

HOUSING & SOCIAL CARE SCRUTINY PANEL

MINUTES OF THE MEETING of the Housing & Social Scrutiny Panel held on Thursday 14 February 2013 at 3.00 pm 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
Mike Park
Phil Smith (Vice-Chair)

Also Present

Katie Cheeseman, Project Manager, Assistive Technology
Nigel Baldwin, PCC Community Housing,
Enabling Manager

Maria Cole, Residents' Consortium observed the meeting

6 Apologies for Absence (AI 1)

No apologies for absence had been received.

7 Declaration of Members' Interests (AI 2)

There were no declarations of members' interests.

8 Minutes of Previous Meeting - 17 January 2013 (AI 3)

(REFER TO MINUTES)

The following typographical errors were reported for correction:

Page 3, first paragraph, fifth line to read "away **from** single function".

Page 4, second paragraph, fifth line to read "red cords".

Page 5, second paragraph, line 5 to read "**assess** and direct residents".

Page 5, under 3 million lives, first line to refer to the "concordat".

The minutes were then approved subject to these corrections.

9 Advancing the use of technology in Adult Social Care (Telecare & Telehealth) (AI 4)

Further evidence was received at the meeting from the witnesses.

(i) Darren O'Higgins, Tunstall, Telehealthcare equipment provider

Mr O'Higgins would be outlining Tunstall Healthcare Group's work with other local authorities. They were a large group established for over 50 years who were specialist in the provision of support equipment on a global scale although they were based in the UK. They specialise in solutions to aid people in their independent living (and supplier for 75% of telecare users in the UK). They were a founder member of Continua¹ and a partner in the 3 Million Lives government initiative.

Darren outlined their work with **Hillingdon** unitary authority where a new model care initiative had been launched which is unusual as this was free for the over 85s and for six weeks as part of their reablement package. In the marketing of this they wished to get round the unfamiliar label of "telecare" and therefore had promoted it as a "home safety package" which came with a pendant, smoke detector and bogus caller button and other sensors dependent upon need. This had started in 2011 and 1212 new installations had taken place in a year, 565 of which had been self-referrals. There had been a corresponding reduction in residential placements from 8.08 to 3.57 per week, and a 10% reduction in home care hours purchased.

In parallel a telecare service delivery plan had been developed incorporating a business plan, leadership plan, staff engagement plan and local service provision plan. The two supporting elements were the involvement of partners in the voluntary sector and the development regarding self-funding where there was ability to pay.

He then expanded on the **Blackburn** with Darwen Council experience where elements of both systems of telecare and telehealth could be installed in people's homes through joint infrastructure with the aim to reduce residential care and increase the number of users (from 60 to 1800). Therefore the initiative to encourage this had been a "hearts and minds" approach to ensure that all referrers understand the process. This had been successful in attracting 1000 users in 18 months and the residential care admissions had been reduced by 18%. They had worked with the PCT on telehealth with the council funding the telecare equipment, the NHS funding the telehealth equipment and they had jointly funded the service provision.

He explained the LifeCare model which allows a variety of contract combinations between private and local authority providers. This had been used by Birmingham Council where a single lead supplier was contracted to manage the whole service, whereas Nottinghamshire County Council had used the same model but a different approach by selecting a combination of private and local authority provision, monitoring was won by a district provider monitoring centre, equipment supply and installation was undertaken by Tunstall.

¹ The Continua Health Alliance is comprised of technology, medical device and health care industry leaders in the field of personal telehealth.

Questions were then asked by the panel:

- When telehealth elements needed to be added to a telecare package would this be at cost to the user; Darren responded that he had not known of this as usually the NHS body would pay for the telehealth element.
- Could the monitoring centres also be used for telehealth; it was reported that at Blackburn there was some telehealth non-clinical monitoring by the centre and there was a process to get information through to the clinicians.
- With regard to reablement telecare could work in the reablement temporary placement units and where people go straight home their needs should be defined by the reablement staff involved.
- How to tackle preconceptions regarding telecare costs and equipment - it was noted that there was a need to put the **marketing** into context with the use of suitable terminology and positive stories could be put out through the local authority publications such as Flagship.
- With regard to cumbersome equipment it was noted that the units were being upgraded and there are clip-on and wrist versions available as an alternative to the pendant. The latest version of Tunstall Lifeline is able to detect when someone has not worn it for a period of time.
- The **uptake** was dependent on the frontline social and OT workers being kept abreast of developments via **training** especially where staff change. In Birmingham there were telecare assessors that go to visit and can install equipment there and then.
- At **Essex** County Council there had been a change of emphasis so that telecare packages should be considered at the start of assessments with an opt-out approach and relatives are very much part of this process. This emphasis on prevention justifies the costs involved.
- Was the **Hillingdon** example centred on sheltered accommodation rather than individuals in their homes? Darren responded that it was mostly in people's own homes in the community as the sheltered accommodation already has a degree of protection.
- Are local authorities saving money on behalf of the NHS? It was noted that there was a merging of health responsibilities for local authorities (with responsibility for public health budgets) and provision of safety was incorporated within this. The preventative agenda (such as the prevention of falls) would benefit both the NHS and the local authority in reducing social care admissions.

Darren O'Higgins was thanked for his very informative presentation.

- (ii) Debbie Clarke, Solent NHS Associate Director spoke next regarding the work in Portsmouth and Southampton in bringing together the agenda of telehealth and telecare and investigating the NHS having a central monitoring function. She was liaising with Katie Cheeseman at PCC and had attended the Portsmouth Health Overview & Scrutiny Panel meetings. Solent's aim was to give good NHS care within people's own homes and avoid hospital admissions where possible. This work was part of the role of the community matrons and allowing people greater choice and the nurses were available to visit to monitor conditions.

Solent had attracted national and international funding to become one of the whole systems demonstrators sites² and they were trying to embed telehealth in health care. There was a need to change the culture that nurses wished to always see people in person.

There are 9000 service users of Telecare in Portsmouth and Southampton. In respect of Telehealth Portsmouth residents were using the Docobo system where people can answer simple questions on their health for longer term conditions and the patient would know if their own statistics were within a normal range. If it is not within this range a central team will pick up this information and know when to intervene.

This approach was not just suitable for older patients but for the younger age group and they were looking at innovative kit to make systems smaller and more portable. This 'safe patient system' using mobile phone functionality was currently being used in Southampton and they hoped to bring this to Portsmouth soon.

Solent NHS worked with commissioners to secure additional funding to buy in systems for Portsmouth. The overall aim to support Telehealth is for the Single Point of Access/monitoring centre to be extended from its daytime to a 24 hour service.

Debbie then introduced a DVD produced by Solent NHS and the HIEC which would be used for **staff training** to address the worries of staff regarding the issues such as the monitoring, the urgency of response, the compatibility of computer systems etc. The DVD was viewed at the panel meeting and it showed how the Solent NHS wished to provide reassurance to staff that they would be able to deal with more patients in shorter time and patients would take on some responsibility in monitoring their own health whilst being confident that someone was on the end of the phone and a visit could be arranged where necessary. The community nurses could then spend more time dealing with patients who needed their input.

² The whole system demonstrators programme is a Department of Health research project to find out how technology can help people manage their own health while maintaining their independence.

Telehealth was already being used to monitor how wounds were progressing. It also reduced travel time for professionals and they were able to speak to more patients. The community matrons have blackberries and laptops and there was a whole strategy around the new technology. Debbie stressed that the patient's safety was most important to the staff and staff need to take up the training on the use of the telehealth equipment.

Questions were then asked by the panel members. The following further information was provided:

- Solent have three teams in Portsmouth and they meet regularly with the doctors' practices regarding vulnerable adults.
- The nurses are qualified to interpret the information provided through the telehealth systems and can visit patients where they need to talk to them regarding the information received and contact can be made with the GP where appropriate.
- The reablement centre is based at St James' Hospital where there is an outpatients service and the Limes unit for dementia patients.

Debbie Clarke was thanked for her interesting presentation.

(iii) Caroline Elder, Portsmouth Community Housing - Telecare DVD

Caroline Elder attended the meeting to show the panel the third cut of the DVD/website film produced to publicise the Telecare work at the city council. They were making two films: the first one was a promotional one for prospective customers and carers and the second was for professionals (which was not ready yet) for trainers in social care to use.

The panel viewed the **promotional film** which showed customers feeling safe and secure in their homes and giving their experience of the pendant system and how it was easy to install. It also showed that this was appropriate for a range of ages not just the older clients but younger ones with learning disabilities who benefit from this independence.

This would be available on the PCC website and there would be some DVD copies available. The panel members thanked Caroline and welcomed the promotional film and made comments on it (they felt that the background music was too loud and intrusive currently). It was reported that there would also be a version made with subtitles.

Discussion then took place regarding the range of providers available in the community with Age UK being the fourth biggest provider and they would be invited to the next meeting. Katie Cheeseman reported that the more take-up there was of telecare the cheaper it could become to provide and she reported on the advance of telehealth and there was soon to be a second surgery in Portsmouth following Dr Neal's lead. She estimated that 12 -14,000 people in Portsmouth would benefit from telecare and telehealth provision, 70% of these were in their own homes so there was a huge market not yet tapped into including those with learning disabilities. It was noted that some people could pay for the provision which would also need to be explored further. Katie was meeting further with the pharmacists regarding the issue of refilling the automated pill dispensers and this had been raised at the main Health Overview & Scrutiny Panel at Portsmouth City Council and she was working on reviewing 16 individuals using the automated tablet device in the hope that the CCG could be persuaded of its usefulness.

10 Date of next meeting (AI 5)

The date of the next meeting was agreed as Thursday 7 March at 2.00 pm and members were reminded that there was a telecare drop-in day at the Oasis centre on 15 March between 10.30 and 4.00 pm.

The meeting concluded at 4.45 pm.

JW/DMF
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