HOUSING & SOCIAL CARE SCRUTINY PANEL

MINUTES OF THE MEETING of the Housing & Social Care Scrutiny Panel held on Thursday 17 January 2013 at 10am in the Guildhall, Portsmouth.

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

Present

Councillors Sandra Stockdale (Chair)
Margaret Adair
Michael Andrewes
Mike Park
Phil Smith

Also Present

Katie Cheeseman, Project Manager, Assistive Technology
Katherine Barbour, Wessex HIEC
Graham Pink, Housing 21, Brunel Court Manager

Maria Cole from the Residents' consortium observed the meeting.

1 Apologies for Absence (AI 1)

Nigel Baldwin had sent apologies for absence.

2 Declarations of Members' Interests (AI 2)

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

3 Minutes of Previous Meeting 13 December 2012 and Matters Arising (AI 3)

Councillor Park's request for further information regarding the Telecare service at Leonard Cheshire Disability had been forwarded and a reply was awaited.

There were two minor corrections to be made - on page 67 to refer to "red alert" rather than green and on page 69 the Chair had thanked the witnesses for their interesting presentations.

RESOLVED that the minutes of the previous meeting of the scrutiny panel held on 13 December 2012 be confirmed and signed by the chair as a correct record, subject to the above amendments.

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

i) Katherine Barbour Wessex HIEC explained her background in social care and the health service including work at the Department for Health developing the Dementia Strategy, where she had seen the support available through Telehealth. The HIEC brings health and social care together with academia and industry. Their aim was to prevent admissions and make stays in hospital shorter and put support in place to help earlier discharge.

Katherine's role involved training and education and she was working closely with Solent NHS Trust. Their mission was to increase use of Telecare and Telehealth to support those with long term health conditions to live in their own homes where possible.

She reported that Solent NHS' work also covered the Portsmouth and Southampton area for community services and they were using Telehealth for patients with chronic obstructive pulmonary disease (COPD). She felt that these services could be expanded, and circulated details with case study examples showing savings through the use of Telehealth for patients with physical disabilities, dementia and severe epilepsy.

For Telecare there was combined work between Portsmouth and Southampton. Katherine stated that the ideal size for optimum benefit would be double the size of the two local authorities. There is potential to use the model of other authorities to combine with other services such as CCTV - as evidenced at Medway and Bristol councils. Bristol City Council had doubled their income to £1.2m from combining services there. Milton Keynes had combined their Telecare and Telehealth services, and had found that this had made responses faster, and had helped them to respond appropriately. They had also predicted savings of up to £340k per annum in preventing GPs attending. There would be additional benefits for GPs with less travel.

In response to member questions Katharine reported the following:

- **Barriers to encouraging use** - these would be lack of awareness and understanding, training and education barriers. Savings were not always seen in Year 1 and changes should be part of a system redesign. Some GPs cited the lack of unequivocal proof of more effective ways of caring for patients. Telehealth was not yet seen as mainstream and referrals were often via occupational therapists.

- **Were costs putting off clients and what income is there**? Income could come from a range of sources including from private companies buying into a service such as use of monitoring centres. Surrey CC had set up a telecare service for patients on discharge from hospital which was free for six weeks and it was found that a lot of residents did not wish to continue with the service after the free period. An example of savings were in residential care homes which previously had night time carers and the use of epilepsy monitors could mean that a carer was not needed on site.

- **Work with Solent NHS** - funding had been given by the Technology Strategy Board to develop the use of Telehealth with patients. They were working on how to add functionality to monitors to give extra benefits such as internet access to communicate with family and order in medication. So there was movement away for single function equipment. This work was with the equipment provider Docobo and there was further work with Age UK evaluating the project.

- **Work with CCG** – they linked with Solent NHS Trust for the CQin project – a contract to provide Telehealth equipment in the City – which was ongoing. Whilst Dr Neal was an advocate of Telehealth many GPs were sceptical (wanting to see evidence and wanting to ensure that the equipment can deliver). GPs can make savings by renting the equipment and companies are keen to showcase their products. The government announcement "A Direct Enhanced Service" encourages GPs to have Telehealth as part of their service delivery. Birmingham CC have entered into a £14m contract with Tunstall. The Portsmouth CCG will be rolling out a new project for stroke sufferers using a text messaging service. This would be a 12 month pilot study, funded by NHS Stoke with no cost to the service users. This preventative/early intervention project would rely on self-management by the patients.

- **Client Group** – it was asked what the breakdown of resident type was i.e. care and nursing homes versus individuals in private homes. It was reported that there are 1.7m users of Telecare in England. In Portsmouth the ratio was thought to be 4:1 with the majority accessing services in local authority housing and extra care facilities rather than private home owners. This majority was using the community alarm devices with a large potential market for peripheral devices to be developed. This was dependent upon the staff and the clients having confidence in the equipment.

- **Department of Health funding** - this had first been provided in 2006 as a preventative grant to fund posts at the City Council as well as equipment, thereby developing the infrastructure to develop Telehealth initiatives. Katie Cheeseman reported that Birmingham City Council aimed to provide services for 25,000 of their residents.

- **Social Worker referral** - Whilst the awareness of social workers had been higher than for GPs it was noted that their induction programmes did not include Telecare/Telehealth at this time: the panel members felt that this should be reviewed.

- **Promotion -** Katie Cheeseman reported on a promotional event being held on Friday 15 March from 10am until 4pm at the Oasis Centre for stakeholders to see the range of products available. It was noted that GPs would be invited to attend to raise their awareness of this market. Katie further reported on **virtual tours** which were available on some local authority websites such as Medway Council which showed a 'smarthome' with monitors and sensors positioned in each room; this was a tool that could be developed at PCC as well as the DVD which was being produced on telecare.

ii) Graham Pink, Brunel Court Manager then spoke as a representative of Housing 21, providers of extra care housing. Brunel Court in Portsmouth consists of 55 flats with the Royal Albert Day Centre on site (run by PCC) for dementia sufferers. The care provider for Brunel Court is Leonard Cheshire Disability with Housing 21 being the housing provider. Their residents have a range of disabilities and current ages range from 51 to 99. Their care packages include at least 4.5 hours a week (including leaseholders).

The alarm system in place is the Tunstall model for grouped housing; an electric system with power backup, using a dedicated telephone line. Graham circulated details of this 'Communicall Vision' system which explained how it operated, promoting independence through the use of pendants/bracelets and providing emergency red chords in each flat. Each resident has an identification number (usually their flat number) and the on-site carer carries a handset around with them to receive calls and make calls out to emergency services. This handset can also be used to broadcast announcements to residents (e.g. testing of fire alarms). If 2 or more calls are received at once to the handset a waiting system is used- it will be dialled 4 more times before being routed to the monitoring centre within a few minutes. The handset also receives information about fire sensors (and all the flats have heat and smoke detectors).

Speech boxes are located in the doorways and can be used to answer the main door of Brunel Court. Residents' TV screens (or separate monitors) can show a picture of who is at the front door so they can assess if they should give access to the caller. Other equipment provided there included door and bed monitors (which were useful for residents with dementia), floor monitors (for those prone to falling) and intruder sensors for vulnerable clients.

The **cost** of their telecare lifeline service is currently £3.46 per week. This used to be paid for by housing benefit but is now built into their rent as a support charge (there is not an opt-out as it is sheltered accommodation). The equipment is replaced free of charge (unless there is persistent loss as units cost £40 each). Additional equipment would be added on without extra charge through Housing 21's adaptions budget.

Graham concluded that the benefits to the communications system were the safety given to residents and staff, with visitors also being able to use it to call for assistance, and for reporting of lift breakdowns. The system could be subject to overuse by some residents to the detriment of other more needy callers and the door system link up could clash with an emergency call. Therefore they were asking Tunstall to provide a separate system for the front door. The carers' handsets were bulky but replacement ones were likely to be lighter in the future.

Questions: It was asked how the use of telecare differed here from in the community. Graham reiterated that the Brunel Court there was a sense of security whilst still promoting independent living. Some of their residents were used to residential care and they had to set the level of expectation from their service.

Integration of systems- Brunel Court did not have Telehealth users but with the use of Tunstall telecare equipment there was the potential for this to be expanded. (Graham reported that Tuntsall were very efficient with a fast response in resolving equipment problems, recognising the vulnerability of their residents.) Katie Cheeseman reported that the Docobo telehealth equipment was provided through Solent NHS and there is the need for more to be provided to homes via community nurses. She stressed that further work is needed on how these systems work together and if there is compatibility.

Social Isolation - It was asked whether use of the systems exacerbated depression, with less human contact. It was felt that social isolation is a wider issue than the replacement of brief medical visits for which the quality of contact could be negligible. There is the need for PCC to look at this issue and asses and direct residents to other community assets and activities. At the sheltered housing schemes residents like to see a manager and the carers at Brunel House are available 24 hours a day and there is the use of a shared dining room and social events in the communal area. Graham stressed that there is a need at PCC for extra care places with a new scheme due to open in Queen Street for 40 flats.

The Chair thanked the witnesses for their very informative and interesting input.

iii) 3 Million Lives (press release circulated with agenda papers)
Katie Cheeseman explained that this is a concordant between industry and the Department of Health - the message is that at least 3 million people would benefit from telecare and telehealth in the UK. The Secretary for State for Health Jeremy Hunt is promoting this relationship. There is a newsletter to subscribe to for updates and many campaigns and an interesting website: www.3millionlives.co.uk

11 areas have been identified where both telehealth and telecare will be implemented at significantly higher levels to show how savings can be generated and evaluate the improved quality of life. PCC has expressed its interest in future such initiatives.

5 Date of Next Meeting

This was agreed as Thursday 14 February 2013 at 3pm.

The meeting concluded at 11.40am.

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Councillor Sandra Stockdale
Chair