their remit (before they are taken by the Cabinet);
5. review or scrutinise the effects of decisions made or actions taken by the Cabinet, a Cabinet Member, a Council Committee or an officer.
6. make reports and recommendations to the Council, the Leader, the Cabinet or any other Council Committee arising from the exercise of the preceding terms of reference.

### **In relation to the following services:**

1. social care services for elderly people, people with physical disabilities, people with mental health problems and people with learning difficulties;
2. provision of meals to vulnerable and elderly members of the community;
3. Healthy Hillingdon and any other health promotion work undertaken by the Council and partners to improve the health and well-being of Hillingdon residents;
4. asylum seekers;
5. the Council's Housing functions including: landlord services (currently provided by Hillingdon Homes), private sector housing, the 'Supporting People' programme, benefits, housing needs, tenancy allocations and homelessness and to recommend to the Cabinet any conditions to be placed on the exercise of the delegations by Hillingdon Homes.

Policy Overview Committees will not investigate individual complaints.

# Agenda

- 1 Apologies for Absence and to report the presence of any substitute Members
- 2 Declarations of Interest in matters coming before this meeting
- 3 To receive the minutes of the meeting held on 8 July 2010 1 - 8
- 4 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
- 5 Review of Assistive Technology in Hillingdon: Telecare and Telehealth (background report) 9 - 26
- 6 Review of Assistive Technology in Hillingdon: Witness Session 1 27 - 40
- 7 Adult Social Care, Health & Housing Annual Complaints Report 2009/10 41 - 70
- 8 Hillingdon Centre for Independent Living: Briefing Note 71 - 72
- 9 Transforming Social Care - transition pilot for young adults - Verbal Update
- 10 Forward Plan 73 - 80
- 11 Work Programme 81 - 84

This page is intentionally left blank

## Minutes

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

8 July 2010



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

	<p><b>Committee Members Present:</b> Councillors Judith Cooper (Chairman), Peter Kemp, John Major, David Benson, Beulah East and Pat Jackson.</p> <p><b>LBH Officers Present:</b> Brian Doughty – Corporate Director ASCHH Neil Stubbings – Deputy Director ASCHH Steve Cross – Head of Finance ASCHH Daniel Kennedy – Head of Performance ASCHH Gary Collier – Joint Commissioning Manager ASCHH Charles Francis – Democratic Services</p>	
9.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>None.</p>	
10.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>Cllr Peter Kemp declared a personal and non-prejudicial interest in Item 5 as a Member of the Hillingdon Homes Board. He remained in the meeting during consideration of the item.</p>	
11.	<p><b>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 15 JUNE 2010</b> (<i>Agenda Item 3</i>)</p> <p>Were agreed as a correct record.</p>	
12.	<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>	
13.	<p><b>HILLINGDON HOMES RETURN TO THE COUNCIL</b> (<i>Agenda Item 5</i>)</p> <p>The Deputy Director ASCHH introduced the report which set out the progress made in relation to the project to return Hillingdon Homes, the council's Arm Length Management Organisation (ALMO) back to the Council.</p>	<b>Action by</b>

The following points were noted:

- Hillingdon Homes was established 7 years ago in line with Government policy and enabled £60 million to be accessed to refurbish housing stock.
- The ALMO has completed the decent homes programme and brought all properties up to the decent homes standard.
- The process for returning the ALMO has had regard to a number of factors:
  1. Hillingdon Homes is an independent company. To minimise risk, the Hillingdon Home Board agreed that the transfer would take 6 months to complete i.e. return by 1<sup>st</sup> October 2010.
  2. Tenant agreement to the change in management.
  3. The high standards of service delivery provided by Hillingdon Homes – as confirmed by the audit commission and independent inspections.
  4. Significant organisation, legal, contractual and service issues which need to be addressed.
  5. Hillingdon is the first Council which has decided to return its services from an ALMO.
- The key elements to the return programme comprised of the following steps:
  1. A major communications and consultation programme to inform tenants and leaseholders, including a test of opinion in December 2009.
  2. Agreement with Hillingdon Homes about how to best approach the transfer to minimise risk to the service or the Council's reputation.
  3. A service review to assess service performance, including a review of the organisation and budget.
  4. Forecasted medium term budgets to set the parameters of the organisational cost on the return and the financial implications for the Housing Revenue Account and General Fund.
  5. The HR implications for both Corporate Service and Housing Management and Maintenance.
  6. Consideration of all the constitutional issues.
  7. Winding up the Hillingdon Homes company including the change of the Directors and adherence to the requisite company legislation.
- The project is on target to secure the return of Housing Management Services by 1<sup>st</sup> October 2010. A number of key actions need to be finished to complete the transfer. These include:
  1. *HR issues* – There are 348 staff. Following legal and HR advice, a TUPE transfer will be used (approximately 60% of staff within the ALMO previously worked for the Council).
  2. *Corporate Services implications* – A primary reason for the return was the rationalisation of delivery support services saving £300k. Other factors include inheriting Hillingdon Homes staff, a new organisational structure and the implementation of the bid process. Hillingdon Homes also pays £2 million per annum for other council support



	<p>services such as IT and Legal Services and SLAs will operate post return.</p> <p>3. <i>Housing Management and Maintenance Staff</i>- Cost savings as part of the usual MTFE processes will necessitate organisational change.</p> <p>4. <i>Tenant empowerment</i> - The Council must have structures and processes in place which empower tenants to be able to influence all housing management policies and to examine performance.</p> <p>5. <i>Service performance</i> – This has been completed and overall, no fundamental service failure or issues were identified.</p> <p>6. <i>Budget</i> – The review has identified a number of options to meet the forecasted budget constraints. These will need to be delivered without service reductions.</p> <p>In response to Member’s questions the following comments were made:</p> <ul style="list-style-type: none"> <li>• Officers confirmed that staff returning to the Council would be considered under two separate tranches – Corporate Services and Housing Management and Maintenance Staff and there would be a full consultation process. Manager’s assessments would be used to evaluate staff returning to the Council but in cases where jobs had changed significantly, interviews would be used.</li> <li>• Hillingdon was the first Local Authority to dissolve its ALMO and the Authority had appointed consultants to ensure that a robust process was followed. Several other Local Authorities had contacted Hillingdon for advice and guidance about the methodology it was using.</li> <li>• It was reported that there was no backlog of work which the Council would inherit as a result of the return, although lift maintenance and home boilers were ongoing issues which were being addressed. To improve performance, repairs reporting would be managed by the Contact Centre.</li> <li>• It was very important to ascertain Tenant feedback and mechanisms would be sought to ensure their views were considered.</li> </ul> <p><b>Resolved -</b></p> <p><b>1. That the report be noted.</b></p>	
14.	<p><b>PERFORMANCE AND BUDGET REPORT</b> (<i>Agenda Item 6</i>)</p> <p><b>Performance and Budget Report</b></p> <p>Head of Improvement and Head of Finance said the report covered:</p> <ul style="list-style-type: none"> <li>A. Customer Care Standards</li> <li>B. Achieving Value for Money</li> <li>C. Strengthening Planning and Performance</li> <li>D. Building a Culture for Success.</li> </ul> <p>The report provided an overview of the performance and budget</p>	<b>Action by</b>

position of the Adult Social Care, Health and Housing Group for 2009/010. There had continued to be good progress on customer care, but the report focussed more on where there were further opportunities to improve:

- During 2009/10, 315 complaints were received compared to 499 during 2008/9. Of these, 256 were about housing and 131 were for Hillingdon Homes.
- The number of complaints had reduced by using a proactive approach of negotiating with customers and providing remedies at an earlier stage.
- A further detailed report about complaints will be provided to the Committee in the Autumn.

Although the Department had finished the year with a small under spend (£386k (0.01%)) on a £290m gross budget, there were a number of underlying pressures in Older People and Mental Health services which would adversely impact on 2010/11 budget forecast. Officers were currently working on actions to mitigate these service pressures.

In response to Members' questions the following comments were made:

- Officers confirmed that complaints statistics do not include Members enquiries which are investigated separately.
- The London average for completing care assessments is 85%. During 2009/10, Hillingdon's outturn was 82% completed within 28 days.
- Members noted that all care providers have an agreed monitoring policy which is administered by the Care Quality Commission and checked by the Council.
- In relation to hospital discharges and returning people to their own homes, officers confirmed that the first priority of the Council was to try and rehabilitate people as quickly as possible. Specific care packages are devised and assistive technology will increasingly play a larger role in promoting independence in the future.
- Council Plan - The programme to transform adult social care is on track and a pilot for young adults has been launched.
- Key performance targets include:
  1. Target 47 – *Continue the modernisation programme for adults with learning disabilities and mental health needs* – is being addressed through the Learning Disability Partnership Board.
  2. Target 48 – *Improve health and well-being and quality of life for adults with mental health needs – in partnership with a Mental Health Trust provider open a Well-Being Centre for adults with mental health needs to improve access to information, advice and support.*
  3. Target 49 – *Maintain and develop to carers to help people receive the care and support they need to live independently in the community.*
  4. NI 132 – *Timeliness of social care assessments*
- Other areas of work include: preventing homelessness and reducing the use of temporary accommodation, BV213 –

	<p>resolving housing difficulties, rent collection and promoting independent living. Areas of further work include rehabilitation and enablement, supporting carers, waiting times for services and individual budgets.</p> <p><b>Resolved -</b></p> <ol style="list-style-type: none"> <li>1. That the report be noted.</li> <li>2. That officers be congratulated on the clear format of the report.</li> <li>3. That officers be requested to provide an update on: Council Plan. Page 24, Point D - <i>Transforming Social Care</i> - transition pilot for young adults launched - to the next meeting.</li> </ol>	<p>Directorate Officers</p>
<p>15.</p>	<p><b>2010/11 ASSISTIVE TECHNOLOGY SCOPING REPORT AND DISCUSSIONS</b> (<i>Agenda Item 7</i>)</p> <p>Members were presented with details of the Committee's work programme for 2010/11 together with a draft scoping report on '<i>Assistive Technology</i>'.</p> <p>Discussion took place on the remit of the review and the dangers of trying to cover too many topics. After officers had explained the contractual situation concerning community equipment (as described in the risks section of the scoping report,) Members agreed the review should focus on telecare and telehealth only.</p> <p>To ensure the Committee were made aware of developments arising from the community equipment contract, the Committee requested an update to be provided on this as an appendix to the September background report.</p> <p>The Committee asked for the draft scoping report to be amended, to include stronger, more focused definitions of telecare and telehealth. In undertaking the review, Members asked for ways to be found to incorporate the views of users / carers. In addition, Members asked that the key questions section address the resource implications of possible overlaps and any duplicity of effort.</p> <p>The Committee also discussed the 24<sup>th</sup> June 2010 Cabinet decisions in relation to the Committee's 2009/10 review of the Hillingdon Centre for Independent Living (HCIL). Members agreed to select HCIL as the committee's second major review to be conducted later in the year and asked for the Cordis Bright report <i>Options appraisal for an enhanced independent living centre August 2007</i> to be circulated for information.</p> <p>Reference was made to the work programme and timetable of meetings. It was noted that the Annual Complaints report would be considered at the next meeting.</p> <p><b>Resolved –</b></p>	<p><b>Action by</b></p>

	<ol style="list-style-type: none"> <li>1. That the Assistive Technology scoping report be agreed subject to the amendments suggested at the meeting and for the amended version of this to be circulated to the Committee by e-mail.</li> <li>2. That officers be requested to provide an update report on the status of the community equipment contract as an appendix to the Assistive Technology background report to the September meeting.</li> <li>3. That HCIL be selected as the committee's second major review for the second half of the year.</li> <li>4. That officers be requested to circulate copies of <i>the Cordis Bright report Options appraisal for an enhanced independent living centre August 2007</i> for information.</li> </ol>	<p>Democratic Services</p> <p>Directorate Officers</p> <p>Democratic Services</p>
16.	<p><b>FORWARD PLAN</b> (<i>Agenda Item 8</i>)</p> <p>The Joint Commissioning Service Manager introduced the Disabled People's Plan and Action Plan.</p> <p>Following discussions, the Committee agreed to submit the following comments to 15 July 2010 Cabinet:</p> <p><i>The Committee are impressed by the scale of activity and the numerous developments made during quarter 4 in delivering this plan. They particularly welcome</i></p> <ul style="list-style-type: none"> <li>- <i>the extent to which items in the Action Plan are on track (27 out of 30 have been completed).</i></li> <li>- <i>the way in which the Draft Plan has been restructured to reflect the corporate management process, corporate planning process and promote smarter working.</i></li> <li>- <i>the improved reporting structure to Excelsis and the clarity with which the Action Plan is presented making it easy to keep track of the various items and objectives.</i></li> <li>- <i>The Committee wish to commend the Disabled People's Plan, progress on the 2009/10 Action Plan and Draft Plan 2010/11 to Cabinet.</i></li> </ul> <p><b>Resolved -</b></p> <ol style="list-style-type: none"> <li>1. That the comments listed above be submitted to Cabinet</li> <li>2. It was noted that 468 – <i>Contract Award for the Direct Payments Support Service</i> had been deferred from 15 July Cabinet. The Committee requested Democratic Services to liaise with the Department to ascertain when this would be considered.</li> </ol>	<p><b>Action by</b></p> <p>Democratic Services</p>

	The meeting, which commenced at 7.00 pm, closed at 8.45 pm.	

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

This page is intentionally left blank

## REVIEW OF ASSISTIVE TECHNOLOGY IN HILLINGDON: TELECARE AND TELEHEALTH

**Contact Officer:** Gary Collier  
**Contact Number:** 01895 250570

### REASON FOR ITEM

1. This report supports the first witness session in the Committee's review of assistive technology. At its meeting on the 8<sup>th</sup> July 2010 the Committee decided that it would focus its review on the development of telecare and telehealth.
2. This report therefore provides the Committee with an overview of the current position in Hillingdon in respect of telecare and telehealth and outlines the future direction. An update on the current position with the contracts for the equipment loans, minor adaptations and door entry systems services is attached to this report as Appendix 1.

### OPTIONS AVAILABLE TO THE COMMITTEE

3. To note the contents of the report.
4. To question officers on its content.
5. To question the witnesses.

### INFORMATION

#### Definitions

6. **Telecare** is the name given to a range of equipment (detectors and sensors) that will raise an alarm with another person in an emergency. The alarm might be raised with a carer who lives in the same home as the person with the telecare equipment or they may live nearby. More usually the alarm is picked up by a locally based alarm centre, which in this borough is Careline. Examples of telecare detectors include fire, flood, gas, carbon monoxide and falls. The following are examples of telecare sensors: exit, bed, and chair sensors. These are particularly helpful for people with dementia who are prone to wandering. Telecare equipment can be very sophisticated, e.g. safer wandering devices that are linked into the GPS system and enable a person who goes wandering to be located and systems that remind people to take medication.

7. **Telehealth** refers to a system which enables the management of an individual's health condition remotely or in their own home. For example, technology can enable a person to monitor their own vital signs, such as blood pressure, pulse rate, or temperature or a remote monitoring centre can take readings of physiological data and warn a clinician, e.g. a GP, if the measurements fall outside the expected parameters.
8. Telehealth systems can provide an early alert system for people with conditions such as chronic pulmonary obstructive disorder (COPD), heart disease, diabetes and hypertension, etc.

### **Demographics and Importance**

9. Hillingdon's changing demographics makes the application of assistive technology critical to enabling disabled residents and those with long-term conditions to remain independent in their own homes. Without it the cost implications for the council and key partners such as the NHS would be considerable.
10. Hillingdon has a population of approximately 253,000. It is estimated that there are currently 34,000 people aged over 65 in the Borough. This is projected to increase by 8.4% in five years to 37,100. The numbers of people aged 85 and over is expected to increase by 11% within this period to 5,500. The 2001 census did identify that there were 36,000 people in Hillingdon who considered that they had a limiting long-term illness and 45% of these were older people. Stroke is one of the main causes of disability and is concentrated in the older population. In 2008/9 (the last year for which validated data is available) 3,209 people were reported by GPs as living with stroke. This is projected to increase to 4,351 by 2015.
11. Dementia is primarily a condition faced by older people and the ageing population in Hillingdon indicates that this is going to be a major cause of need in the future. Projections suggest that the number of older people with dementia is likely to increase by 7% to 2,694 in the five years to 2015. 67% of the increase can be attributed to the over 85s, which is expected to grow by 11% within this period. People with learning disabilities are more susceptible to dementias as they get older. Projections suggest that the number of people with learning disabilities living into old age is increasing and it is predicted that there will be an increase of 7.6% between 2010 and 2015.



## Policy Framework

12. It is recognition of the changing demographics of the country that led to the promotion of telecare as a means of enabling more people stay independent in their own for as long as possible being promoted by government from 2005 with *Building Telecare in England*. This was supported by the creation of a non-ring-fenced grant, the Preventative Technology Grant, in 2006. In 2008 the two-year Whole Demonstrator programme was established with the intention of providing robust evidence of the effectiveness of telecare and telehealth technologies. It seeks to identify to what extent the integration between Health and Social Care when supported by these technologies can:
  - promote people's long term health and independence
  - improve quality of life for people and their carers
  - improve the working lives of health and social care professionals
  - provide an evidence base for more cost effective and clinically effective ways of managing long term conditions.
13. Adult Social Care applied to be part of an extension of this trial earlier this year but was unsuccessful.
14. The benefits of telecare as a means of securing the independence of older and disabled people was reflected in the health and social care White Paper *Our health, our care, our say: a new direction for community services* (2006) and in the Department of Health concordat that spearheaded the transformation of adult social care, *Putting People First* (2007). The Secretary of State for Health and the Prime Minister also acknowledged the crucial role of telecare and telehealth in the future of care provision in speeches made on the 22<sup>nd</sup> October and 2<sup>nd</sup> November 2009 respectively.

## Components of a Telecare Service

15. Any telecare service comprises of a number of processes and functions and these can be summarised as follows:
  - enquiries and referrals about and for telecare;
  - assessment for telecare;
  - purchase of telecare equipment;
  - equipment installation and collection (when no longer required);
  - maintenance of equipment;
  - monitoring for alerts;
  - alert response.

16. Since the 1<sup>st</sup> April 2010 responsibility for the equipment purchase, installation, collection and maintenance functions, as well as that for monitoring alerts and the alert response has been placed with Careline. Before this date only the monitoring and alert response functions were with Careline and the other functions were contracted to Medequip Assistive Technology Ltd. The responsibility for undertaking assessments has always sat with assessment and care management and it is intended that this will continue.
17. The decision to place all of the functions apart from assessment with Careline was taken for the following reasons:
  - a. reducing the number of organisations involved in the delivery of telecare would improve efficiency by reducing confusion about roles and responsibilities;
  - b. complexities arising due to having partners with incompatible IT systems would be eliminated with having an in-house provider, thus improving efficiency;
  - c. Careline's fixed costs meant that it would be a more cost effective option. The equipment purchase, installation, collection and maintenance functions were included as part of the West London transforming community equipment services tender that the Royal Borough of Kensington and Chelsea led in 2009. Only Medequip Assistive Technology Ltd submitted a bid for telecare and appointing them to provide this service would have resulted in the council incurring a charge for each item of equipment installed and collected, as well as a separate maintenance cost;
  - d. placing all functions with Careline (apart from assessment) was an integral part of the strategic development of the service that could see it offering services to other local authorities and health economies.
18. The Committee may wish to note that it is intended that Careline will also provide a monitoring service for those people identified as being at risk should they not receive a call from their domiciliary care agency. The alerts in these cases will be identified through the council's Electronic Call Monitoring Service (ECMS).

## **Accessing Telecare in Hillingdon**

### **Eligibility for Telecare**

19. Anyone who is 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). There are two levels of telecare service in Hillingdon:

- a) *Bronze service* – This is the basic service consisting of lifeline, smoke detector and bogus caller alarm. It is a universal service available to any Hillingdon resident for a monthly charge of £4.91. The charge is for the monitoring service and not the equipment. Anyone just wanting the bronze service can approach Careline directly.
  - b) *Silver service* – This level of service is available to Hillingdon residents following a community care assessment. This enables 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 are currently undertaken by the Critical, Substantial Teams, Review and Specialist Teams within Adult Social Care and also the Hospital.
20. Hillingdon Hospital is 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.

### **Monitoring and the Response Service**

21. Unless a carer is self-monitoring, an alert will be received by the Careline switchboard. Careline staff will then seek to contact the resident. If the resident cannot be contacted they will try to telephone an identified responder, i.e. someone who lives nearby who can visit if necessary. The increasing number of single person households means that restricting telecare to those people who have responders would severely limit the number of people who could benefit from this service. In these circumstances they have a key-safe affixed outside their front door so that it is possible for emergency access to be gained where necessary.
22. Where the responder cannot be contacted or if there is no responder and it is not possible to contact the resident then Careline will telephone the emergency services. This does not apply in sheltered housing as there is a limited mobile response service paid for through the tenants' rent that means that staff will visit if the tenant cannot be contacted or where further assistance is required.

### **Reablement Service**

23. An essential component of the emerging Adult Social Care Strategy for the next three years is that no one should be admitted to residential care from hospital or the community without being considered for a period of reablement. The provision of telecare is an integral part of this and it is intended that the Reablement Team will consider all referrals for telecare.
24. It is acknowledged that some people, especially older people, may be intimidated by new technology. This can be addressed by building up

telecare provision incrementally to the extent that the user is comfortable with it. It is quite possible that some people who are referred for reablement may already be in receipt of the bronze service and a reassessment by the Reablement Service provides an opportunity to better address their needs by building on what has already been installed.

### **Mobile Response Service Pilot**

25. The ageing population and increasing incidence of dementia means that if the drive to avoid admission into residential or nursing care is to be successful it is essential that residents, their families and professionals have confidence in the support structures intended to enable people to live safely in the community. It is for this reason that a mobile response service pilot is being developed.
26. The mobile response service will be available 24/7 and will be provided by the in-house Home Care Team. Including this function within the role of the in-house Homecare Team ensures access to personal care should this be required and represents a part of its transition to become a reablement service. It also reflects the increasing prominence of reablement as a means of maximising independence and reducing avoidable demands on community care and health services.
27. It is intended that the pilot will start in October. It is envisaged that it will start off with new users identified by care management or through the Hospital and this will be built up over a period of time with an initial review taking place after three months. The residents considered for the pilot will be those identified by professionals as being at risk of residential, nursing home or hospital admission.
28. Under the pilot Careline would still seek to contact the resident and a responder (where applicable) before sending out the mobile service. The purpose of the pilot is to:
  - identify the number of attendances required;
  - identify reasons for attendances;
  - quantify resources required to support the service.
29. The key success measures would be:
  - period admission to residential/nursing home avoided;
  - hospital attendance/admission prevented.
30. It is expected that the mobile response service will become the gold level service but cost issues mean that it is unlikely that it will be possible 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 is not intended that this option will be made available in the early stages of the pilot.

31. Officers are working with NHS Hillingdon to look at the pilot supporting people with dementia identified by GP practices as being vulnerable to hospital admission. It should be possible to report verbally to the Committee on the outcome of these discussions.

### **Safer Wandering Pilot**

32. Closely related to the mobile response service and rather dependent on it, is the safer wandering pilot. Under this pilot people at risk of wandering will have a device attached to their wrist that resembles a wrist watch. This will set off an alert if the person goes beyond a pre-set distance from their home. The alert will initially be detected by the equipment supplier, Evron, who will then notify Careline. The intention is that the mobile response service will then go out to the person, whose exact location will have been identified through GPS, and encourage them to return home. It is envisaged that the safer wandering device will be used in conjunction with exit sensors.

### **Practice in Other Boroughs**

32. There are a number of variations in the models of telecare service provision. Appendix 2 provides the Committee with some comparisons but the following summarises some of these:
  - **Bromley** – there are four levels of service each incurring a different weekly charge;
  - **Camden** – provides two levels of service and has outsourced the monitoring function to a company based in Kent;
  - **Ealing** – access to telecare is restricted to people at risk of falls or people with a dementia diagnosis. The monitoring function is provided by Tunstall, which is one of the main equipment suppliers in the country. Their Homecare Service provides a mobile response during office hours;
  - **Newham** – a branch of Newham Homes (the council's arms-length management organisation) called Newham Telecare Network provides all aspects of the telecare service, including the initial assessment.

### **Funding Telecare**

33. Hillingdon received a total of £347,151 from the two-year Preventative Technology Grant introduced by the Department of Health to support

the development of telecare in England from April 2006. Table 1 provides a breakdown of how this money has been used.

**Table 1: Breakdown of Preventative Technology Grant Use**

	<b>Expenditure Item</b>	<b>Value (£)</b>
1.	Equipment	260,346
2.	Project Management	49,144
3.	Training	20,953
4.	Installation charges	16,708
	<b>TOTAL</b>	<b>347,151</b>

34. From table 1 the Committee will be able to see that the vast majority of this money has been used to fund equipment. Table 2 provides the projected full year cost for 2010/11. The majority of the equipment costs for 2010/11 will be met from stock already funded through the PTG. Additional equipment costs to meet the needs of Hillingdon residents identified as a result of a community care assessment will be met from the budget allocated to address their assessed needs.

**Table 2: Projected Full Year Cost 2010/11**

<b>Telecare Spending Plan 2010/11</b>	
<b>Item</b>	<b>Allocation 2010/11</b>
Additional installer	13,150
Mobile response service pilot	31,080
Equipment	45,000
Promotional materials	600
Demonstration flat	2,870
<b>TOTAL</b>	<b>92,500</b>

35. The pilot mobile response service will identify the exact resource implications of providing this service. It is expected that changing the role of the in-house Home Care Service to focus on reablement will release resources to facilitate this. The extent to which this hypothesis is correct will become clear once the pilot is underway. The other costs identified in table 2 will be met through reductions in residential placements.

36. The intention is to bring the Careline and telecare budgets together as part of the creation of a unified service. For 2010/11 the Committee should be aware that there are separate financial arrangements for Careline. The total gross cost of Careline for this financial year is £721k. £254k of this is attributed to the General Fund and relates to residents living in the private sector. The remaining £467k relates to council tenants and people living in council owned sheltered units.
37. Careline also secures £320k in income. £155k comes from charges to private sector service recipients and housing associations that are funding Careline to support their tenants. A £165k block grant is also received from Supporting People.

### **Cost Avoidance**

38. In the current economic climate it is essential to consider the economic benefits of telecare. Telecare can result in savings where the cost of supporting a resident at home is less than that of residential care after taking the cost of any domiciliary care and any other service into consideration. A study in 2008/9 showed an estimated saving of £2K per user. This was based on the amount of time that the users were kept out of residential care.
39. One of the pioneers of telecare, Essex County Council, estimated that for every £1 spent on telecare £3.58 was saved in traditional care costs, i.e. residential.

### **Children's Services**

40. No separate telecare budget has been identified to fund telecare for children with disabilities. This is because the number of occasions where telecare equipment is identified as offering a solution to assessed needs is limited. Telecare equipment would be purchased on a spot basis where it would assist in addressing need.

### **Areas for Development**

41. **Performance indicators** – table 3 sets out the key performance indicators for Careline. These have 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. The transfer of telecare to Careline also coincided with the switchover to a digital monitoring system which had training implications for Careline staff.

**Table 3: Telecare Performance Indicators**

<b>Indicator</b>	<b>Requirement</b>
Standard	72 hours from receipt of referral to installation
Hospital discharge	24 hours from receipt of referral to installation
Emergencies	Same day if referral received by 3pm

42. **Developing technology** – telecare and telehealth technology is a fast developing area and the importance of being limited to particular equipment suppliers is recognised. Although there is standard list of equipment other items can be provided where this will address assessed need. A key proviso is that the equipment must be compatible with the monitoring equipment. The Committee will have the opportunity to see equipment being demonstrated at the first witness session.
43. **Telehealth** – a pilot focussed on dermatology, i.e. skin cancer, based at one GP practice in the north of the borough is 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 will be explored over the next year.
44. **Publicity** – publicity materials are currently in the process of being developed to be given to users and their carers and also to assist professionals. It is also intended that this information will be available on the council's website.
45. **Rebranding of Careline** – discussions are taking place about the rebranding of Careline to emphasise its new role as a telecare service. The Committee's views about what the new service might be called would be welcomed.



## Community Equipment Service Contract Update

1. The Community Equipment Service (CES) comprises of four areas:
  - equipment loan service
  - short-term wheelchair service
  - minor adaptations
  - door entry systems
2. **Equipment loans** – this service provides daily living aids on a loan basis to people who meet the eligibility criteria for social care or who are registered with a Hillingdon GP. The service is available to children as well as adults and the equipment available ranges from simple items such as walking sticks or raised toilet seats to more complex items like electric hoists or four-section electric beds.
3. **Short-term wheelchair service** – this service provides basic wheelchairs on a temporary loan basis. The user is required to pay a £40 returnable deposit and a £15 delivery charge. There is no charge where the wheelchair is collected, which can be done from the provider's warehouse in Harmondsworth.
4. **Minor adaptations** – this service provides adaptations up to the value of £1,000 to individuals' homes. Minor adaptations would include equipment such as grab rails by a door or near a toilet or bath. It could also include some ramps.
5. **Door entry systems** – this service includes the installation of key safes, coded entry systems and flashing light door bells for people with a hearing loss.

### Demand

6. Table 1 provides a comparison in the levels of demand over the last two financial years (user number figures not available for 2007/8) for the equipment loans service. This shows that there has been a steady rise in the number of service users that we have assisted and an increase in the number of pieces of equipment provided. The data reflects the national and local policy priority of assisting more people to live independently in their own homes.

**Table 1: Equipment Loan Service Activity Compared 2007/8 – 2009/10**

	2007/08	2008/09	2009/10
Total Number of Service Users		4,289	4,345
Total Pieces of Equipment Delivered	14,234	15,298	15,623
Average number of pieces of equipment per SU		4	4

## Funding Arrangements

7. Table 2 summarises the funding responsibility and budgets for the community equipment services for 2010/11.

**Table 2: Summary of Funding Responsibility and Budget for the Community Equipment Services 2010/11**

	<b>PCT £,000s</b>	<b>Council £,000s</b>
Equipment Loans	485.6	485.6
Short-term Wheelchair	16.2	0
Minor Adaptations	0	29.6
Door entry systems	0	35

## Collaborative Commissioning

8. During 2009/10 the Council and Hillingdon Community Health were part of a collaborative procurement exercise that was led by the Royal Borough of Kensington and Chelsea (RBKC) and involved seven London councils and PCTs in total (Camden, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, Southwark, Wandsworth and Westminster). The key objective behind the collaboration was to secure greater efficiencies through increased economies of scale. An initial saving of £60k was achieved and opportunities for this to increase are created by the possibility of other councils entering into the framework agreement that is hosted by RBKC.
9. The tendering exercise resulted in Medequip Assistive Technology Limited being appointed under a framework agreement. In July 2009 Cabinet delegated responsibility to draw down from the framework to the Cabinet Member for Social Services, Health and Housing and this decision was made on the 27<sup>th</sup> November 2009.

## Global Benefits of Equipment Consortium Arrangements

10. The following summarises the some of the key benefits to all consortium members:
- due to the number of consortium partners involved it has been possible to reduce the cost of the standard equipment products, e.g. those in the catalogue. This is due to the greater economies of scale. A number of processes have been streamlined which has reduced a number of over-head costs for the provider.
  - The use of technical specifications instead of branded items for the new catalogue has also resulted in a reduction in prices for standard stock items.

- The Joint Equipment Services Contracts Manager acts as the lead for Hillingdon at the Consortium meetings, sharing ideas and views on the current and future development of the contract, processes and IT development.
- A central IT ordering system that is owned by the consortium partners, allowing us to have greater control over the data that is held on our service users.
- The IT software can also handle a council's prescription service. This is currently in use in Southwark and Wandsworth and works similarly to how prescriptions for spectacles operate. This system has not been implemented in Hillingdon as yet but if it is then no additional IT systems will be required.

### **Local Benefits: Partnership Working**

11. The following summarises the benefits for partnership working locally that have arisen from the consortium commissioning arrangements:
  - a section 75 (National Health Service Act, 2006) agreement has been agreed between the council and Hillingdon Community Health and approved by Cabinet and the PCT Board in March 2010. This establishes clear governance arrangements for the funding and management of the community equipment service.
  - the implementation of this contract in April 2010 required prescribers/authorisers from the council, Hillingdon Community Health and Hillingdon Hospital to work very closely together to ensure a smooth transition from one contract to another. This has greatly improved the relationship between the stakeholders. Most notably it enabled implementation of the new contract to take place without any disruption to users, for whom the process should have been seamless.
  - prescribers attend a monthly Equipment Review Group across the consortium. The group shares information on current products and products that individual boroughs may wish to include in a revised catalogue. This allows prescribers to share good practices and provides problem solving opportunities.

### **Local Benefits: On-Line Ordering**

12. The following summarises the benefits arising from on-line ordering:
  - all prescribers within Hillingdon are now using the on-line ordering portal at [www.equipmentforyou.org.uk](http://www.equipmentforyou.org.uk) to order equipment. Each prescriber has a username and password to access the website.

The equipment is ordered in real-time rather than twice a day which was the position with the older CareFirst system;

- the ordering portal can be used anywhere where there is access to the internet, which means that prescribers can carry out the assessment in a service user's home and at the same time they can show the products they are ordering as the catalogue is on-line;
- the on-line ordering system increases financial awareness to the prescribers, which questions the products they are ordering and questions are they really needed. All associated costs are indicated on the order, cost of products and cost of delivery. Previously a number of Health partners used to fax their requests to Hillingdon Centre for Independent Living (HCIL) for orders to be placed without having an understanding of the cost implication of the total order;
- prescribing teams have access to a catalogue that is relevant to their professional prescribing limits and this helps to control expenditure.

#### **Local Benefits: Financial**

13. Quarter 1 2010/11 activity and expenditure for the equipment loan service is indicating that the consortium arrangements have resulted in considerable financial benefits to the council and Hillingdon Community Health. For example, expenditure on equipment purchase, delivery and collection in Q1 2009/10 was £226,945. For the same period in 2010/11 expenditure was £225, 780 but the volume of equipment issues was 19% higher. This is illustrated further in table 3 below.

**Table 3: Equipment Loans Service Activity Q1 2009/10 and Q1 2010/11 Compared**

	<b>Q1 2009/10 Quantity</b>	<b>Q1 2010/11 Quantity</b>	<b>Growth %</b>
Equipment issues	3,609	4,297	19
Equipment collections	2,072	2,828	27
Technical services	190	302	37
Equipment scrapped	582	264	-55
<b>TOTAL</b>	<b>6,453</b>	<b>7,691</b>	

14. Tables 4 and 5 provide a comparison in activity and cost for the minor adaptations and door entry systems services respectively. Table 1 shows a reduction in costs for minor adaptations of 61% compared to those for Q1 2009/10 and table 2 shows a reduction of 39%.

**Table 4: Minor Adaptations Activity and Costs Compared Q1 2009/10 and 2010/11**

	<b>2009/10 - Q1</b>	<b>2010/11 - Q1</b>	<b>Growth (%)</b>
Total Pieces of Equipment Delivered	459	493	7
Cost of Equipment	3001	2680	- 11
Cost of Activities	11866	3110	- 74
Total cost of service	14867	5790	-61

**Table 5 Door Entry Systems Activity and Costs Compared Q1 2009/10 and 2010/11**

	<b>2009/10 - Q1</b>	<b>2010/11 - Q1</b>	<b>Growth (%)</b>
Total Pieces of Equipment Delivered	199	170	-15
Cost of Equipment	7621	5024	- 34
Cost of Activities	6337	3540	- 44
Total cost of service	13958	8564	- 39

## **Conclusions**

14. Although it is unwise to draw any major conclusions about activity after one quarter, the indications are that the results of the collaborative commissioning arrangements are likely to be very positive for Hillingdon residents.
15. The Committee should be aware that there is scope for further London councils and PCTs to join the framework agreement, which would mean further financial benefits to current members as the cost of standard products would decrease as a result of the provider's increased bulk purchase discount opportunities.
16. The Committee can be provided with further updates on the progress of the new contract should this be desired.

## Telecare Service Models Compared

Council	Eligibility	Service Levels	Equipment Supplier	Equipment installation, maintenance and collection	Monitoring	Mobile Response Service	Charging
<b>Barnet</b>	People assessed as FACS (Critical and substantial levels) eligible only.	1. Stand alone equipment (not connected to call centre) 2. Lifeline (full service)	Chubb & Tynetech	Barnet Homes Assist	Barnet Homes Assist	No	Lifeline charged for on a weekly basis. No charge for stand alone equipment
<b>Brent</b>	People assessed as FACS (Substantial and Critical levels) eligible only	One level	Tunstall (primarily)	Contracts with Elders Voice and KOne	Community alarm service	Contract with Willow Housing to provide Floating warden Scheme for vulnerable Older people living alone. 24hrs	No charge if part of package of care.
<b>Bromley</b>	People assessed as	Lifeline/keysafe	Tunstall	To be clarified	Care Link Age UK	Yes.	£3.62 pw
		Lifeline/keysafe & mobile response					£6.99pw

	FACS eligible	Lifeline/keysafe & other telecare			Invicta	24hr	£5.52pw
		Lifeline/keysafe, other telecare & mobile response					£8.99pw
<b>Camden</b>	Universal	Silver: monitoring only Gold: – access to mobile response	Tunstall (primarily)	In house	Outsourced to Invicta in Kent	Careline attend but care not normally provided 24hr	Silver: £3.60 per week  Gold: £4.60 per week
<b>Croydon</b>	Universal	One level	Tunstall	In house	Careline Telecare Service	Yes 24 hours Personal care provided	Charged for service. (Variable rates)
<b>Ealing</b>	People susceptible to falls or with dementia diagnosis	Separate Careline service available as universal service	Tunstall	Tunstall	Tunstall	Homecare during office hours. Emergency services thereafter.	No charge
<b>Lewisham</b>	Universal service	Level 1 – telephone only Level 2 – full mobile response service	Tunstall	In-house	Linkline shared with Merton	Linkline Merton covers during office hours but Lewisham between 7pm and	Level 1 - £3.22 per week Level 2 - £5.12 per week (covered by fairer charging)

						7am	for FACS eligible)
<b>Newham</b>	Universal service. (See charging column)	Level 1- Pendant/s service Level2- Full Telecare service	Tunstall (primarily)	Red Alert (Private sector provider)	Newham Telecare Network Control Centre	Yes by Newham Telecare Network. Basic response only-no personal care.	FACS compliant (Critical or substantial)-no charge. Non-FACS compliant-£5 per week for full Telecare package or £2 per week for pendant/s equipment and monitoring.



## ASSISTIVE TECHNOLOGY: WITNESS SESSION 1

**Contact Officers:** Charles Francis / Gary Collier  
**Telephone:** 6454 / 0570

### REASON FOR ITEM

To hear from witnesses, as part of the Committee's 2010/11 review examining the use of assistive technology by adult social care to support independent living.

### OPTIONS AVAILABLE TO THE COMMITTEE

To question the witnesses about role and function of assistive technology, an update on progress made in Hillingdon and identify any further issues for future witness sessions. (Suggested questions attached as **Annex A**).

### INFORMATION

1. The Committee is responsible for undertaking the 'policy overview' role in relation to Social Services, Health and Housing. This role is outlined at the start of the agenda.
2. Previous experience from both Hillingdon and other Councils indicates that the Committee can have the greatest impact by focusing on a particular topic at one or several meetings.
3. Following discussion at the Committee's meeting on 15<sup>th</sup> June 2010, Members decided to review the use of assistive technology by adult social care to support independent living.
4. This is the first witness session for the review. This will provide an overview of the role and function of assistive technology and an update on progress made.
5. The following will be attending to give evidence to the Committee:
  - Head of Commissioning
  - Head of Access and Assessment
  - Equipment demonstration – Careline Manager
  - User/carer perspective – Case Studies are attached in Annex B.

*Officers are currently in the process of arranging a visit to a carer for the Chairman and Labour Lead.*

6. Questions (attached as Annex A) have been sent to the witnesses in advance. Members are not constrained by these and may wish to ask supplementary questions. A copy of the amended Scoping Report is attached as Annex C.

**Attachments:**

Annex A: Questions for the witnesses

Annex B: Case Studies – User/Carer perspective

Annex C: Copy of the amended scoping report

**SUGGESTED COMMITTEE ACTIVITY**

- Question the witnesses, adding supplementary questions as appropriate.

**THE USE OF ASSISTIVE TECHNOLOGY BY ADULT SOCIAL CARE TO  
SUPPORT INDEPENDENT LIVING**

**QUESTIONS FOR THE WITNESSES**

---

1. How can telecare and telehealth assist in keeping Hillingdon residents independent in their own homes?
  2. What benefits can this have for users, carers and the council?
  3. What services does Hillingdon provide?
    - I. To whom?
    - II. Service location?
    - III. How are these services accessed?
  4. How will the pilot mobile telecare response service work?
  5. How has this developed elsewhere (with reference to best practice)?
-

**CASE STUDIES****Case Study A****Background**

Mrs A is a 92 and lives alone in a ground floor maisonette. She has advanced dementia, frequent infections and incontinence; she also has heart and gastric problems and has a history of frequent falls resulting in hospital admissions. Mrs A has had 5 hospital admissions during a six month period.

Mrs A receives homecare 4 times a day to assist with personal care tasks and meals she also attends a day centre once a week. Her daughter, Mrs T, provides support and makes several visits throughout the day to check on her mother. This impacts on Mrs T's wellbeing as she is reluctant to go out and leave her mother for too long in case she falls.

Mrs A's last hospital admission was in April 2010 when she was found on the floor by the carer.

**Reason for Telecare referral**

The hospital consultant recommended that Mrs A was placed in a care home as the risk of her falling and laying on the floor for a prolonged period was high, but Mrs T was not happy with this and wanted her mother to stay in her own home for as long as possible.

The hospital Occupational Therapy Team referred Mrs A for the following telecare equipment: bed & chair occupancy sensor, falls detector and a property exit sensor, in order to facilitate hospital discharge, provide support for Mrs T and enable Mrs A to remain her own home.

**Outcome**

Telecare provides an early warning if Mrs A is out of her bed during the night or away from her chair during the day for longer than the agreed timescale set, this gives Mrs T piece of mind and enables her to reduce the number of visits she makes to her mother during the day giving her time and freedom to pursue other activities.

Mrs A has not had any further admissions to hospital and her daughter has been able to delay making the decision to place her mother in a care home.

## **Case Study B**

### **Background**

Mrs D is 88 and lives in sheltered accommodation; her daughter Mrs J lives locally and assists her mother with shopping and cleaning. However, she does work full-time.

### **Reason for Telecare**

Mrs D was admitted to hospital for a total hip replacement. There were complications resulting from the operation and this led to an extended stay in hospital. This resulted Mrs D having low confidence and poor mobility. Mrs D and her daughter Mrs J were concerned about Mrs D falling and injuring herself especially at night.

A telecare Lifeline unit linked to a bed occupancy sensor was requested by the Hospital Occupational Therapy Service to provide support for Mrs D on discharge.

### **Outcome**

Mrs D was discharged home with homecare calling 4 times a day to assist with personal care. Meals on wheels are also delivered daily.

Since discharge the bed occupancy sensor has raised an alert due to Mrs D not returning to bed during the timescale set. This has provided Mrs D and her daughter Mrs J peace of mind that in the event of a fall the monitoring service will react. Mrs D's confidence has increased and she is gradually returning to her usual activities. Mrs J is able to fully rest at night without worrying about her mother falling and this has reduced her stress levels and this has made her more productive at work.

*London Borough of Hillingdon*

**SOCIAL SERVICES, HEALTH & HOUSING  
POLICY OVERVIEW COMMITTEE**

**2010/11**

**REVIEW SCOPING REPORT**

**Proposed review title:**

**TO EXAMINE THE USE OF ASSISTIVE TECHNOLOGY BY ADULT  
SOCIAL CARE TO SUPPORT INDEPENDENT LIVING**

**Aim of the Review**

To examine the use of assistive technology in Hillingdon, e.g. telecare, telehealth, community equipment, minor adaptations and door entry systems and make recommendations that will improve the effectiveness of the service as a means of enabling disabled people to remain independent in the community and to generate cost savings for the council.

**Terms of Reference**

1. To review how assistive technology has been employed by other London Boroughs and to review current best practice.
2. To examine the opportunities presented by telecare and telehealth systems to prevent avoidable admission into residential and/or hospital, including assisting carers in their caring role.
3. To examine the telecare mobile response service pilot.
4. To make recommendations that will help officers and partners address any identified gaps in the role and function of assistive technology to support Hillingdon residents to remain independent and assist the council in achieving cost savings.
5. To make recommendations with full costings to Cabinet/Cabinet members based upon the findings of this review.

**Definition of Assistive Technology**

In 2004, the Audit Commission defined assistive technology as:

*“any item, piece of equipment, product or system that is used to increase maintain or improve the functional capabilities and independence of people with cognitive, physical or communication difficulties”.*

As the term assistive technology is so broad this report will focus on the following:

- community equipment
- minor adaptations
- door entry systems
- telecare and telehealth

## **Background**

### **Demographics and Importance**

The ageing population in Hillingdon changing demographics makes the application of assistive technology critical to enabling disabled residents and those with long-term conditions, especially dementia, to remain independent in their own homes. Without it the cost implications for the council and key partners such as the NHS would be considerable.

### **Local Aspirations**

Extensive consultation nationally and locally shows that the vast majority of older and disabled people wish to remain independent in their own homes. Assistive technology has an essential role to play in ensuring that this aspiration becomes a reality. The use of assistive technology in the form of telecare as an essential mechanism for addressing the needs of the ageing population and in making savings in the cost of care provision was identified in a Department of Health study published in October 2009 by John Bolton about the use of resources in adult social care and also the Audit Commission publication *Under Pressure* published in February 2010.

### **Community Equipment Service**

Hillingdon has a high performing community equipment service which has been jointly funded with Health since 1993. This service provides daily living aids on a loan basis to people who meet the eligibility criteria for social care or who are registered with a Hillingdon GP. The service is available to children as well as adults and the equipment available ranges from simple items such as walking sticks or raised toilet seats to more complex items like electric hoists or four-section electric beds. A pooled budget arrangement means that clinicians across health and social care, such as occupational therapists, are able to prescribe equipment according to their clinical competence, which prevents users having to see different people according to where their equipment needs are identified as meeting a health or social care need.

During 2009/10 the Council and the PCT were part of a collaborative procurement exercise that was led by the Royal Borough of Kensington and Chelsea (RBKC) and involved six London councils and PCTs in total. The key objective behind the collaboration was to secure greater efficiencies through increased economies of scale. An initial saving of £60k was achieved and opportunities for this to increase are created by the possibility of other councils entering into the framework agreement that is hosted by RBKC. This

sets common prices and terms and conditions that other councils would be bound by should they wish to join it. The more councils that join the greater the opportunities for savings on equipment cost.

The tender resulted in Medequip Assistive Technology Ltd being appointed and the new contract started on the 1<sup>st</sup> April 2010 and is currently in the early stages of implementation as prescribers get used to new ordering systems, especially information technology.

### **Minor Adaptations and Door Entry Systems**

The minor adaptations service provides adaptations up to the value of £1000 to individuals' homes. Minor adaptations would include equipment such as grab rails by a door or near a toilet or bath. It could also include some ramps.

Door entry systems includes the installation of key safes, coded entry systems and flashing light door bells for people with a hearing loss.

Both the minor adaptations and door entry systems services were included within the collaborative procurement exercise referred to above.

### **Telecare**

**Telecare is a subset of assistive technology.** It is the name given to a range of equipment (detectors and sensors) that will raise an alarm with another person in an emergency. The alarm might be raised with a carer who lives in the same home as the person with the telecare equipment or they may live nearby. More usually the alarm is picked up by a locally based alarm centre, which in this borough is Careline. Examples of telecare detectors include fire, flood, gas, carbon monoxide and falls. The following are examples of telecare sensors: exit, bed, and chair sensors. These are particularly helpful for people with dementia who are prone to wandering. Telecare equipment can be very sophisticated, e.g. safer wandering devices that are linked into the GPS system and enable a person who goes wandering to be located and systems that remind people to take medication. Appendix 1 provides an illustration of some items of telecare equipment.

During 2009/10 439 older people received telecare systems. This includes people with the lifeline system and those who have a broader range of sensors and detectors as well. A target of assisting 450 older people and 20 younger disabled younger adults has been set for 2010/11.

The main beneficiaries of telecare are older people, especially those with dementia, but it can also assist people with other disabilities such as learning disabilities, mental health needs and younger adults with physical and/or sensory disabilities

The responsibility for the supply, installation, maintenance and collection of telecare equipment transferred to Careline from a private provider on the 1<sup>st</sup>



April 2010. This action brought these functions together with the response service into one place with the intention of creating cost and process efficiencies.

The effectiveness of telecare as an alternative to residential care is dependent on there being a robust response service that users, carers and family members as well as professionals can rely on. At present the response to an alert entails contacting identified key holders or the emergency services where this is not possible. From the 1<sup>st</sup> October 2010 it is intended to run a pilot mobile response service that will operate 24/7 and will involve both Careline staff as well as staff from the in-house Home Care Team. The beneficiaries of the pilot will be service users whom care management staff have identified as being vulnerable to admission into residential or nursing care or a potential Hospital Accident and Emergency attendance. The purpose of the pilot is to clarify the volume and nature of call outs and therefore the level of staffing required to support the service.

As the pilot is not due to start until October 2010 officers would propose that a report on the evaluation of its initial three month period is submitted to the Committee for consideration at its February meeting.

### **Telehealth**

*Telehealth* refers to a system which enables the management of an individual's health condition at a distance or in their own home. For example, technology can enable a person to monitor their own vital signs, such as blood pressure, pulse rate, or temperature or a remote monitoring centre can take readings of physiological data and warn a clinician, e.g. a GP, if the measurements fall outside the expected parameters.

Telehealth systems can provide an early alert system for people with conditions such as chronic pulmonary obstructive disorder (COPD), heart disease, diabetes and hypertension, etc.

The development of telehealth in Hillingdon is in its very early stages in Hillingdon and preliminary discussions with NHS Hillingdon to look at the options for taking this forward took place on the 28<sup>th</sup> June 2010. The Committee may wish to note that exploring the feasibility of establishing an integrated telecare and telehealth service is one of the tasks within the Wellbeing Strategy action plan.

### **Links to Other Strategies and Plans**

The use of assistive technology links into the Hillingdon Sustainable Community Strategy theme of improving health and social care by enabling people to live independently at home. It also links into the following strategies and plans:

- Wellbeing Strategy
- Older People's Plan
- Disabled People's Plan
- People with Physical and/or Sensory Disabilities Strategy 2008 – 2013
- Commissioning Strategy Plan 2009 - 2014
- Disabled Children Strategy 2009-2011
- Carers Strategy 2008 – 2013

As a key preventative measure, assistive technology also links into the Support, Choice and Independence programme within Adult Social Care, Health and Housing which is seeking to implement the personalisation of adult social care services in Hillingdon.

### **Reasons for the review**

Hillingdon is facing a combination of challenges and included within these are:

- an ageing population leading to increased demand for services and greater budget pressures;
- the national and local policy priority and popular aspiration of preventing avoidable admission into institutional care;
- contracting council budget arising from national financial situation.

Assistive technology has an important role in addressing these challenges. The review provides an opportunity for the Committee to identify recommendations that will assist in the more effective use of this technology to the benefit of Hillingdon's residents.

### **Key questions**

- What is the role and function of assistive technology?
- How has this developed elsewhere (with reference to best practice)?
- How will the pilot mobile telecare response service work?
- What services does Hillingdon provide?
  - IV. To whom?
  - V. Service location?
  - VI. How are these services accessed?
- Are any changes proposed in the equipment that will be made available?
- How does the Council work in partnership with service providers and other stakeholders? Is there any overlap with or duplication of the work of other partners?
- Bearing in mind the current economic climate, what future savings might the successful implementation of assistive technology bring?

## Methodology

- Introductory overview report from Social Services & Housing officers on assistive technology included in the papers for the first witness session.
- Evidence gathering sessions from range of witnesses including:
  - Chairman of the London Telecare Network (from LB Merton)
  - Representative from Newham/Croydon or Kent
  - Head of Access and Assessment or Service Manager Access
  - Careline Manager
  - Demonstration of telecare/telehealth equipment
  - Joint Commissioning Service Manager
  - NHS Hillingdon representative
  - Age UK
- Look at websites from a number of councils to compare how they are promoting assistive technology
- Visit to Careline Control Room
- View following website to get overview of community equipment modernisation programme  
[www.dhcarenetworks.org.uk/csed/TransformingCommunityEquipmentService/](http://www.dhcarenetworks.org.uk/csed/TransformingCommunityEquipmentService/)
- View following website to get a view about potential opportunities for efficiencies from telecare/telehealth  
[www.dhcarenetworks.org.uk/csed/AT/?parent=7110&child=7117](http://www.dhcarenetworks.org.uk/csed/AT/?parent=7110&child=7117)

## Stakeholders and consultation plan

It is proposed to invite the following witnesses to give evidence:

### *First session*

This first session (including an officer background report) will provide an overview of the role and function of assistive technology, an update on progress made in Hillingdon.

- Witnesses will include:
  - Head of Commissioning
  - Head of Access and Assessment
  - Equipment demonstration – Careline Manager
  - Chairman of London Telecare Network
  - User/carer perspective

Should it not be possible for a telecare user and a carer to attend the first witness session the following will be explored as alternatives ways for the Committee to gain the user/carer perspective:

- day time meeting with Committee members
- meeting at the home of user/carer with Committee members;
- written submission by user/carer.

### *Second session*

This session will examine partnership working and future challenges faced by the Department to deliver excellent services for people with long term health problems. Witnesses will include:

- Representative from Newham/Croydon or Kent
- NHS Hillingdon representative
- Age UK and/or Alzheimer's Society

### Third session

This session will examine the resource implications of any proposed delivery models, e.g. social enterprise schemes, income generation opportunities.

Witnesses will include:

- Head of Finance
- Joint Commissioning Service Manager

### **Connected work (recently completed, planned or ongoing)**

Work is currently in progress on the development of a strategy for personalisation and the use of assistive technology will form an integral part of this.

### **Proposed review timeframe**

<b>Meeting</b>	<b>Action</b>	<b>Purpose / Outcome</b>
08/07/2010	Agree Scoping Report	Key questions, potential witnesses and terms of reference agreed
01/09/2010	Introductory Report / Witness Session	Brief Members on the background to the review/evidence gathering/understanding the 'as is' position.
13/10/2010	Witness session	Evidence gathering.
09/11/2010	Witness session - Finance	Evidence gathering on financial implications of proposed models of provision.
9/12/2010	Draft Report	Agree recommendations and draft report.

### **Risk assessment**

Assistive technology covers a very broad area and there is a risk that the Committee's impact may be reduced if the scope of the review is too broad. In addition, the new contract for the community equipment, minor adaptations and door entry systems services only started on the 1<sup>st</sup> April 2010 and it will really be too early for the Committee to form a judgement about its implications for the council and service users.

For this reason, Members are recommended to focus on:

- Telecare and telehealth;
- how these services can be developed to improve outcomes for Hillingdon residents;
- opportunities for making savings for the council.

It is also recommended that Members defer a review of the community equipment, minor adaptations and door entry systems services until 2011/12 when information about the full implications of the new contractual arrangements will be clearer.

## Examples of Telecare Equipment



### Telecare Alarm Unit:

Alarm unit with portable button. Enables people to call for help from anywhere at home and speak to someone 24 hours a day.



### Smoke detector

Protects against risk of fire. When triggered it will automatically alert the response centre. Protects people unable to respond to standard alert, for example due to cognitive problems, who are hard of hearing, may be asleep or simply lack a smoke detector.



### Flood detector

Detects if a bath or basin has overflowed if someone has forgotten to turn off taps



### Natural gas detector

Will detect if a gas appliance (cooker, fire) has been turned on and not ignited



### Temperature alert

Placed near a cooker will detect if a gas/hot plate has been left on

## **ADULT SOCIAL CARE, HEALTH AND HOUSING – ANNUAL COMPLAINTS REPORT 2009/10**

**Contact Officer:** Dan Kennedy  
**Telephone:** 01895 277 261

### **REASON FOR REPORT**

- 1.1 Customer feedback is essential to service improvement and complaints are a way in which customers can inform us of where things go wrong and allow us the opportunity to put matters right and learn for the future. This report presents information about complaints received by the Adult Social Care, Health and Housing Complaints Team during 2009/10 and how these have been used to shape service improvements. At the request of the Committee this report includes information about Members Enquiries received during 2009/10.

### **OPTIONS OPEN TO THE COMMITTEE**

1. Members of the Committee discuss and comment on the annual report and use the report to inform their overview activities.
2. Members of the Committee agree to raise any concerns with the relevant Cabinet member
3. Members of the Committee note the contents of the annual report.

### **INFORMATION**

#### **2. SUMMARY**

- 2.1 We aim to resolve complaints at the earliest opportunity and to learn from complaints to improve our services.
- 2.2 Overall, the number of complaints and general concerns received has fallen during 2009/10 when compared to the previous year: 315 complaints were received during 2009/10 compared to 494 in 2008/09 and 502 in 2007/08. In view of the numbers of customers and volume of service activity each year, the number of complaints is relatively small e.g. for Housing Benefits 45 complaints were received in 2009/10, representing 0.26% of the caseload.

- 2.3 The focus of complaints management continues to be to prevent and resolve the customers' complaint at an early stage. This approach is effective as the overall number of complaints escalating to higher stages of the complaints procedure has fallen in 2009/10 compared to previous years.
- 92% of complaints were resolved at stage 1 of the complaints procedures (289 complaints resolved, 26 proceeded to stage 2 of the complaints procedure).
  - Overall, the number of complaints progressing to stage 2 during 2009/10 remained almost unchanged compared to the previous year (26 stage 2 complaints in 2009/10 compared to 25 in 2008/09). Of the 26 stage 2 complaints received in 2009/10, 23 (89%) were successfully resolved at this stage (compared to 80% during 2008/09).
  - At stage 3, a total of three complaints were received in 2009/10, compared to six in 2008/09.
  - The Local Government Ombudsman made decisions on 15 complaints for Adult Social Care, Health and Housing.
- 2.4 The key themes from complaints received during 2009/10 have been related to:
- Policy decisions (87 complaints, 28%) – related to the outcome of housing assessments and homelessness decisions, housing benefit assessments, the recovery of overpayments, repairs policy decisions, the right to succeed a tenancy in the event that the tenant dies, the application of the Council's charging policy for adult social care services and the outcome of occupational therapy assessments.
  - Customer care and communication / officer conduct (118 complaints, 37%) – perceptions of staff attitude / conduct when communicating unwelcome policy decisions including the outcome of housing needs assessments and decisions to recover housing benefit overpayments, a need for improved clarity in supporting information and letters sent to customers explaining policy decisions and assessments; and not always keeping the customer up-to-date with developments and decisions.
  - Quality of service – (110 complaints, 35%) complaints about the quality of temporary accommodation, the quality / accuracy of housing benefit and housing needs assessments in which complainants did not feel the information they had provided had been taken into account; complaints about water leaks in neighbouring properties affecting the tenants property; complaints about the condition of kitchen's / bathrooms; and delays in completing repairs, particularly to heating / hot water systems. Complaints have also been made about the timeliness of domiciliary care services and the quality of residential and nursing care – these relate to services commissioned from private and voluntary care providers.



### **3. CONTEXT/OVERVIEW**

- 3.1 Adult Social Care Health and Housing (ASCH&H) works with and serves a large number of vulnerable people throughout the Borough. The department provides and arranges a wide range of support services to enable vulnerable people and those with care needs to live in appropriate housing and to stay in their own homes and when this is not possible will support residential or nursing care placements. Our services also include seeking to address the housing needs of residents, housing benefits and a housing landlord. Whilst we always aim to provide high quality services that meet the needs and circumstances of individuals, carers and their families, sometimes things do go wrong.
- 3.2 The complaints procedure is a mechanism to identify problems, resolve issues and make changes to improve services. The analysis of information about complaints at each stage of the procedure gives ASCH&H an opportunity to reflect on the quality of the services it provides to our customers and consider how well it listens and responds to their needs.
- 3.3 This report provides information about complaints made during the twelve months between 1 April 2009 and 31 March 2010 under adult social care complaints procedures and the Corporate Complaints procedure.

#### What is a Complaint?

- 3.4 A complaint, as defined by our corporate policy and procedure is:

“An expression of dissatisfaction by telephone, personal visit or in writing, about the standard of service, actions or lack of action by the council or its staff affecting an individual or group of customers.”

#### Who can make a complaint?

- 3.5 Under adult social care requirements, a person is eligible to make a complaint where the local authority has a power or duty to provide, or to secure the provision of, a service for someone and their need or possible need for such a service has (by whatever means) come to our attention. This also applies to a person acting on behalf of someone else.
- 3.6 We want the complaints procedure to be as accessible as possible. Adult Social Care, Health and Housing publicises information about how to make a complaint in both the corporate leaflet and the factsheet referring to the Social Care process for complaints. There is a specific information for people with learning disabilities.

- 3.7 A series of outreach visits have been made by staff throughout the year to voluntary organizations, day centres and residential settings to promote the accessibility of the complaints service.
- 3.8 Complaints can be made in person, by telephone, in writing, by fax, via our website or email, either directly to the service area, Contact Centre or to the Customer Care and Complaints Team.

#### Stages of the Complaints Procedure

- 3.9 The complaints procedure has three stages.

**Stage 1, Local Resolution** This is the most important stage of the complaints procedure. We expect the department's teams and external contractors providing services on our behalf to resolve as many problems and complaints as possible at this point. The complaints procedure requires complaints considered under the corporate complaints procedure at stage 1 to be responded to within 10 working days up to a maximum of 20 working days. For social care and healthcare complaints this is the only stage available to resolve the complaint before progression to the Local Government Ombudsman. For housing related complaints, including those for Hillingdon Homes, there are two further stages of the complaints procedure.

**Stage 2, Formal Investigation** This stage is usually implemented where the complainant is dissatisfied with the findings at stage 1. For complaints under the corporate procedure, the complaint is reviewed by the Deputy Director (for housing complaints) or the Chief Executive Officer for Hillingdon Homes who responds to the complainant within 10 working days.

**Stage 3, Review Panel** If complainants are still not happy after their complaint is investigated at stage 2, under the corporate procedure, the Chief Executive commissions an investigation by an officer in Democratic Services and responds to the complainant in light of the findings of the investigation. For complaints about Hillingdon Homes, an independent organization undertakes this review.

**The Local Government Ombudsman (LGO)** The LGO is empowered to investigate where it appears that our own complaints procedure has not resolved the complaint. Complainants can refer their complaint to the LGO at any time, although the LGO normally refers the complaint back to us if it has not been through our procedure first.

## 4. OVERVIEW OF COMPLAINTS RECEIVED

### Stage 1 of the Complaints Procedure

- 4.1 The final out-turn for 2009/10 confirms that the Customer Care and Complaints Team received 315 new complaints at stage 1 during the year, compared with 494 the previous year. This figure is the total number of complaints that the complaints team handled.
- 4.2 In addition to formal complaints, the Customer Care and Complaints Team take customer enquiries or 'concerns' and deal with them promptly and informally. Many people contacting the Customer Care and Complaints Team want action to resolve the issue quickly and are happy that this is undertaken informally. We have seen a drop in the number of complaints received at stage 1 mainly due to an increased emphasis to resolve issues and concerns quickly and avert the need to escalate these to a complaint. Table 1 below summaries the number of complaints received during 2009/10 by service area:

Table 1 - Comparison of Stage One Complaints

<b>Service Area</b>	<b>2007/8</b>	<b>2008/9</b>	<b>2009/10</b>
Learning Disability	15	18	15
Mental Health	2	5	1
Older People	58	74	37
Physical/sensory Disability	20	13	6
<b>Total Social Care</b>	<b>95</b>	<b>110</b>	<b>59</b>
Housing Services	161	171	126
Hillingdon Homes	246	213	130
<b>Total Housing</b>	<b>407</b>	<b>384</b>	<b>256</b>
<b>Total ASCH&amp;H</b>	<b>502</b>	<b>494</b>	<b>315</b>

- 4.3 The process of complaints resolution involves talking to the customer and talking through the issues they have raised, clarifying any points and understanding what outcome they are seeking to achieve, logging the complaint, progress chasing, advising and liaising with managers to seek the best outcome for the customer and the department. Clearly some complaints are very complex and require the involvement of several service areas within the Department or outside agencies, including Health partners.

## Complaint Themes

4.4 The following table (table 2) summarises the complaints received at stage 1 during 2009/10 by theme:

Table 2 – Summary of complaints received by theme at stage 1:

<b>Theme</b>	<b>Adult Social Care</b>	<b>Housing Services</b>	<b>Hillingdon Homes</b>	<b>Total</b>
Against Council Policy	5	68	14	87 (28%)
Customer Care / Communications /Officer Conduct	25	35	58	118 (37%)
Quality of Service	29	23	58	110 (35%)
<b>Total</b>	<b>59</b>	<b>126</b>	<b>130</b>	<b>315</b>

4.5 Against Council Policy – This includes complaints relating to charging for adult social care services. One family complained that they should not have to pay for their mother’s care. Adult social care policy related complaints also included complaints about the outcome of occupational therapy assessments in which the family felt they did not take into account the full needs of the individual being assessed and did not agree therefore with the outcome of the assessment in line with the Council’s eligibility criteria / policy for social care.

4.6 The Housing Needs Team have received a number of complaints about the decision making process used by officers in reaching a decision on the homelessness status of households and their access to alternative housing. Complaints have also been received about the housing needs assessment banding with complainants dis-satisfied with the needs criteria / their assessment of need. A number of households have complained that the Council’s decision that they are not homeless is not correct and have been dis-satisfied with the housing options available. Wherever possible, advice and information about alternative housing options is offered to the customer to help them resolve their housing issues. This includes advice and support to access more suitable housing in the private sector.

4.7 Complaints have also been received about the assessment for housing benefit in which some complainants felt the benefit award was lower than they were expecting; Complaints have also been received about the Council recovering overpayments in housing benefit (e.g. due to a change in

circumstances for the claimant which has been notified to the Council some time after the change resulting in the claimant being overpaid benefits).

- 4.8 For Hillingdon Homes there have been complaints about the repairs policy in which tenants have complained about the refusal of Hillingdon Homes to undertake repairs which are considered the responsibility of the tenant detailed in the repairs policy. Complaints have also been received about refusals by Hillingdon to award a succession of a tenancy to a named person in the event that the tenant dies.
- 4.9 Customer Care/ Communications / Officer Conduct – With difficult decisions being made by council officers, including housing needs assessments, homelessness decisions, housing benefit assessments and recovery of overpayments, the charging policy for adult social care and the eligibility criteria for adult social care, some complaints have been received which relate to the way that officers communicate decisions in a non-empathetic way to people who approach the council for assistance.
- 4.10 During 2009/10, in those cases in which officer conduct has been the source of the complaint, improvements have been driven by follow up discussions with teams and individual members of staff to ensure that the customer experience improves. In some instances improved information has been produced to support the explanations about changes in services and options available to customers.
- 4.11 Some complaints have also been received about neighbour disputes / nuisance which have been referred to the anti-social behaviour team.
- 4.12 Quality of Service – For adult social care, most complaints received about poor service related to the quality of adult social care received, including the home carers not attending a clients home in line with the care plan and the quality of residential and nursing care. During 2009/10 these issues have been escalated with private/voluntary sector home care providers and residential/nursing home providers. Regular visits to care providers are undertaken by the Council's Care Inspection Team which has contributed to improvements in the quality of care provided in Hillingdon.
- 4.13 Housing Benefits complaints are mainly about delays or a lack of understanding about the way in which benefits are calculated. Improvements have and continue to be made to help people who apply for housing benefits to understand how their benefit is calculated.
- 4.14 Quality related complaints about Hillingdon Homes have tended to centre on the quality of kitchens, bathrooms and windows with existing or new tenants requesting replacements. In most cases the existing kitchen / bathroom / windows were found to meet the required minimum standard and will be

considered for replacement during the next scheduled planned maintenance programme. Complaints have also been received about mould and dampness in some properties. In response Hillingdon Homes has provided advice to tenants about ventilating and heating their property. Water leaks from neighbouring properties (usually flats) has resulted in some complaints from tenants / residents.

- 4.15 Complaints about the quality of the repairs service and repairs undertaken was received during 2009/10, which tend to focus on delays in completing heating and hot water repairs. Some complaints were received about contractors not keeping to scheduled appointments which has been followed up with the contractor throughout the year.

#### Stage 2 of the Complaints Procedure

- 4.16 During 2009/10, 26 complaints progressed to stage 2 of the complaints procedure – representing a small increase overall compared to the previous year. Table 3 below summarises the complaints at stage 2 by service area. This section of the report provides more detail about the complaints received and the outcome to demonstrate how individual complaints have been resolved. Due to a change in the regulations for adult social care complaints, there is not a second or third stage to the procedure for these complaints.

- 4.17 Of the 26 stage 2 complaints, thirteen (50%) were not upheld, nine (35%) were partially upheld, three were upheld (11%) and one (4%) is ongoing.

Table 3 – Total Number of Complaints Progressing to Stage 2

<b>Service Area</b>	<b>2007/8</b>	<b>2008/9</b>	<b>2009/10</b>
Learning Disability	1	3	0
Mental Health	0	0	0
Older People	3	0	0
Physical/sensory Disability	2	1	0
<b>Total Social Care</b>	<b>6</b>	<b>4</b>	<b>0</b>
Housing Services	17	10	12
Hillingdon Homes	12	11	14
<b>Total Housing</b>	<b>29</b>	<b>21</b>	<b>26</b>
<b>Total ASCH&amp;H</b>	<b>35</b>	<b>25</b>	<b>26</b>

Housing Services – Stage 2 Complaints

4.18 Overall there were twelve complaints which progressed to stage 2 of the complaints procedure. Six complaints were not upheld and the remaining six were partially upheld. There were:

- four complaints about Housing Benefits mainly concerning the assessment process and communications with people applying for and claiming benefits
- six complaints were related to Housing Needs, mainly concerning the assessment of housing need in which the complainants felt the assessment was not a true reflection of their priority need for re-housing
- one complainant challenged the decision for the first time buyers scheme that they were not eligible (due to the high level of savings and income they had)
- one complaint was about the handling of their complaint

4.19 Table 6 below summarises the complaints received at stage 2. Nine of the stage 2 complaints were successfully resolved - two progressed to stage three of the complaints procedure.

Table 4 – Housing Services - Stage 2 Complaints

<b>Complaint details</b>	<b>Outcome</b>	<b>Action taken</b>
<p><u>Housing benefits</u> – Complainant does not agree that it is his responsibility to provide evidence of tenancy agreement and rent payments to support his housing benefits assessment. Wants the London Borough of Hillingdon to ensure landlord complies with providing information. Received in May 2009. Ref: HC-000018</p>	<p>Partially upheld. Under the Benefit Regulations if a claim is made for Housing Benefit, it is the responsibility of the person making the claim to supply the evidence and information that the Authority reasonably requires to consider the application. The investigation found that we did not communicate this requirement when the information was outstanding and did not action a change of address.</p>	<p>No further action required. Requirement to provide supporting information for a benefits assessments confirmed.  (Complainant unhappy with the response at stage 2 and requested the complaint progress to stage 3)</p>
<p><u>Housing benefits</u> – Complainant is unhappy with the assessment for housing benefit and the process for being offered a viewing on a property through LOCATA. The complainant felt they were potentially facing eviction for non-payment of rent from the social landlord. Received in Aug 2009 Ref: HC-000060</p>	<p>Partially upheld. The communications across different housing teams could have been more joined-up. The arrears were in part due to delays in paying housing benefit which has been resolved.</p>	<p>The outstanding housing benefit has been paid to the social landlord. An agreement has been reached between the complainant and the landlord to pay outstanding rent arrears. To improve communications, in future officers will check case records to ensure co-ordination.</p>



Complaint details	Outcome	Action taken
<p><u>Housing benefits</u> - overpayment. Complainant unhappy that she is now being asked to repay a housing benefit overpayment which had arisen as a result of an administrative error by the London Borough of Hillingdon. Received in Aug 2009 Ref: HC-000088</p>	<p>Not upheld. The process of benefits assessments requires people claiming housing benefits to check the information which is being used to assess their housing benefit claim. The income for the household was under-stated and not confirmed as incorrect at the time by the claimant.</p>	<p>Agreement reached with the complainant to make repayments on a weekly basis. Complainant remains unhappy with the overpayment relating to one particular property (which they previously resided at) and has appealed. Agreed to proceed to an Independent Tribunal to resolve matters outstanding.</p>
<p><u>Housing benefits</u> – complainant feels that the suspension of housing benefit as a result of a change in circumstances was not communicated and has caused arrears on her rent account. Received in Aug 2009 Ref: HC-000114</p>	<p>Not upheld. It is usual practice to suspend benefit payments when there is a change in circumstances to avoid benefit overpayments. Any outstanding benefits have since been paid once the necessary information was provided to support the change in their circumstances. The suspension of benefits was confirmed to the complainants' partner at the time.</p>	<p>No further action taken.</p>

Complaint details	Outcome	Action taken
<p><u>Housing needs</u> – Complaint about delays in completing an accurate housing needs assessment, the delay this has caused to being re-housed in suitable accommodation. The offer of assistance with removals and the need for assistance with redecoration of a bedroom in their new home. Received in Apr 2009 Ref: HC-000017</p>	<p>Partially upheld. The delays in completing an accurate housing needs assessment were recognised in response to the initial, stage 1 complaint and an apology offered. The delay was caused by an officer using out-of-date information in the assessment.</p>	<p>The family have now been re-housed into a property managed by Hillingdon Homes and received an offer of help with removals due to the needs of the family. It is not the Policy of Hillingdon Homes to redecorate properties which are of a reasonable standard. No further action required.</p>
<p><u>Housing needs</u> – Complainant unhappy that he has been registered in housing need since 1998 and has not been re-housed permanently. In a recent bid for a property in which he and only one other bidder were involved he was unsuccessful and felt that he is being treated differently.  Received in Oct 2009 Ref: HC-000171</p>	<p>Not upheld. The complainant is not in priority housing need and therefore has not attracted sufficient priority to be re-housed permanently.</p>	<p>No further action taken.</p>

Complaint details	Outcome	Action taken
<p>Housing Needs – Complainant unhappy that her daughter’s rent in the private sector is unaffordable which her daughter was referred to when she approached the Council for assistance with re-housing (Finders Fee). Complainant also raised the issue that her daughter is assessed as in a low housing priority band and re-housing into more affordable social housing will take many years.</p> <p>Received in Nov 2009 Ref: HC-000206</p>	<p>Not upheld. The rent level of the property through Finders Fee is considered to be more affordable than the rent levels for many properties in the private sector. The investigation also concluded that if the daughter could be more flexible about the area in which she would like to live, the property type and she bids regularly, she will increase her likelihood of re-housing.</p>	<p>The daughter was asked to complete an income assessment to re-check for benefit entitlement. No further action taken.</p>
<p><u>Housing Needs</u> – complaint against the decision not to re-instate the complainants cancelled housing register application.</p> <p>Received in Dec 2009 Ref: HC-000271</p>	<p>Not upheld. The complainants housing register application was cancelled in line with policy and procedure as the annual review form was not returned – the applicant had moved to an address out-of-the-borough and not informed the local authority. The application would have been re-instated had the applicant re-applied within three months of cancellation – but this was not received.</p>	<p>No further action taken.</p>

Complaint details	Outcome	Action taken
<p><u>Housing Needs</u> – complainant does not agree with the assessment of housing needs for his family and feels that his priority for re-housing should be higher. Issues of neighbour anti-social behaviour are significant and are contributing to the need for re-housing.</p> <p>Received in Jan 2010 Ref: HC-000318</p>	<p>Not upheld. The assessment of housing need was found to be correct and line with required policy. The complainants landlord is working to address the noise from the neighbour of the complainant.</p>	<p>Ongoing work to address issues with alleged excessive noise from the neighbour.</p>
<p><u>Housing Needs</u> – Complainant feels there has been a delay in verifying her for suitability for permanent re-housing and disagrees that she is making herself intentionally homeless by refusing to accept temporary accommodation which she considers to be unsuitable.</p> <p>Received in March 2010 Ref: HC-000393</p>	<p>Partially upheld. There was a delay in verifying information but this did not disadvantage the complainant from accessing suitable housing. There have been difficulties in arranging viewings at times convenient to the complainant for alternative temporary accommodation and difficulties in making contact with the complainant.</p>	<p>The complainant has been supported to access suitable housing.</p> <p>No further action.</p>

<b>Complaint details</b>	<b>Outcome</b>	<b>Action taken</b>
<p><u>First time buyers scheme</u> – complainant was not eligible for the scheme and feels that the communication about eligibility was not clear, the process and eligibility for the scheme should be transparent and an initial complaint about these was not dealt with.</p> <p>Received in Dec 2009 Ref: HC-000244</p>	<p>Partially upheld. The communication about eligibility for the scheme could have been clearer. The investigation found that the application of the criteria for eligibility to access the scheme was applied fairly and consistently in this case. The funds for the scheme need to be targeted at those most in need to access their first property.</p>	<p>No further action required.</p>
<p><u>Complaints handling</u> – complainant unhappy with the way in which her complaint was investigated at stage 1 and requested that this be progressed to stage 2.</p> <p>Received in Feb 2010</p>	<p>Partially upheld. The investigation concluded that there was no ‘cover-up’ in the investigation at stage 1, nor that the complainant was treated differently, and confirmed with the investigation at stage 1 that the communication during the handling of the complaint could have been clearer.</p>	<p>(Complaint unhappy with the response at stage 2 and requested the complaint progress to stage 3 – this was ongoing at year end)</p>

#### Hillingdon Homes – Stage 2 Complaints

4.20 There were fourteen complaints investigated at Stage 2 for Hillingdon Homes and six were upheld or partially upheld. Thirteen complaints at stage 2 were successfully resolved. One progressed to stage three of the complaints procedure. The details of the complaints, outcomes and action taken for these complaints are set out in the following table (table 5):

4.21 Of the fourteen Stage 2 complaints:

- three were from tenants about planned maintenance requesting that their kitchen, bathroom and/or windows should be replaced
- five complaints concerned repairs, including the decision not to replace internal doors which the tenant felt were damaged, the decision that

a complainant is responsible for maintaining their fencing and a complaint about dampness in the property

- two were about allocations/lettings which included a complaint about the condition of a property when it was let
- one challenged the decision to refuse a succession to a tenancy where the tenant had died
- one concerned anti-social behaviour
- another concerned the delay about fixing new signage and another the policy in place that customers have to pay for the cost of replacing a careline alarm pendant when it becomes accidentally damaged

Table 5 – Hillingdon Homes - Stage 2 Complaints

<b>Complaint details</b>	<b>Outcome</b>	<b>Action taken</b>
<p><u>Anti-social behaviour</u> – complaint about the intimidating and threatening behaviour from a neighbouring tenant. Complainant not satisfied with the response to date and is requesting further action.</p> <p>Received in July 2009 Ref: HC-000021</p>	<p>Ongoing - The Hillingdon Homes Anti-social behaviour team agreed to continue their investigations and to collect evidence in accordance with the requirements / expectations in the tenancy agreement.</p>	<p>On-going monitoring and appropriate action by Hillingdon Homes.</p>
<p><u>Succession of a tenancy</u> – complainant does not agree with the decision / policy that she is not entitled to take-over the tenancy of the property occupied by a close-friend / cared for person who passed away.</p> <p>Received in Oct 2009 Ref: HC-000217</p>	<p>Not upheld. The position regarding the ‘taking-over’ of a tenancy is set out in law. The complainant did not have the right to succeed the tenancy.</p>	<p>Complainant offered housing advice. No further action.</p>

Complaint details	Outcome	Action taken
<p><u>Community Housing</u> – Complainant unhappy that it has taken too long to put up ‘No ball games’ signs</p> <p>Received in Nov 2009 Ref: HC-000312</p>	<p>Upheld. Communication delays experienced in taking action to put up new signs.</p>	<p>New signs erected in January 2010. Complainant expressed satisfaction. No further action.</p>
<p><u>Careline</u> – complaint that his mother is being asked to pay for a replacement alarm pendant which was inadvertently damaged. Complainant felt that staff were not sympathetic to his mother’s situation in this case, but was very satisfied overall with the Careline service.</p> <p>Received in Feb 2010 Ref: HC-000416</p>	<p>Partially upheld. A charge is systematically levied for mis-placed or damaged pendant alarms so this aspect of the complaint is not up-held. But given the view that the complainant felt staff were unsympathetic to his mother’s circumstances, the small charge was waived.</p>	<p>No further action required.</p>
<p><u>Planned maintenance</u> - complaint from a tenant that their property has not been modernised to the required decent homes standard, including their central heating system and windows needing improvement to prevent dampness.</p> <p>Received in Mar 2010 Ref: HC-000388</p>	<p>Partially upheld. There is no provision in the planned maintenance programme for larger kitchens and each case needs to be judged on their own merit. Agreed to schedule for replacement windows and an improved heating system.</p>	<p>No further action required.</p>

Complaint details	Outcome	Action taken
<p><u>Repairs</u> - Complaint that there were delays in completing repairs to a heating system.</p> <p>Received in Mar 2010 Ref: HC-000413</p>	<p>Upheld. The investigation into the complaint found delays and poor communication from the contractor appointed to carry out the works to the complainants home.</p>	<p>Performance issues followed up with the contractor.</p>
<p><u>Planned Maintenance</u> – complainant unhappy that his kitchen and bathroom has not been replaced. Some of his neighbours have benefitted from a new kitchen / bathroom within the decent homes programme.</p> <p>Received in October 2009 Ref: HC-000196</p>	<p>Not upheld. All kitchens/bathrooms to be considered for replacement were assessed against agreed criteria to design the decent homes programme. The complainant's kitchen / bathroom was considered to be of an acceptable standard and does not require replacement.</p>	<p>No further action required.</p>



Complaint details	Outcome	Action taken
<p><u>Allocations and Lettings</u> – Complaint from a new tenant that the property she moved into was not cleaned thoroughly, there was a delay in re-connecting the cooker, concern that not all the ordered repairs were carried out, concern that she was not told that the previous tenant had passed away at the home and had concerns for health and safety; and the lock on the front door was not secure.</p> <p>Received in December 2009 Ref: HC-000239</p>	<p>Partially upheld. The property would have benefitted from a more thorough clean before the tenant moved in and the investigation confirmed the delay in re-connecting the cooker. All planned repairs were undertaken.</p> <p>The lock to the front door was inspected at the time of the visit and was found to be in working order – a follow up repair call was made to inspect the lock.</p> <p>It is not Hillingdon Homes Policy to advise prospective tenants that the former tenant of a home has passed away. The investigation confirmed that there are not health and safety concerns for the new tenants.</p>	<p>The property was re-cleaned and an apology offered for the delay in re-connecting the cooker.</p> <p>A repairs visit was arranged to check the security of the front door.</p>
<p><u>Repairs</u> – Complaint from a tenant that the condition of her internal doors are not safe for her young family and requires urgent action to make safe.</p> <p>Received in December 2009 Ref: HC-000297</p>	<p>Not upheld. The inspection of the damaged doors found that the damage was not due to fair wear and tear. Under the repairs policy, the tenant is responsible for the cost of these repairs. The inspection of the doors also concluded that they did present a health and safety risk to her family.</p>	<p>No further action.</p>

Complaint details	Outcome	Action taken
<p><u>Planned Maintenance</u> – the complainant is unhappy with the condition of his windows which he feels are draughty and need replacement not repair.</p> <p>Received in January 2010 Ref: HC-000344</p>	<p>Not upheld. The windows had been previously repaired by a specialist contractor and were considered to be fit for purpose – albeit they were single glazed. The tenant was offered additional sealing around the edge of the glass to ensure no draughts remain.</p>	<p>The windows are due for replacement in 2014/15 as part of the planned maintenance programme.</p> <p>No further action required.</p>
<p><u>Repairs</u> – the complainant is unhappy that the dividing fence in their garden is in disrepair and requires urgent attention to make it safe / keep their neighbours dogs out.</p> <p>Received in December 2009 Ref: HC-000352</p>	<p>Not upheld. Hillingdon Homes had not erected a rear dividing fence in the garden. Therefore in such cases, it is the responsibility of the household to repair / replace such fencing.</p>	<p>No further action required.</p>
<p><u>Repairs</u> – the complainant is unhappy that he is being asked to pay for repairs to his bathroom window. The tenant had to break the window when the lock / internal mechanism of the door failed and he was unable to exit the bathroom. The tenant claims that the door handle to the bathroom was damaged two years earlier by contractors working on the decent homes programme. Received in May 2009 Ref: HC-000109</p>	<p>Not upheld. The damage by the tenant is chargeable under the repairs policy. No further action could be taken to investigate the cause of the door mechanism failing due to time that had elapsed.</p>	<p>The tenant was offered to pay the cost of the repairs by instalments.</p> <p>No further action required.</p>

Complaint details	Outcome	Action taken
<p><u>Allocations and Lettings</u> – complaint from a prospective tenant that the property they had expressed an interest in for which their bid was unsuccessful was available for bidding 2-3 weeks later.</p> <p>Received in August 2009 Ref: HC-000132</p>	<p>Not upheld. The Hillingdon Homes property in question was withdrawn from the first round of bidding due to the property no longer being suitable for people with mobility needs. The property was re-advertised with a revised description. The successful bidder for the property had a higher assessed housing need than the complainant.</p>	<p>No further action required.</p> <p>(Complaint unhappy with the response at stage 2 and requested the complaint progress to stage 3)</p>
<p><u>Repairs</u> – complaint about dampness in the property at ground floor level. The complainant disagrees that the patio she laid is too high / close to the damp proof course and scalplings alongside the property are causing the dampness. Also she disagrees that the latex flooring she laid in the out-house has contributed to dampness.</p> <p>Received in February 2010 Ref: HC-000389</p>	<p>Upheld. The initial investigation of the complaint did not cover all the issues being raised by the tenant.</p>	<p>The issue raised by the tenant was re-investigated to determine any remedial works required.</p> <p>Officers involved in the initial investigation have been advised / briefed on the need to ensure all issues raised by tenants are thoroughly looked into.</p>

### Stage 3 Complaints

4.22 During 2009/10, three complaints progressed to stage 3 of the complaints procedure – compared to six the previous year.

Table 6 – Total Number of Complaints Progressing to Stage 3

<b>Service Area</b>	<b>2007/8</b>	<b>2008/9</b>	<b>2009/10</b>
Learning Disability	2	0	0
Mental Health	0	0	0
Older People	1	0	0
Physical/sensory Disability	0	0	0
<b>Total Social Care</b>	<b>3</b>	<b>0</b>	<b>0</b>
Housing Services	1	4	2
Hillingdon Homes	1	2	1
<b>Total Housing</b>	<b>2</b>	<b>6</b>	<b>3</b>
<b>Total ASCH&amp;H</b>	<b>5</b>	<b>6</b>	<b>3</b>

### Housing Services – Stage 3 Complaints

4.23 Of the two stage 3 complaints for Housing Services, one was in relation to a Housing Benefit claim where the applicant did not agree that it was his responsibility to provide evidence to support his housing benefit claim. Instead he felt that the local authority should request information from his landlord. The complaint was partially upheld as we should have communicated clearly our expectations at an earlier stage.

4.24 The other complaint that progressed to stage 3 of the complaints procedure concerned the handling of a complaint, including the investigation at stage 1 of the complaints procedure. The complaint was found to be partially upheld but did not find that officers had ‘covered up’ or ‘colluded’ in their investigation.

Table 7 – Housing Services - Stage 3 Complaints

<b>Complaint details</b>	<b>Outcome</b>	<b>Action taken</b>
<p><u>Housing benefits</u> – Complainant does not agree that it is his responsibility to provide evidence of tenancy agreement and rent payments to support his housing benefits assessment. Wants the London Borough of Hillingdon to ensure landlord complies with providing information.</p> <p>Received in May 2009. Ref: HC-000018</p>	<p>Partially upheld.</p> <p>Under the Benefit Regulations if a claim is made for Housing Benefit, it is the responsibility of the person making the claim to supply the evidence and information that the Authority reasonably requires to consider the application. The investigation found that we did not communicate this requirement when the information was outstanding and did not action a change of address.</p> <p>The stage 3 review confirmed that an apology should be offered which it has.</p>	<p>Changes to the administration of change of address to ensure that records are updated in a timely way.</p> <p>Officers have worked with the complainant to expedite his benefit claim.</p>
<p><u>Complaints handling</u> – complainant unhappy with the way in which the complaint was investigated at stage 1 and 2 and requested that this be progressed to stage 3.</p>	<p>Partially upheld.</p> <p>The investigation concluded that there was no ‘cover-up’ in the investigation at stage 1 or 2, nor that the complainant was treated differently, and confirmed with the investigation at stage 1 and 2 that the communication during the handling of the complaint could have been clearer.</p>	<p>Apology offered to complainant and agreed action to ensure that the officer who is the subject of the complaint handling issues is subject to appropriate action.</p>

Hillingdon Homes – Stage 3 Complaints

4.25 During 2008/09 Hillingdon Homes received one complaint which progressed to stage 3 of the complaints procedure. The complaint concerned the withdrawal of a Hillingdon Homes property from the LOCATA bidding scheme as the property was initially incorrectly listed as being suitable for people with mobility needs. The complaint at stage three was withdrawn.

Table 8 – Hillingdon Homes - Stage 3 Complaints

<b>Complaint details</b>	<b>Outcome</b>	<b>Action taken</b>
<p><u>Allocations and Lettings</u> – complaint from a prospective tenant that the property they had expressed an interest in for which their bid was unsuccessful was available for bidding 2-3 weeks later.</p> <p>Received in Sept 2009 Ref: HC-000132</p>	<p>Withdrawn.</p> <p>The complainant has since been offered a Hillingdon Homes property through the LOCATA bidding process.</p>	<p>No further action required.</p>

Local Government Ombudsman Investigations

4.26 The Local Government Ombudsman receives complaints and although the standard is to ensure that the Local Authority has had an opportunity to respond, there are occasions when the Ombudsman will investigate a complaint that has not proceeded through the complaints procedure.

4.27 We work with the Ombudsman to ensure that they are fully informed of the rationale of our decision-making and we openly apologise when we need to.

4.28 During 2009/10 we saw an increase in the number of complaints the Ombudsman made a decision on – to fifteen during the year (from eight the previous year). In many cases there was no or sufficient evidence from the complainant to support the complaint. Table 9 below summarises the complaints received by the Local Government Ombudsman.

4.29 In one case concerning Adult Social Care the Ombudsman found that there was no or insufficient evidence to support the complaint that their mother was placed inappropriately into residential care. In a similar case the ombudsman found that the son of a service user had no jurisdiction to insist that his mother leave a residential care placement to live with him.

4.30 In housing services, two complaints were received about housing benefits and five complaints were received about access to suitable housing. In the complaints about benefit services, one was found to be outside jurisdiction and in the other a local settlement was agreed. For the complaints about housing allocations, the ombudsman used their discretion to reach a resolution for most and in one there was no or insufficient evidence to progress the complaint.

4.31 Of the Hillingdon Homes complaints investigated by the Ombudsman, one was for tenancy management in which no or insufficient evidence was found; a complaint about housing repairs and planned maintenance were found to be outside of jurisdiction; and a complaint about anti-social behaviour could not be decided due to no or insufficient evidence to support the claim of maladministration.

Table 9 – Hillingdon Complaints Received by the Local Government Ombudsman

<b>Service Area</b>	<b>2007/8</b>	<b>2008/9</b>	<b>2009/10</b>
Learning Disability			
Mental Health			
Older People	1	1	4
Physical/sensory Disability	1		1
<b>Total Social Care</b>	<b>2</b>	<b>1</b>	<b>5</b>
Housing Services	6	5	7
Hillingdon Homes	8	2	3
<b>Total Housing</b>	<b>14</b>	<b>7</b>	<b>10</b>
<b>Total ASCH&amp;H</b>	<b>16</b>	<b>8</b>	<b>15</b>

#### Members Enquiries

4.32 Enquiries can be submitted to officers on behalf of residents by Elected Members. During 2009/10, we received 1137 enquiries from elected members on behalf of our residents in addition to the complaints set out above. Enquiries from members can include a request for further information, questions about an assessment, decisions or quality of service experienced by our resident.

4.33 The following tables set out in summary the types of enquiries we have received.

Tables 10a and 10b – Enquiries from elected Members during 2009/10

10a. Hillingdon Homes

<b>Nature of the Enquiry</b>	<b>2009/10</b>	<b>%</b>
Allocations	4	1%
Anti-Social Behaviour	16	5%
Careline	2	1%
Caretaking Services	14	4%
Community Housing	160	45%
Homeownership	4	1%
Leasehold	2	1%
Planned Maintenance	6	2%
Policy and Strategy	44	12%
Rent Arrears	6	2%
Repairs	59	17%
Sheltered Housing	3	1%
Surveyors Services	31	9%
Tenant Participation	4	1%
<b>Grand Total</b>	<b>355</b>	<b>100%</b>



## 10b. Adult Social Care and Housing Services

Nature of the Enquiry	2009/10	%
Adult Social Care - access to care	81	10%
Adult Social Care - assessment	31	4%
Adult Social Care - services provided	15	2%
Commissioning - care provision	17	2%
First time buyers scheme	10	1%
Healthy Hillingdon - walks	1	0%
Housing benefits - fraud	2	0%
Housing benefits assessments	11	1%
Housing benefits decisions	42	5%
Housing needs - housing advice	65	8%
Housing needs - temporary accommodation	33	4%
Housing needs assessment	218	28%
Housing supply	30	4%
PSH - access to grant funding	59	8%
PSH - fly tipping	7	1%
PSH - gardens	19	2%
PSH - landlord issues	3	0%
PSH - neighbour issues	51	7%
PSH - OT services	2	0%
PSH - Pigeon hazard	5	1%
PSH - Poor quality housing	40	5%
PSH - Rats, vermin etc..	8	1%
PSH - Rent increase	8	1%
PSH - Safety	3	0%
Safeguarding Adults - process	8	1%
Staffing Issues	13	2%
Grand Total	782	100%

### Note

Percentages have been rounded

PSH = private sector housing

## 5. COMPLAINTS LEARNING

5.1 Every complaint is an opportunity to learn from our customers about what works and what does not. Even when a complaint is not upheld we need to look at why the person felt that they needed to make a complaint. Often it is because their expectation of the service differs from the actual service standard.

5.2 Communication is the key to a good relationship with our customers and it is as fundamental as:

- Accessible information about our services
- Clear eligibility criteria and rationale
- Clear service standards that are achieved and developed in partnership with customers
- Well-trained staff who are knowledgeable and have excellent customer care skills, who listen and demonstrate empathy
- Staff who keep in touch with the customer, keep them informed and return calls
- Clear communication and written correspondence.

5.3 Specific themes where services have identified improvements as result of complaints are set out below.

#### Improving Customer Care and Communication issues

- Improvements to written information in everyday language to explain housing benefit decisions and changes
- One-to-one discussions with individual members of staff and reviewing their written communication before letters are sent to customers
- Improved information about the First Time Buyers Scheme to make clear the eligibility for prospective applicants
- A review of standard letters across Benefit Services to ensure they are clear and easy to understand.

#### Quality of Services

- Targeted action and visits to care providers to review and follow up on quality of care issues to ensure care standards are met
- Improved monitoring within Hillingdon Homes of their contracts, including a major contractor. This has significantly reduced the number of complaints received about this contractor during 2009/10
- Continued improvements to adult social care access and assessment services have been made during 2009/10, bedding down new structures to ensure a focus on timely completion of assessments, reviews and greater choice and personalization for the service user and their carer. This includes implementing a new information system for adult social care to support effective information and performance management.

## **6. COMPLAINTS PROMOTION**

- 6.1 In order to promote the complaints service to all our customers, a series of visits were made to Day Centres and Voluntary organizations. The visits not only promoted the complaints service but offered customers and partners the opportunity to learn more about the process and in fact make referrals to all services across the council. Customer Care and Complaints Staff have also attended team meetings to promote and advise staff of the complaints procedure and provided one-to-one support for staff dealing with complaints.

## **7. FUTURE DEVELOPMENTS**

- 7.1 To further strengthen complaints management and service improvement, the focus is to:

- Improve the communication with complainants during the investigation and resolution of their complaint. When asked, some complainants felt that they were not always kept up-to-date. We will work with managers to address this
- Further develop information about how to access the complaints procedure
- Review with management teams how the arrangements for resolving complaints is working
- Develop mechanisms for reporting and monitoring changes and learning from complaints
- Work with managers to implement the Social Care Complaints Procedures.

## **BACKING DOCUMENTS**

- Complaints regulations for adult social care
- Complaints procedures

## **SUGGESTED COMMITTEE ACTIVITY**

Members of the Committee discuss and comment on the annual complaints report and use the report to inform their overview activities.

This page is intentionally left blank

## HILLINGDON CENTRE FOR INDEPENDENT LIVING: BRIEFING NOTE

**Contact Officers:** Gary Collier  
**Telephone:** 0570

### REASON FOR ITEM

To provide the Committee with an update on the possible options for developing the Hillingdon Centre for Independent Living.

### OPTIONS AVAILABLE TO THE COMMITTEE

- To note the contents of the briefing note.
- To question officers on its content and to provide suggestions to be incorporated into the HCIL scoping report.

### INFORMATION

1. At the last meeting the Committee agreed the Hillingdon Centre for Independent Living as their second major review for the second half of the year in response to Cabinet's request on 24<sup>th</sup> June 2010 that:
  - a) **The Policy Overview Committee review this matter again looking at the potential to provide the service in a more efficient manner, possibly for the benefit of other authorities as well as Hillindgon; and**
  - b) **Officers work with the Committee to report back to Cabinet with fully costed options and recommendations.**
2. The attached briefing note identifies a series of possible options about the development of HCIL for the Committee to incorporate into their future scoping report

### SUGGESTED COMMITTEE ACTIVITY

1. That Members question officers and identify any particular issues to inform the HCIL scoping report

## **HCIL BRIEFING NOTE**

Officers, working closely with the Committee will explore the following options for developing Hillingdon Centre for Independent Living (HCIL)

### **Public sector options**

Income from neighbouring councils – officers will enquire of neighbouring boroughs the level of interest in commissioning HCIL to support their residents. This repeats an exercise undertaken in 2007/8 which was not fruitful but circumstances may have changed.

Additional council funding – the Committee could recommend to reprioritise the Council's current third sector funding and put the service out to tender under a specification that creates a unified service. The agreement of NHS Hillingdon and Hillingdon Community Health would be required and there would also need to be consultation with GP representatives.

### **Independent sector option**

Social enterprise - the Committee could recommend the possibility of HCIL being set up as a community interest company will be explored. This would give HCIL independence from state control and give the freedom to set its own direction as well as to access non-statutory funding. The agreement of NHS Hillingdon and Hillingdon Community Health would be required and there would also need to be consultation with GP representatives.

### **Private sector options**

Retail model – the Committee could recommend that the Council should not fund low risk equipment and that people requiring this equipment will 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. Should a decision about low risk goods be made then officers would liaise with the other two partners in the current arrangement and any potential private sector provider. This would require approval from Hillingdon Community Health before any arrangements with private equipment providers could be entered into.

## **CABINET FORWARD PLAN**

**Contact Officer:** Charles Francis  
**Telephone:** 01895 556454

## **REASON FOR ITEM**

The Committee is required to consider the Forward Plan and provide Cabinet with any comments it wishes to make before the decision is taken.

## **OPTIONS OPEN TO THE COMMITTEE**

1. Decide to comment on any items coming before Cabinet
2. Decide not to comment on any items coming before Cabinet

## **INFORMATION**

1. The Forward Plan is updated on the 15<sup>th</sup> of each month. An edited version to include only items relevant to the Committee's remit is attached below. The full version can be found on the front page of the 'Members' Desk' under 'Useful Links'.

## **SUGGESTED COMMITTEE ACTIVITY**

1. Members decide whether to examine any of the reports listed on the Forward Plan at a future meeting.

This page is intentionally left blank



# The Cabinet Forward Plan

Period of Plan: September 2010 to December 2010 onwards

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
<small>ASCH&amp;H = Adult Social Care, Health &amp; Housing; DCEO = Deputy Chief Executive's Office; E&amp;CS = Education &amp; Children's Services; F&amp;R = Finance &amp; Resources; PE&amp;CS = Planning, Environment &amp; Community Services</small>									
<b>CABINET - 23 SEPTEMBER 2010</b>									
488	<b>West London Home Care Framework Agreement</b>	<p>Hillingdon Council has been working with Brent, Ealing, Harrow, Hounslow and Hammersmith &amp; Fulham to develop a framework agreement for the provision of personal home care (with the additional capability of providing care and housing related support as an integrated service for adults). Hammersmith and Fulham acted as lead authority during this process.</p> <p>Following a procurement process involving all six boroughs, Councils are now ready to award Home Support Framework Agreements to a range of Service Providers operating in the West London vicinity. The Framework Agreement will operate for a 4 year period from the 1st October 2010. The use of the framework agreement is projected to lead to significant financial savings for West London boroughs (including Hillingdon) as well as ensure that service users have a choice of good quality service providers.</p>	All		Cllr Philip Corthorne	Paul Feven			<b>NEW</b>
491	<b>NHS White Paper &amp; Health Reforms</b>	The NHS White Paper, Equity and excellence: liberating the NHS, sets out the Government's long-term vision for the future of the NHS. The Cabinet (or Cabinet Member depending upon timescales) will be asked to agree the Council's consultation response, including wider reforms on aspects of democratic engagement. The consultation deadline is 5 October 2010.	All		Cllr Philip Corthorne	Kevin Byrne	NHS Hillingdon, External Services Scrutiny Committee, relevant Policy Overview Committee		<b>NEW</b>

Page 75

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; F&R = Finance & Resources; PE&CS = Planning, Environment & Community Services									
469	<b>Teenage Parent Services: Award of contract</b>	The housing related support services currently provided by Radicle and London Cyrenean Housing have been competitively tendered and members are asked to agree an award of contract for a new service.	All		Cllr Philip Corthorne	ASCH&H, Barry Newitt			
<b>CABINET MEMBER DECISIONS - SEPTEMBER 2010</b>									
485	<b>Supporting People Programme and sheltered housing</b>	Procurement Standing Orders require that housing support services in a number of sheltered housing schemes across the borough be to tender. Currently, this would not be prudent or practical due to the changing national and local policy context for sheltered housing which is under review . This report recommends an alternative course of action which would be more appropriate for the council in the short-medium term.	All		Cllr Philip Corthorne	Barry Newitt			<b>NEW</b>
489	<b>Appointment of contractor for works at Mead House</b>	Following the completion of the Phase 1 works at Mead House, Hayes, this report seeks approval to appoint a contractor to undertake the Phase 2 works which will involve extension and refurbishment of the day care centre. This is part of the Mental Health Services modernisation programme. This will create an extension and other internal alterations to provide a new drop in centre.	Charville		Cllr Philip Corthorne	Mark Hall			<b>NEW</b>
366	<b>Private Sector Renewal Strategy 2009 to 2012</b>	Hillingdon is required to have a Private Sector Renewal Strategy and to review and update it when major changes are proposed. This report updates our current strategy in respect of private sector housing enforcement, houses in multiple-occupation, empty property, grants and energy efficiency.	All		Cllr Philip Corthorne	<b>ASCH&amp;H</b> David McCulloch	Age Concern, DASH, Hillingdon Carers, Private Landlords Forum, Paradigm Housing, Departments within Hillingdon	Hillingdon Private Sector Renewal Strategy 2005-2009, Hillingdon Housing Strategy 2007-2010	

Page 76

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; F&R = Finance & Resources; PE&CS = Planning, Environment & Community Services									
SI	<b>Standard Items taken each month by the Cabinet Member</b>	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	DCEO Democratic Services	Various	Various	
<b>CABINET - 14 OCTOBER 2010</b>									
435	<b>Single Conversation Agreement including the Local Investment Plan for engagement with the Homes and Communities Agency</b>	The report seeks approval for a Single Conversation Agreement including a Local Investment Plan (LIP), a document which the Homes and Communities Agency (HCA) requires to assist in their funding allocation decisions for housing and regeneration in Hillingdon. The HCA is the government's housing and regeneration agency and the council benefits from significant amounts of their funding for affordable housing. The LIP is intended to capture all the councils investment priorities for places and communities in one document. This will form the basis of an ongoing process of future engagement with the HCA called the "Single Conversation". Eventually a Local Investment Agreement will be developed between the council and the HCA as a result.	All		Cllr Philip Corthorne	ASCH&H, Marcia Gillings			
	Page 77								
467	<b>Allocation of balances from 20 year leasing scheme between LBH and EFHA</b>	In May 1990 the Council began a scheme where it leased properties from Catalyst Housing Group for temporary accommodation. This scheme expired in May 2010 and under the conditions of the agreement Catalyst are required to use any surplus balances from the major repairs sinking fund to provide housing for people in need of affordable housing in the borough. The plan is to use this money, which totals £2m, to secure the development of new affordable housing at the RAF West Drayton (NATS) site.			Cllr Philip Corthorne	ASCH&H, Mazhar Ali			

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
<small>ASCH&amp;H = Adult Social Care, Health &amp; Housing; DCEO = Deputy Chief Executive's Office; E&amp;CS = Education &amp; Children's Services; F&amp;R = Finance &amp; Resources; PE&amp;CS = Planning, Environment &amp; Community Services</small>									
445	<b>Approval for progression of Housing Refurbishments (Ascott Court / 27 Horton Road)</b>	This report seeks approvals required to progress with two housing conversion projects, at Ascott Court and 27 Horton Road respectively, to provide homes for people with learning disabilities.	Northwood Hills / Yiewsley		Cllr Philip Corthorne	ASCH&H, Mark Hall			
484	<b>Mental health floating support service: Award of contract</b>	The housing related floating support services provided by Hillingdon MIND, Richmond Fellowship and Look Ahead Housing and Care have been competitively tendered and members are asked to agree an award of contract for a new service.	All		Cllr Philip Corthorne	Barry Newitt			
<b>CABINET - 18 NOVEMBER 2010</b>									
486 Page 78	<b>Rural Activities Garden Centre: award of contract for social enterprise development</b>	Following the OJEU process, this report recommends the award of the contract to develop the Rural Activities Garden Centre as a social enterprise. The contract will be for 3-years, from 1st Feb 2010 with the option of an annual extension for a further 2-years.	All		Cllr Philip Corthorne	Helena Webster	Service Users, Parent/Carers, Ward Councillors, Staff		<b>NEW</b>
<b>CABINET MEMBER DECISIONS - NOVEMBER 2010</b>									
SI	<b>Standard Items taken each month by the Cabinet Member</b>	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	DCEO Democratic Services	Various	Various	
<b>CABINET - 16 DECEMBER 2010</b>									

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; F&R = Finance & Resources; PE&CS = Planning, Environment & Community Services									
487	<b>Contract Award - Carer Support Services</b>	This report will recommend, following OJEU tender, the award of the contract to the successful tenderer for the Carer Support Service in Hillingdon. This generic service is funded by Area Based Grant (Carers element) and will offer and provide information, advice and support to all unpaid carers supporting a vulnerable friend or family member who is a resident of Hillingdon, regardless of the specific care need of the individual. Area Based Grant is not ring-fenced, but the Council recognises the need to provide support to carers who, it is estimated by Carers UK, save the Authority approx £329 million per annum.	All		Cllr Philip Corthorne	Sue Tarling	Carers and the Carers Strategy Group have been engaged on the development of priorities within the specification for this contract.		<b>NEW</b>
468	<b>Contract Award for the Direct Payments Support Service</b>	This report will recommend, that following OJEU tender, the award of the contract to the successful tenderer for the Direct Payments support service in Hillingdon. This service provides independent advice and support to people in receipt of a direct payment or considering a direct payment including assistance with recruitment of personal assistants, advice on being an employer and assistance with pay roll. It is proposed to run the Direct Payment Support Service for three years from 1st April 2011 (with an option to extend the contract by 1+1 years).	All		Cllr Philip Corthorne	ASCH&H, Beverley Grayley	Service users, carers, social workers. Service users will also be on the interview panel for prospective tenderers.		
SI	<b>Supporting People Update Report on a Quarterly Basis</b>	Regular report to the Cabinet Member on what the Council is doing in respect of the "Supporting People" agenda. The SP programme seeks to provide the delivery of a quality of life and promotion of independence for vulnerable people.			Cllr Philip Corthorne	ASCH&H Barry Newitt			

This page is intentionally left blank

## WORK PROGRAMME AND MEETING DATES IN 2010/11

**Contact Officer:** Charles Francis  
**Telephone:** 01895 556454

### REASON FOR ITEM

This report is to enable the Committee to review meeting dates and forward plans. This is a standard item at the end of the agenda.

### OPTIONS AVAILABLE TO THE COMMITTEE

1. To confirm dates for meetings
2. To make suggestions for future working practices and/or reviews.

### INFORMATION

All meetings to start at 7.00pm unless otherwise indicated.

<b>Meetings</b>	<b>Room</b>
15 <sup>th</sup> June 2010	CR 5
8 <sup>th</sup> July 2010	CR 5
1 <sup>st</sup> September 2010	CR 5
13 <sup>th</sup> October 2010	CR 5
9 <sup>th</sup> November 2010	CR 4
9 <sup>th</sup> December 2010	CR 5
27 <sup>th</sup> January 2011	CR 5
15 <sup>th</sup> February 2011	CR 5
24 <sup>th</sup> March 2011	CR 5
21 <sup>st</sup> April 2011	CR 5
11 <sup>th</sup> May 2011	CR 5

Social Services, Health & Housing Policy Overview Committee

**2010/11 DRAFT Work Programme**

<b>Meeting Date</b>	<b>Item</b>
<b>15<sup>th</sup> June 2010</b>	Aims & Challenges
	Work Programme for 2010/11
	Cabinet Forward Plan

<b>8<sup>th</sup> July 2010</b>	Hillingdon Homes Return to the Council
	Quarterly Performance and Budget Report
	Major Reviews in 2010/11 - Scoping Report and Discussions (Work Programme)
	Cabinet Forward Plan

<b>1<sup>st</sup> September 2010</b>	Major Reviews in 2010/11 – First Review Witness Session 1 / Background report
	Annual Complaints Report - ASCH&H
	Cabinet Forward Plan
	HCIL – Briefing Note
	Transforming Social Care - <i>transition pilot for young adults</i> – Verbal Update
	Work Programme

<b>13<sup>th</sup> October 2010</b>	Major Reviews in 2010/11 – First Review Witness Session 2
	Tenants Servicing Authority - update
	Safeguarding Vulnerable Adults – Annual Report
	Update on previous review recommendations
	Cabinet Forward Plan
	Work Programme



<b>9<sup>th</sup> November 2010</b>	Major Reviews in 2010/11 – First Review Witness Session 3
	Major Reviews in 2010/11 – Second Review Scoping report
	Cabinet Forward Plan
	Work Programme

<b>9<sup>th</sup> December 2010</b>	Major Reviews in 2010/11 – First Review Draft Report
	Cabinet Forward Plan
	Work Programme

<b>27<sup>th</sup> January 2011</b>	Budget and Service Plan
	Major Reviews in 2010/11 – First Review Final Report
	Tenants Servicing Authority – Information report
	Cabinet Forward Plan
	Work Programme

<b>15<sup>th</sup> February 2011</b>	Major Reviews in 2010/11 – Second Review Witness Session 1
	Cabinet Forward Plan
	Work Programme

<b>24<sup>th</sup> March 2011</b>	Major Reviews in 2010/11 – Second Review Witness Session 2
	Performance Review of NHS Trust
	Cabinet Forward Plan
	Work Programme

<b>21<sup>st</sup> April 2011</b>	Major Reviews in 2010/11 – Second Review
	Witness Session 3
	(HCIL – update report?)
	Cabinet Forward Plan
	Work Programme

<b>11<sup>th</sup> May 2011</b>	Major Reviews in 2010/11 – Second Review
	Draft Report
	Cabinet Forward Plan
	Work Programme