

HOUSING & SOCIAL CARE SCRUTINY PANEL

MINUTES OF THE MEETING of the Housing & Social Care Scrutiny Panel held on Thursday 4 April 2013 at 2.00 pm in the Civic Offices, Portsmouth.

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

Present

Councillor Sandra Stockdale (Chair)
Councillors Margaret Adair
Michael Andrewes (from 2.10 pm)
Mike Park

Also Present

Maria Cole, Residents' Consortium (Observer)
Katie Cheeseman) PCC Adult Social Care
Angela Dryer)

16 Apologies for Absence (AI 1)

These had been received from Nigel Baldwin of Community Housing and Councillor Phil Smith.

17 Declarations of Members' Interests (AI 2)

There were no declarations of members' interests.

18 Minutes of Previous Meeting - 7 March 2013 (AI 3)

(TAKE IN MINUTES OF 7 MARCH 2013)

RESOLVED that the minutes of the previous meeting held on 7 March 2013 be confirmed and signed by the chair as a correct record.

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

The following evidence was received.

i) **Angela Dryer, Assistant Head of Social Care (Assessment, Care Management & Social Work)**

Angela Dryer circulated her briefing paper the panel members and explained the background to the **personalisation agenda**. This is the aim of Adult Social Care (ASC) to give people choice and control over how the services they receive are delivered. To deliver this people using Adult Social Care services should now have an individual budget, and a support plan, indicating what their needs are and how and who will assist in meeting their needs. People still need to be eligible for ASC services following that assessment. This will include a

financial assessment to determine whether or not any financial contribution is required for the individual. The target was for those receiving PCC ASC services to have their personal budget in place by March 2013. This target had been reduced to 70% and the achievement rates were 78% for older persons, and approximately 65% for those with physical disability, thereby giving an overall achievement rate of 70.4%. Final figures were still awaited regarding the take up for those with learning disabilities. There were also some self-funders for which Adult Social Care agree to help identify the appropriate support.

Use of Technology in ASC

Angela explained that this was wider than use of just the community alarm and was about making social workers, occupational therapists and all referrers aware of the availability of telecare services for when they carry out their assessments. It is estimated that between 50 and 60% of ASC users have a community alarm (for which they need to have responders available). Individuals are charged for the service and income received goes back to Community Housing. As a rule ASC will not cover the weekly cost as it was expected that the individuals will use their attendance allowance/disability allowance, but in exceptional circumstances ASC have and would fund this as part of a package of care.

ASC does provide a night response service (available between 9.00 pm and 6.00 am) which responds to calls via the community alarm system. This service has led to savings to health partners in both admission avoidance and reduction in calls to the ambulance service. The night service is part of the reablement team so they are qualified responders who provide personal care on site and this has significantly reduced hospital admissions (which can cost £250 for transfer by ambulance plus hospital admittance cost).

As well as the community alarms there were other pieces of equipment that could be used in the assessment criteria such as bed exit monitors, gas protectors, flood alerts, door exit monitors which are currently provided free of charge to individuals who are ASC clients. Telecare provision is considered in all **discharges** from hospital and is prioritised in order not to delay the discharge. The panel forms completed by staff organising a package of care includes telecare as a consideration and ASC wish to make this system more robust to ensure staff do consider why telecare is not a suitable option and the wording would be changed on the form to encourage its use. All staff have received telecare awareness training and are aware of how to refer into the service.

Challenges being addressed

Whilst telecare is well established there is still the need to ensure that it is seen as an alternative option for staff/individuals/carers to traditional care eg medication prompt via kit rather than carer visiting.

A **Telecare Advisory Group** (TAG) chaired by a senior manager from ASC (Glenys Jones) is currently reviewing provision, what is needed and how telecare can be established as a real choice in the provision of care.

Following on from a telecare stakeholder event a number of concerns had been raised (not specific to ASC) with the ensuing action plan to address these issues:

Issue	Action	When
Lack of awareness about telecare services and how this helps to meet the personalisation agenda	<ul style="list-style-type: none"> • Revisit available training and update in line with changes to telecare service • As part of planned Support Plan training for ASC staff include telecare as option within this. 	<p>end June 2013</p> <p>May</p>
Concern that cost of telecare/health will have significant impact on budget	Work with ASC staff via training to ensure they 'think telecare' as a real option and utilise, not just console but other individual items.	Ongoing
Staff not fully aware of benefits to all client groups.	Cover within training.	May 2013
Panel forms only ask if telecare has been considered.	Review and update form to ask if telecare is not suitable and why not?	May 2013

Next Steps

The **business case** is being compiled with the fundamental aim of a future service to mainstream the use of telecare and associated assistive technology in order to, where appropriate, provide more person-centred cost-effective care provision to vulnerable people who meet fair access to care criteria. The business case will be discussed at a TAG meeting on 8 April and the Adult Social Care management team in May 2013. There was also a need to work with health colleagues and partner agencies to gain citywide ownership of telecare.

Questions

Angela provided the following further information in response to panel member questions.

Whilst it was stressed that the telecare systems were in place before the start of this panel's scrutiny review the real difference was having Katie Cheeseman in post as Project Manager for Assistive Technology to move this forward and to show that community alarms were only part of telecare within a preventative strategy for Adult Social Care.

Costs and Savings - It was asked if there were any figures on where individuals were given the whole of their personal budget whether they choose telecare? Angela explained that direct payments is a form of individual budget which they manage whilst exact figures are not available this is a small percentage of their 400 clients as most used these budgets for their personal care needs. The business case would look at the need to investigate the first six weeks of intervention where telecare solutions would help prevent people moving straight into care. A small outlay in telecare equipment costs, the average cost of which is £785 equates to approximately 8 weeks in residential care (the average cost of a telecare package over a year including assessment, installation, equipment, monitoring provision, responder provision and review). It was interesting that some providers (Aster Living) gave free trials of their equipment as they were confident that the reassurance given by the equipment would encourage people to continue with the contract. This extra value was hard to quantify but was similarly seen for carers where their anxiety is lessened where bed monitors are used for dementia patients so that they could be alerted where necessary rather than have to stay with the patient during the night.

Information could be sought from the self-funders to see if they were taking up community alarms. It was noted that Adult Social Care covered only 3% of the Portsmouth population.

Responders - it was reported that the ASC night service members of staff are trained in personal care and this too saved on ambulance call outs although it is hard to quantify. Where the responders are members of the public they were not trained but offering training could be considered through the Learning & Development Department. There was also the need to monitor the use of responders and their level of training to ensure safety and to avoid a more costly escalation. Where there are repetitive call outs of a less urgent nature this is managed on an individual basis to determine if changes are required to care packages etc. in order to lessen call outs etc. ASC has returned to a system of named social workers or occupational therapists which should prove helpful in this communication.

Members felt there was a fragmented provision within the city with organisations such as Age UK Portsmouth providing their own telecare. It was noted that Adult Social Care fund the provision of the night responder service but Community Housing were charging residents for the service and the income generated went back in to the Community Housing budget. This internal budgeting issue was being discussed between ASC and Community Housing. There was also the issue of the savings generated by ASC which benefited the local health economy. It needs to be demonstrated to the CCG that provision of a robust telecare service including a 24/7 responder service could

generate savings being made through the preventative steps - there could be savings of approximately £2.5k for hospital admissions per patient. Therefore the business case would include the cost benefit analysis. The monitoring tools needed to be in place to ensure there was a robust performance model to prove savings being made by keeping people safe in their own homes to reduce unscheduled admissions to hospital and the gain in health regarding long term prognosis. There was a need for Community Housing and the Health Sector to see the gains being achieved for all which were being funded currently through the ASC budget.

Katie Cheeseman reported that they were also working to encourage a development of the market of the "worried well" to signpost people who were not yet ASC clients to encourage primary prevention and thereby delay them coming into the system.

Work was taking place with other client groups and a joint event is being discussed with Southampton regarding the learning disability service exploring technology and also looking at the inclusion of children. There would also be a secondary mental health event regarding the use of mobile technology.

Members noted the savings to the ambulance service as part of the savings to the health budgets for which they were not contributing. Katie reported on close work with the CCG taking place regarding the revision of their contracts such as with the community pharmacists and the public health agenda at PCC was evolving. It was most important to have the evidence to show the impact made by the technology such as the fall monitors and look at statistics of fire deaths in Portsmouth that could be prevented by the smoke and gas detection units. There was a need to act collaboratively internally and externally regarding joint marketing strategies and moving away from silos of funding.

Councillor Stockdale as chair thanked Angela Dryer for attending and providing very interesting information for the panel to take forward.

ii) Katie Cheeseman - Feedback from Telecare Drop in Day

Katie reported on the receipt of 35 completed surveys from the stakeholder event held on 15 March at the Oasis Centre. There had been a mix of survey returns from the professionals attending, members of the voluntary sector and staff but there had only been five from members of the public. The aim of the event was two-fold, firstly to provide members of the public, service users and carers, health and social care professionals with an opportunity to view a range of telecare products and services on offer to raise awareness of the potential for this type of technology. Secondly, to hear people's views about current telecare services in the city and to gather their feedback about the future shape of telecare provision.

Fourteen telecare equipment suppliers and service providers exhibited on the day: Supra, Tyntec, Bosch, Chubb, Portsmouth City(PCC) Council Telecare Team, Buddi, Health Innovation & Education Cluster, Just Checking, Smart Living, Tunstall, Pivotell, Aster Living, Guinness Care and PCC's night responder service.

The 6 key themes emerged from the completed feedback forms:

- There is a general concern that the cost of telecare services to individual users is prohibitive. Cost is seen as a potential barrier to increasing uptake in the city.
- General lack of awareness about telecare services available in the city.
- Concern that there is a general lack of familiarity among the general public and others about the availability of technology and its potential to support people to live independently.
- Concern that many potential telecare users are not accessing telecare as they do not have 2 local family members, neighbours or friends to act as responders in the event of an alarm being triggered.
- Telecare equipment should be prescribed on the basis of assessed needs and the ability of the equipment to meet these needs rather than simply selecting from a limited range of equipment.
- Worry among professionals that telecare is only seen as a solution for older people to the detriment of other care groups including learning disability and those with secondary mental health needs.

Whilst it was disappointing not more returns had been received the views were of great interest to the facilitators and they wished to address the lack of public feedback by undertaking the following:

- Undertake a telephone survey with a random selection of customers who use the current PCC telecare service (approximately 3% = 50 people).
- Embark on visits to some of the carers support groups in the city to collate further feedback about telecare provision.

These steps would help gain a more comprehensive view of current provision and what future provision should look like and the feedback from this work along with the responses from the stakeholder event will be used to inform the telecare business case which is currently being drafted.

During the panel's discussion it was suggested that there be more liaison with the GPs which Katie confirmed that she was already undertaking. It was suggested that promotional events could be held at more suitable venues such as the Bradbury Centre where they held lunch clubs via Age UK Portsmouth and the Frank Sorrell Centre in Southsea. It was noted that there had previously been a useful equipment demonstration centre at the Vanguard Centre however this had been closed down and new opportunities should be taken to promote the equipment so that people were aware of what is available. Katie reported that PCC were going to tender regarding a joint equipment store which may provide an opportunity to link telecare equipment in to an demonstration sites developed by the new provider. Hampshire County Council had a mobile sensory van that could visit community centres, this was perhaps something else that could be considered.

Members of the panel had visited the drop-in day and had found it useful to speak to the providers had been interested by the provision of the 'Just Checking' service which provided a good profile monitoring of the habits of clients and it was noted that this was used by Hampshire County Council and Dorset County Council as a subscription service. Southampton unitary authority were using Tynetec as a package for eight individual units for patients with dementia.

Promotion should reach those who were in need of the services and those who should be aware such as those with aging parents. It was suggested that promotional events could take place at the festivals held in Portsmouth such as the Rural and Seaside Festival at Castle Field on 4 to 6 May, the city council's over 60s festival and at local churches. Marketing should include an up to date leaflet and website information available regarding all options not just PCC's telecare.

Provision by other local authorities - Katie was looking at comparator councils to see what they provided online and some did have links to providers that were not just internally their own and she would be visiting Dudley and Solihull, West Sussex, the Isle of Wight and Poole to meet with commissioners and providers. She also reported that at Richmond Council provision of telecare was free for the first six months.

iii) **Recent articles**

Copies of articles were circulated to the panel members:

- (i) The Commonwealth Fund (USA) case studies in telehealth adoption January 2013 - scaling telehealth programs: lessons from Early Adopters.
- (ii) Housing Learning and Improvement Network - A look at health and wellbeing boards through the lens of telehealth and telecare September 2012.

- (iii) BBC News health page 4 April 2013' NHS remote monitoring "costs more".'
- (iv) Recent increases in PCC telecare costs. It was noted that from 1 April there had been slight revisions to the cost of telecare (below the rate of inflation) provision by Community Housing. This set out the following:
 - Existing customers paying £3.90 per week to pay £4.15 per week.
 - New and existing customers paying £5.40 to continue to pay £5.40 per week.
 - New and existing customers paying £7.50 per week (telecare plus) to pay £7.59 per week.

20 Date of Next Meeting

It was agreed that the panel should meet again to start looking at the preparation of the draft report and initial findings and recommendations (these thoughts could be sent through to Joanne Wildsmith in advance) on Friday 26 April at 2.00 pm. It was also noted that there had been an invitation to visit the Bradbury Centre to look at their demonstration unit and it was hoped this would take place on a Thursday afternoon.

The meeting concluded at 3.50 pm.

Chairman
Councillor Sandra Stockdale

JW/DMF
8 April 2013
hsc20130404m.doc