

HOUSING & SOCIAL CARE SCRUTINY PANEL

MINUTES OF THE MEETING of the Housing & Social Care Scrutiny Panel held on Thursday 22 November 2012 at 2.00pm in the Civic Offices, Portsmouth.

(NB These minutes should be read in conjunction with the agenda for the meeting.)

Present

Councillors Sandra Stockdale (Chair)
Margaret Adair
Michael Andrewes
Phil Smith (Vice-Chair)

Also Present

Nigel Baldwin, Housing Enabling Manager
Katie Cheeseman, Project Manager, Assistive Technology
Lesley Hammer, Service Manager, Leonard Cheshire
Disability
Alison Croucher, PCC Sheltered Housing Manager

Maria Cole from the Residents' consortium observed the meeting.

42 Apologies for Absence (AI 1)

These had been received from Councillor Mike Park.

43 Declarations of Members' Interests (AI 2)

There were no declarations of members' interests at this meeting.

44 Minutes of Previous Meeting – 18 October 2012 (AI 3)

RESOLVED that the minutes of the previous meeting of the scrutiny panel held on 18 October 2012 be confirmed and signed by the chair as a correct record.

There were no matters arising.

45 Advancing the Use of Technology in Adult Social Care (Telecare and Telehealth (AI 4)

- a) Lesley Hammer, Service Manager, Leonard Cheshire Disability (LCD) provided information and answered questions on the support the organisation provides at extra care developments (Brunel Court and Milton Village) and 299 service users in the community (Zone PO3) under a contract awarded by Portsmouth City Council (PCC). Despite peoples' perceptions and the origins of the

charity, LCD provides support to all members of the community, not just ex-service personnel.

Extra care sheltered housing

LCD provides extra care support to residents at two facilities in the city – Brunel Court and Milton Village. Both centres were developed and are owned by Housing 21 in partnership with Portsmouth City Council. Each room in both facilities has a pull cord alarm which was procured by Housing 21 from Tunstall Healthcare, a provider of telehealthcare products, and which is paid for as part of the service charge. In addition, a number of residents also have other telecare equipment such as door exit sensors. LCD does not offer private care to residents at Brunel Court or Milton Village.

The level of care provided by the staff 24 hours a day, 7 days a week which when combined with the use of telecare means that people can stay in the homes for much longer than would otherwise be the case. In one case where a service user was suffering from dementia, a door exit sensor was fitted with a tape of her son's voice asking her to go back in and wait for someone to come. In this case the service user was reassured and calmed by the tape.

Lesley confirmed that LCD would only ask to have people moved out of extra care if they became a danger to themselves or others. In her experience, there had been only two cases over a 20 year period where LCD had not been able to care for people. It was usually the family who made the decision to move an individual into residential care.

Lesley then provided more information about the 2 extra care facilities:

- **Brunel Court** has 55 flats to rent and part share-own, some wheel chair access, assisted bathrooms, care on site 24 hours a day and a day centre on site. The response time at Brunel Court is very fast as carers receive the alarm call direct, are on site and can contact service users over the phone to discuss their needs or take other action (such as calling an ambulance) as needed.
- **Milton Village** has 65 one or two bedroom extra care flats on three sites, which are designed for those who need some personal care and support with their daily living. There is also an on-site care team who provide 24-hour care and support to meet individual needs. The three sites are Osprey Court (16 rented flats), Crane Court (12 rented flats) and Brent Court (12 rented flats and 25 shared-ownership flats).

The response time to pull cord alarms is slower than at Brunel Court, as the flats are spread out across the three sites and the underground wiring for the system was not installed when the sites were developed three years ago. A system has however been put in place where alarm calls go to the call centre in Southampton before the information is relayed by mobile phone to carers at the centre. This slows down the response rate and additional delays can be caused if the mobile phone is in use. However, the calls are prioritised at the call centre in the same way that the carer on site

would respond ie. if an ambulance is required the call centre staff make the call. Justin Wallace-Cook, Assistant Head of Adult Social Care at PCC is aware of the situation and is looking at ways of improving it further.

For information gathering, **monitoring** and the management of the centres, getting information about the number and nature of alarm calls is important. At present carers at Brunel Court can obtain a printout of information relating to alarm calls. It is believed that a system is being developed by Tunstall whereby information will be sent through to a computer with information about the number of calls, type/ reason of calls and response rates. This would allow managers to see patterns which would be a significant step forward and a very useful tool.

Service Users in the Community

Of the 299 service users in the community (Zone PO3 in Portsmouth) supported by LCD, 45 use telecare services. Telecare products in the community are procured from a number of different providers. Often social workers identify the need for telecare products for service users in their own homes. The cost of telecare and access to suitable phones are reasons why more people do not chose to use it. LCD does not charge PCC to have carers on standby to respond to pull cord alarm calls but does make a charge if care has to be provided and a carer visits the service user.

- b) Alison Croucher, PCC Sheltered Housing Manager provided information on the use of Telecare and Telehealth in sheltered housing in Portsmouth and answered questions from the panel.

She informed the panel that PCC's sheltered housing service provides housing-related support to enable residents to live as independently as possible in their own home. The service does not provide personal care, medical care or first aid. However staff will work with or seek advice from other agencies as necessary to support residents to meet these needs if required.

To receive the Sheltered Housing Service the applicant must be over 55 (but those under 55 with support needs may be considered), have a defined Housing Need and a defined Support Need. Eligibility is usually decided via an assessment and there may be some waiting time until a suitable property becomes available.

There are approximately 1500 sheltered accommodation properties in the city that have been designed or adapted to meet the support needs of elderly or vulnerable people. There are several different property types, mainly these are one bedroom flats and bed-sits although there are some two bedroom flats and a few bungalows, but the common factor to all of them is that they are linked to a 24-hour alarm system.

Zoned care agencies provide Night Support for residents and this arrangement works well.

Generally it is the Scheme manager or social worker who makes referrals for Telecare.

There are 24 Category 1 blocks, 6 Category 2 blocks and 7 Category 2.5 blocks. Category 1 blocks range from 2 to 25 floors, they are mainly within the Portsmouth City area. Most are close to facilities such as shops, bus routes, post offices and health centres but a few are more remote.

Category 2 blocks are all situated in the Crookhorn, Leigh Park and Wecock Farm areas while there are 5 Category 2.5 blocks within the city, 1 at Cosham and 1 at Paulsgrove, most of these are 2 to 3 floors high and contain in the region of 40 to 50 properties each.

Category 1 blocks

- Accommodation with a mix of general needs and residents with support needs.
- There are 827 category 1 residents in Portsmouth.
- A pull cord alarm call system is in place in most blocks but in some circumstances a 'stand alone' system that requires a BT landline is necessary.
- Since 2010 49 stand alone units have been installed in Category 1 blocks. The expectation is that numbers of units will increase.
- In addition, Key Safes have been very useful in Category 1 accommodation as they allow swift access in an emergency and access to carers on a daily basis.
- Door exit monitors have been fitted in 2 cases of early dementia
- Fall trigger kits have been used in 2 cases when patients have regularly failed to wear pendants
- Bed exit sensors have been installed in 2 cases where service users have been found out of bed and very cold
- Onsite support is available Monday to Friday (9- 5pm). Generally this is one Scheme Manager per block. They will arrange regular contact and support with the resident to meet individual need; to enable them to live independently in their home, if on duty they will also respond to alarm calls.
- When staff are not on duty, alarm calls are taken by a team in Southampton who arrange for an appropriate response, usually a representative from the Out of Hours Response Team to be sent.
- Staff can provide a range of support tasks including liaison with social workers, emergency shopping and collecting prescriptions. Other support can be arranged as required depending on the individual need and personal circumstances of the resident.
- In some cases a meal can be arranged (there is a separate charge for this).

Category 2 blocks

Same as for the Category 1 properties, with the following additions:

- Specific accommodation for older people with support needs, there are no mixed blocks.

- Onsite support is available Monday to Friday (9- 5pm). Generally this is a scheme manager and one or more support assistants.
- A pull cord alarm call system is in place in all blocks although generally there is minimal need for additional Telecare products (2 cases over 2 years)

Category 2.5 blocks

Same as Category 1/ and 2 properties, with the following additions:

- Specific accommodation for older, frail people with higher support needs, there are no mixed blocks. There are 359 residents in Category 2.5 blocks in Portsmouth.
- Dedicated on site support is available 24 hours a day 7 days a week. Generally this is a Scheme Manager and Support Assistants.
- Support staff can prepare and provide a heated meal if requested (there is a separate charge for this), domestic support such as cleaning can be arranged.
- In addition to pull cord alarms, the following telecare products are used:
 - Door exit sensors x 6 cases of dementia
 - Automated medication dispensing hubs x 5 cases. These have not worked as well as hoped, mainly due to the issue of getting the hubs installed (it took 6 months in one case) and be refilled as community pharmacists seem reluctant to do this.

Alison stated that although Telecare products are very useful in helping people stay in their own homes for longer, the counter argument by some Scheme Managers is that some residents delay the move into residential care for too long because of this equipment.

c) Katie Cheeseman, Project Manager, Assistive Technology

Housing 21 commissioned Tunstall Healthcare to supply pull cord alarms at Brunel Court and Milton Village, but they may use other suppliers at other extra care facilities.

d) Nigel Baldwin, Housing Enabling Manger, confirmed that Housing 21 developed the land for Brunel Court and Milton Village under procurement from PCC and that it procures the services of LCD. He also confirmed that in order to become a resident at Brunel Court or Milton Village service users need to be a resident in Portsmouth, be living in housing no longer suitable for their needs, have had an assessment of their needs, need help with personal care of at least four hours per week and be aged 55 or over.

It was also confirmed that information on Telecare products and services for service users is available in leaflets (from libraries, GP surgeries, PCC and other organisations); Flagship magazine, PCC website etc.

e) Automated medication dispensing hubs (pill hubs) (Telehealth)

Members heard that pill hubs can only be used for regular medication. A short term need for pain killers or antibiotic medication cannot be accommodated. The device has a number of sockets which pop open at the appropriate time. Usually pill hubs are 'stand alone' but they can be linked to

a call centre. Moreover, the potential for prompt calls to be made to service users to help remind them to take the medication was being considered as it was acknowledged that service users still need monitoring to ensure that they actually take their medication on time.

The automatic pill dispensers can have a very dramatic impact upon medication compliance and safety for frail older people, leading to increased safety, reduced hospital admissions and thus improving quality of life.

Members were also informed that these pill hubs are more difficult to fill than Nomad pill dispensers (The Nomad system allows various medication to be split up into separate compartments for different days allowing people to manage tablets).

Lesley Hammer said that pill hubs were a useful tool in delivering care. Alison agreed adding that the hubs were tamper proof and that with cuts to social care services these devices could help service users and their carers enormously.

Nigel Baldwin informed the panel that automatic pill hubs were currently not being used by the council as community pharmacies were not willing to fill them. Katie Cheeseman added that community pharmacies wanted to assess all service users wishing to use the system and that this had caused the programme to break down. She added that the Clinical Commissioning Group (CCG) in Portsmouth needed to address this issue. Research from NHS Midlands & West showed that pill hubs did help service users comply with medication needs. There are plans to put a bid in to the CCG for funding to roll out a community pharmacy based pill hub initiative.

Note: A copy of the The Automated Pill Dispenser Project by NHS Midlands and West would be circulated with these minutes.

f) Information on equipment available

Information on the different types of equipment available can be sourced from a number of sources including libraries, community centres, GP surgeries etc.

Nigel also added that the Hospital Discharge team and Domestic Violence team also provide information to their service users. He also informed the panel that telecare staff would be at the forthcoming PCC Health & Wellbeing Day (for staff) and that a short film about telecare was being filmed at present and would be available on the website.

Alison stated that she would ensure that all Sheltered Housing scheme managers received a link to the PCC telecare webpage and were reminded of the range of equipment available to service users.

Councillor Sandra Stockdale thanked all those present for the interesting and helpful information provided.

It was agreed that a representative of community pharmacies be invited to a future meeting of the panel. It was also agreed that an invitation to a future meeting be extended to Dr Julian Neal, Portsdown Group Practice and to Councillor Steven Wylie, Cabinet Member for Housing.

46 Date of Next Meeting

This was agreed as Thursday 13 December 2012 at 10am subject to the availability of witnesses.

The meeting concluded at 3.40pm.

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Councillor Sandra Stockdale
Chair

Appendix - The Automated Pill Dispenser Project by NHS Midlands and West – is attached