

Minutes

SOCIAL SERVICES, HEALTH AND HOUSING POLICY OVERVIEW COMMITTEE

9 November 2010

Meeting held at Committee Room 4 - Civic Centre,
High Street, Uxbridge UB8 1UW



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors Judith Cooper (Chairman), Peter Kemp (Vice-Chairman), John Major (Labour Lead), David Benson and Pat Jackson</p> <p>LBH Officers Present: Linda Sanders – Corporate Director Adult Social Care, Health and Housing Neil Stubbings – Deputy Director ASCHH Paul Feven – Head of Commissioning Gary Collier – Joint Commissioning Manager Steve Cross – Head of Finance ASCHH Sarah Morris – Head of Access and Assessment Nick Ellender – Service Manager Safeguarding Adults Charles Francis – Democratic Services Officer</p>	
28.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>None.</p>	
29.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>None.</p>	
30.	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 13 OCTOBER 2010 (<i>Agenda Item 3</i>)</p> <p>Were agreed as a correct record.</p>	
31.	<p>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 (<i>Agenda Item 4</i>)</p> <p>All items were considered in PART 1 with the exception Item 5, Appendix 3 which was considered in PART 2.</p>	
32.	<p>REVIEW OF ASSISTIVE TECHNOLOGY IN HILLINGDON: FINANCIAL REPORT (<i>Agenda Item 5</i>)</p> <p>At the request of the Chairman and with the agreement of the Committee, agenda Item 5 (Assistive Technology in Hillingdon: Financial report) and Item 6 (Witness session 3) were considered as a</p>	

	combined item.	
33.	<p>REVIEW OF ASSISTIVE TECHNOLOGY: WITNESS SESSION 3 (Agenda Item 6)</p> <p>The Joint Commissioning Manager introduced the financial report which set out the proposed model of provision with costings and identified some alternative telecare options. The following points were noted:</p> <p>Proposed Model of Service Provision</p> <ul style="list-style-type: none"> • Officers intended to develop a menu of options so that maximum flexibility could be provided to residents and their families. • It was proposed that the menu comprise of the following four levels of service: <ol style="list-style-type: none"> 1. Level 1 – a standard service comprising of button and box, smoke detector and bogus caller alarm 2. Level 2 – the standard service but with access to a mobile response service 3. Level 3 - the standard service but access to a range of detectors and/or sensors appropriate to their assessed need. 4. Level 4 –a full range of telecare sensors and detectors to address their needs, including safer wandering equipment, and also the Mobile Response Service. • Residents who did not satisfy the council's eligibility criteria would have the option of purchasing telecare equipment over and above the standard package as well as having access to the Mobile Response Service. <p>Charging Policy</p> <ul style="list-style-type: none"> • At present there was a flat rate charge of £1.13 per week. To access telecare services it was proposed that: <ol style="list-style-type: none"> a) for clients in receipt of social care the allowable expense of £1.13 per week is applied to all levels of service b) for clients NOT in receipt of social care the full charge of £1.13, £2.50, £5.00 or £8.00 a week is applied according to the level of service provided <p>Mobile Response Service</p> <ul style="list-style-type: none"> • Available 24/7 and would be provided jointly by the in-house Home Care Team and Careline. Including this function within the role of the in-house Homecare Team would ensure access to personal care should this be required and represented part of its transition to become a reablement service. • This also reflected the increasing prominence of reablement as a means of maximising independence and reducing avoidable demands on community care and health services. <p>Funding Telecare</p> <ul style="list-style-type: none"> • There would be separate financial arrangements in 2010/11 for Careline. Careline was funded by a combination of Housing Revenue Account (HRA) & General Fund. From 2011/12 the 	Action by

intention would be to bring the Careline and telecare budgets together as part of a unified service.

- It was anticipated that the telecare service would be funded from the avoidance of expensive Residential or Nursing placements, with the costs of the home care staff being funded from the current homecare budget. The telecare service would be incorporated into the wider reablement service within Adult Social Care, Health and Housing.

Cost Avoidance

- Telecare could provide savings in a number of ways, such as :
 1. where the cost of supporting a resident at home was less than that of residential care after taking the cost of domiciliary care and any other community care service into consideration.
 2. by reducing the scale of a domiciliary care package, e.g. through the provision of medicine dispensers.
 3. saving money to the health economy through the prevention of a hospital admission or readmission.
- It was noted that costs had been reduced significantly at North Yorkshire County Council (NYCC) which was regarded as a national leader in the use of telecare and had invested heavily in this approach since 2005.
- During 2009, NYCC had analysed a sample of 122 new telecare users during a two month period and the following results had been identified
 - 48 cases would have been residential, dementia residential or nursing
 - 74 cases would have been care at home requiring decreased levels of domiciliary care
 - 33% reduction in care costs (annualised analysis = net average efficiency £3,180/person countywide)

Health Benefits of Telecare

- Telecare had played a considerable role in preventing avoidable hospital attendance and admission.
- Falls were cited as a major cause of injury for older people which could lead to a loss of confidence and a progression towards decreasing levels of independence. Telecare could not stop this completely from happening, it could be prevented through sensor and alert systems which could make a significant difference on their length of stay in hospital.

Service Options

- Officers presented a range of options for the committee to consider which concerned the following aspects of the telecare service:
 - a. equipment purchase, installation, collection and maintenance
 - b. Careline monitoring service
 - c. mobile response service

a) Equipment purchase, installation, collection and

maintenance

- An alternative option available to the council (to an in-house service model) would be to join the telecare aspect of the community equipment framework agreement held with Medequip Assistive Technology Ltd following the collaborative commissioning exercise that took place in 2009.
- This was something the council would need to keep under review. If this option were pursued, it was noted that there might be a loss of cohesion by spreading the different telecare functions across more than one provider and there might also be compatibility issues with having different computer systems.
- It was noted that ensuring compatibility between the telecare technology and the Careline monitoring service was essential and would also be a factor that would influence any decision about future provision arrangements.

b) Careline Monitoring Service

- The current intention was to develop Careline as an emergency out of hours service covering a range of needs including:
 - *electronic call monitoring (ECMS)* - response service for those people identified as being at risk should they not receive a call from their domiciliary care agency. The Careline monitoring function for this service is expected to become operational from January 2011;
 - *out of hours repairs* – council tenants experiencing emergency repairs can contact Careline who have access to on-call repairs staff;
 - *emergency heaters* – Careline would make available heaters out of hours to vulnerable people during the winter where they have experienced a heating system breakdown.

The following options were under consideration:

- **Emergency Housing call out** – this would entail Careline contacting the duty emergency housing officer to assist anyone seeking to make an application under the homelessness legislation out of office hours
- **Duty Social Worker call out** – Careline would seek to contact the duty Social Worker out of hours where there was a resident potentially in need of adult social care, including a safeguarding issue out of hours.
- It was noted that **combining all of these functions together** in a local service run by people with local knowledge would offer both service efficiencies and potential improvements in customer care through improved responsiveness. This action would also help to safeguard the interests of vulnerable residents.

It was noted that there were a number of alternative options. These were:

- **Tunstall call centre** – Tunstall is one of the main telecare

equipment providers in the country. The council could explore in more detail the option of Tunstall providing the call centre function. Disadvantages of this option would be the loss of the cohesive approach to out of hours provision and the lack of local knowledge which would impact on the confidence of residents and other stakeholders in the robustness of the service. The council would need to have separate equipment installation, collection and maintenance arrangements in place as well as its own mobile response service.

- **Market testing** – the Careline monitoring service and the mobile response service could be market tested. There had been some interest in the possibility of this being developed as a West London Alliance initiative with a view to achieving efficiencies. The submission of a tender by Careline could be successful in securing additional income for the council. However, if Careline was unsuccessful a key potential disadvantage of this approach for Hillingdon would be the potential loss of the coherent approach to out of hours services.
- **Sell services to other boroughs, housing associations and health economies** – the Careline monitoring centre and the mobile response service could be sold to other councils and housing associations. It was noted that Careline already received £35k a year income from 6 housing associations operating in the borough but the service could be promoted more rigorously.
- **Social enterprise option** – Careline could be established as a social enterprise. This would enable it to offer services to a wider range of customers and for any profits to be reinvested for the benefit of Hillingdon residents.
- **Multi-disciplinary service** – integrating health professionals with Careline staff could enable it to provide support for people with long-term conditions utilising telehealth equipment. This would need the support of GPs, although the Health White Paper proposals could make participation in such a venture attractive to the Hospital, especially considering the loss of income that they are likely to experience as a result of the 30 day readmission rule which comes into effect in December 2010.

c) Mobile Response Service

- A further option entailed reducing the scope of the mobile response service so that it only operated from 7am to 10pm. This would reduce the operational cost by £42k but it was likely to have a detrimental effect on the confidence of residents, their families and health professionals.

Following the consideration of the report, the Joint Commissioning Manager, Head of Finance and Director of Adult Social Care, Health and Housing responded to members' questions and provided their views on the cost implications of a telecare service, where there might be potential income generation opportunities and what other councils had done elsewhere. The following points were noted:

- Officers recognised that residents preferred to live in their own homes for as long as possible and were currently exploring a number of assistive technology options. A final decision had not been taken and none of the possible options were set in stone.
- Members asked whether the current premises for Careline were large enough bearing in mind the number of additional services Careline might provide in future. Officers explained that they were currently looking at the appropriateness of the site and investigating a number of options including possibly co-locating the service to the Civic Centre.
- To meet the anticipated demand for the responder service, officers agreed that more staff would be required (especially if a re-ablement service was provided free of charge for 6 weeks after a hospital discharge).
- Members asked about the Tunstall call centre option. In response, officers suggested that a locally managed, local provider was their preferred option.
- Members asked about how the service might respond to confused callers (i.e those suffering from dementia). Officers explained that any service the Authority provided ought to be able to accommodate these types of calls and local knowledge of the client base was an essential part of being able to manage these enquiries as sensitively as possible. Officers agreed that these types of calls would need to be monitored on a case by case basis but the service would need to be as responsive as possible.
- In response to a query about cost savings, Officers agreed that telecare could not replace personal contact and should be seen as a complementary service which was less intrusive (due to the ability of the user to self monitor and request services).
- With reference to cost savings, members agreed that periodic reviews of costs were required to ensure best value whoever the provider was.
- Members agreed that the implementation of assistive technology could provide benefits to both ASCHH and residents but questioned how cost benefits could be illustrated. Officers explained that strong results about potential cost savings were expected from the Whole Systems Demonstrator (WSD) pilot which was due to publish its results in March 2011. In the meantime, Officers explained that a Use of Resources study by the Department of Health and compelling evidence had been provided by the North Yorkshire Pilot about how cost savings could be made.
- Officers referred to a study by the Personal Social, Services Research Unit (PSSRU) based at the University of Kent which reported that medium need equipment installation costs were £350 to £450 and higher needs ranged from £700 to £900 per week with ongoing running costs of £5 to £10 / week / client.
- The Department of Health publication 'Use of Resources in Adult Social Care', published in October 2009 included a number of case studies. The Croydon study showed how closer working with the PCT could help reduce the number of admissions to residential care. The other case study referred to work

	<p>conducted by Coventry Council who evidenced a 2% reduction in their Learning Disability spend; this would equate to an approx £0.5 million saving to the London Borough of Hillingdon.</p> <ul style="list-style-type: none"> • Officers explained that while they understood the Committee required hard figures to evidence their recommendations, these were difficult to provide (and calculate). The WSD pilot included a control group without any Assistive Technology (AT) which would allow direct comparison with the corresponding AT group. Officers believed this to be the first such in depth study that would give hard evidence of the cost / benefits of AT. The Committee heard that after telecare installation and running costs had been taken into account, the cost of telecare could be offset against the potential cost savings of not having to provide two weeks residential care for each client in receipt of AT. • Members asked about which option offered the best long term security to ensure the continuity of the service. Officers explained that a combination of modelling and research would highlight the best way forward but that future income streams would not be restricted to those services provided to Adult Social Care clients only and providing services to other groups would provide a degree of stability. • Officers explained that a built in evaluation process had an important role to play whereby positive feedback could be used to sustain the service and Hillingdon was in an advantageous position and could offer added value due to its housing stock. • Members asked about whether a zero client contribution system could work. In response, officers explained that a universal offer was not affordable at least not in the short term and there would need to be an element of contribution. This, along with other charging options would be explored in more detail within the modelling being undertaken. • With reference to the cost information requested by the committee, Officers explained that only one company had submitted a tender for the telecare service and these figures were set out in the report. • From the evidence presented to the Committee, Members agreed that the best way forward lay in a comprehensive in-house model. <p>Resolved –</p> <ol style="list-style-type: none"> 1. That the Committee notes the information provided and use this to inform their review. 2. That officers be requested to ensure periodic reviews of costs take place to ensure best value whoever the (service) provider might be. 3. That the Committee’s report to Cabinet recommend that a comprehensive in-house model was favoured by Members. 	
34.	<p>REVIEWS IN 2010/11- HILLINGDON CENTRE FOR INDEPENDENT LIVING SCOPING REPORT (<i>Agenda Item 7</i>)</p> <p>The Head of Commissioning introduced the scoping report for the Committee’s second review on the Hillingdon Centre for Independent</p>	Action by

	<p>Living.</p> <p>The scoping report was agreed subject to Officers incorporating the views of General Practitioners within the scoping report.</p> <p>Resolved –</p> <p>That the scoping report be agreed subject to the inclusion of the views of General Practitioners.</p>	
35.	<p>THE TRANSFORMATION AGENDA AND DIRECT PAYMENTS IN HILLINGDON - UPDATE ON REVIEW RECOMMENDATIONS <i>(Agenda Item 8)</i></p> <p>The Director of ASCHH introduced the report and provided an update on the progress of the Committee’s recommendations from their 2009/10 review entitled the Transformation Agenda and Direct Payments in Hillingdon.</p> <p>The Committee were encouraged to learn that all 5 of the Committee’s recommendations were on track.</p> <p>On a broader note, the Director explained that solid progress had been made on a number of milestones including: telecare, re-ablement, commissioning and client engagement. Reference was made to the Government target of 30% of clients in receipt of personalised budgets by March 2011 (NI 130) and it was noted that a number of Local Authorities, including Hillingdon, were struggling to meet this target.</p> <p>Officers explained that the single most important factor which had caused delays had been the implementation of the new Liquid Logic software. However, the Committee were encouraged to learn that a recovery plan was already in place to improve the Authorities’ performance for NI 130.</p> <p>Resolved –</p> <p>That the report be noted</p>	Action by
36.	<p>FORWARD PLAN <i>(Agenda Item 9)</i></p> <p>Forward Plan</p> <p>Members considered a condensed copy of the latest Forward Plan covering November 2009 to February 2011.</p> <p>Resolved -</p> <ol style="list-style-type: none"> 1. Cabinet Item 507 – Progress Report on the Disabled People’s Plan - noted 2. Cabinet Item 484 – Mental Health Floating Support Service – noted 3. Cabinet Item 487 – Contract Award – Carer Support Services – verbal update to be provided to 9 December 2010 meeting. 	Action by

	4. Cabinet Item 468 – Contract Award for the Direct Payments Support Service – to note that the item had been deferred.	
37.	<p>WORK PROGRAMME (<i>Agenda Item 10</i>)</p> <p>Work programme 2010/11</p> <p>This is a standard item.</p> <p>Resolved – That the timetable of meetings and proposed work programme for 2010/11 be noted.</p>	Action by
	The meeting, which commenced at 7.00 pm, closed at 8.20 pm.	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Charles Francis on 01895 256454. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.