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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE AGENDA

7.30 pm	Tuesday 1 November 2011	Town Hall, Main Road, Romford

Members 6: Quorum 3

COUNCILLORS:

Wendy Brice-Thompson (Chairman)
Jeffrey Brace
Pam Light
Keith Wells

Linda van den Hende (Vice-Chair)
June Alexander

For information about the meeting please contact:
Wendy Gough 01708 432441
wendy.gough@havering.gov.uk

AGENDA ITEMS

1 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

(if any) – received.

2 DECLARATION OF INTERESTS

Members are invited to declare any interests in any of the items on the agenda at this point of the meeting. Members may still declare an interest in an item at any time prior to the consideration of the matter.

3 CHAIRMAN'S ANNOUNCEMENTS

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation.

4 MINUTES (Pages 1 - 6)

To approve as a correct record the Minutes of the meeting of the Committee held on 27 September 2011 and authorise the Chairman to sign them.

5 RESULTS OF AUDIT OF SKILLS AND COMPETENCIES IN MENTAL HEALTH (Pages 7 - 14)

The Committee are asked to note the contents of the report.

6 CUSTOMER SERVICES INTERFACE (Pages 15 - 24)

The Committee are asked to note the contents of the report.

7 ASSISTIVE TECHNOLOGIES (Pages 25 - 34)

The Committee are asked to note the contents of the report.

8 NEW ADULT SOCIAL CARE WEB SITE

The Committee will receive a presentation on the new Adult Social Care website by the Adults Transformation Projects Manager.

9 FUTURE AGENDAS

Committee Members are invited to indicate to the Chairman, items within this Committee's terms of reference they would like to see discussed at a future meeting. Note: it is not considered appropriate for issues relating to individuals to be discussed under this provision.

10 URGENT BUSINESS

To consider any other items in respect of which the Chairman is of the opinion, by reason of special circumstances which shall be specified in the minutes, that the item should be considered at the meeting as a matter of urgency.

Ian Buckmaster
Committee Administration &
Member Support Manager

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MINUTES OF A MEETING OF THE
INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE
Town Hall, Main Road, Romford
27 September 2011 (7.30 - 8.45 pm)

Present:

COUNCILLORS

Conservative Group	Wendy Brice-Thompson (Chairman), Jeffrey Brace, Keith Wells and Frederick Thompson (In place of Pam Light)
Residents' Group	Linda van den Hende (Vice-Chair)
Labour Group	
Independent Residents Group	

Apologies were received for the absence of Councillors June Alexander and Pam Light.

All decisions were taken with no votes against.

There were no declarations of interest.

The Chairman reminded Members of the action to be taken in an emergency.

8 MINUTES

The minutes of the meeting of the Individuals Overview and Scrutiny Committee held on 19 July 2011 and of the Joint Overview and Scrutiny Meeting held on 28 July 2011 were agreed as a correct record and signed by the Chairman.

9 DAY OPPORTUNITIES FOR PEOPLE WITH LEARNING DISABILITIES TOPIC GROUP

The Committee considered the briefing note which had been prepared following the outcomes of the Day Opportunities for People with Learning Disabilities Topic Group. The Chairman thanked the officers for providing time to discuss the meetings that had taken place, and for allowing the members to attend some of the meetings held for users and carers. The Committee were happy that any concerns raised were dealt with so that users and carers had peace of mind.

The Chairman raised concern about the Victorian Schoolroom which was located at Western Road. She added that she had spoken to the Lead Member for Culture, Town and Communities who had stated that the schoolroom would be digitally recorded and put into the museum which could then be used by local schools. Members asked that given the work that users had put into the romm, could it not be dismantled and taken to Nason Water. Officers informed that Committee that there were now new activities at Nason Waters including researching of who Nason Waters was, and the flora and fauna of the Country Park.

The Committee discussed a number of options and places where the schoolroom may be of benefit. Officers agreed to explore the ideas. Officers informed the Committee that the users at both Nason Waters and Western Road had already carried out some joint working, in the form of a joint funday.

The Committee asked that a review on the progress come back to the full OSC in March 2012.

10 DIAL A RIDE UPDATE

The Committee received a presentation from the Project Manager, Finance & Commerce on performance information received from Dial a Ride, across London, and in particular Havering and Barking and Dagenham.

The Committee were informed that the Dial a Ride service is a statutory service provided by Transport for London (TfL) and is funded by the Department of Transport and via the Council Tax precept to the Greater London Assembly.

The Committee viewed a number of graphs which showed the comparison between the service received by Havering and Barking and Dagenham residents: for the number of requested trips, the number of refusals and the number of trips actually carried out. This highlighted that there continues to be a noticeable difference in the refusal rates between the neighbouring boroughs (B&D 4.7%, yet Havering 6.6%).

It was confirmed that the data collected for refusals included instances where a trip was wanted at a specific time, and Dial a Ride was unable to fulfil the need. The officer informed the Committee that whilst this data is captured by the call centre, this is not released to the Council, and therefore he would not be able to suggest what precisely was included in the total of refusals.

Members were concerned that the cost per trip was now over £25, and discussed the implications this had for value for money in comparison with

taxis and minicabs. Members also voiced concerns at the poor vehicle scheduling which meant that Dial a Ride's relatively large minibuses were observed carrying only one passenger on the vast majority of occasions.

The Officer explained that Havering had attempted to work in partnership with Dial a Ride, suggesting services could be undertaken by the council's vehicle fleet, in the ethos of joint working as set out by the Mayor of London's Door2Door Strategy. The Committee was informed that there was capacity in the internal fleet to assist Dial a Ride, throughout the day during school holidays (76 weekdays per year) and between 11am and 2pm during school terms. This approach was attempted to reduce operating costs for both Dial a Ride and Havering vehicle fleets and improve the services offered to Havering residents by reducing the level of refusals. This approach has not been taken up by Dial a Ride management.

Copies of the letters both sent to, and received from Dial a Ride were included in the presentation.

The Committee noted the poor service being received by Dial A Ride users in Havering, evidenced by the refusals levels given in the presentation as well as the extremely high costs of providing the service to the general tax and council tax payers within the borough of providing the service. It was agreed that a letter should be written to the Lead Member setting out that the Individuals Overview and Scrutiny Committee found the Dial a Ride service provided to Havering by Transport for London to be extremely inefficient and not cost effective.

11 INTEGRATED CASE MANAGEMENT

The Committee received a report from the Project Manager, NHS Support for Social Care on Integrated Case Management. The aims of the Integrated Case Management programme (ICM) were to avoid unnecessary hospitalisations, to reduce demand on health and social care, to maintain independence in the community, to promote self care and self control over individuals' own lives and to reduce disabilities and disadvantages arising from chronic illnesses. This was carried out by providing suitable individuals with intensive support for a 3 month period. At the end of this period the individual would have an increase confidence in managing their own conditions, better awareness of the support available and decreased social isolation.

The Committee noted that there were existing links between Health and Social Care and these were being strengthened through ICM and other Health and Social Care developments. The annual cost of ICM was £822,000. There was other funding available for reablement.

Research into ICM had been carried out by the University of East London and Kings College, London. In the last year there had been a pilot however very few GP practices participated with only 10 from the Havering area. Officers explained that this was Health-led and brought together multi-

agency, multi-disciplinary person centred support. The service consisted of a team of Community Matrons and Social Workers who provided support to individuals in their own home, coordinated other interventions and helped individuals develop the capability to support themselves.

From the research and the pilot it had been estimated that ICM had led to a reduction of emergency admission of approximately 30%. The Committee were informed that for ICM to be effective, it was essential to identify the right patients. This was done through a tool called Health Analytics which matches data from GP records and hospital records and predicted risk of unplanned admissions using an algorithm developed by the Kings Fund. This stratifies the patient list, identifying both very high and high risk individuals who are then clinically prioritised for referral to ICM. The key was for GP's to take ownership, and all practices would have links to ICM.

The Committee were informed that Community Matrons have fortnightly meetings to validate new patients and ensure that interventions were in place for patients already on the caseload.

The service will be reviewed alongside similar services in place across outer north east London in December to ensure that the service is optimised and that there is the correct mix of multi-agency, multi-disciplinary support.

The Chairman asked what the view of the service users had been. Officers stated that there had been both six and twelve monthly reviews of how the service had helped with daily life, and there had been an 80% improvement rate in A&E admissions.

A member asked what the length of the additional budget would be. Officers confirmed that the service was currently in its first year, and the second year was due to end in March 2013. However this could continue into a third year with the changes in GP Commissioning. This had already been agreed by the Health and Wellbeing Board.

Officers explained that there would be added benefits for GP's in that they would be able to prevent their own patients from being admitted to hospital and they would also benefit from the skill mix of district nurses, social workers and the availability of general advice on benefits.

The Committee were advised of the budgetary figures and it was explained that this was NHS money and not LBH funding.

Members asked about how the service was being publicised. Officers explained that there was no real publicity, as this was more a target of getting GP's, Social Worker and Clinicians to refer patients, and was not a self-referring scheme. Officers explained that the Community Matrons do have some case studies of what effect the scheme has had on individuals and agreed to circulate this to the committee.

The Committee noted the report.

12 **BUDGET VARIANCE REPORT**

The Head of Adult Social Care explained to the Committee that they were currently between budget reporting periods and that, since there had been lots of changes with Shared Services, it was difficult to draw down reports on budgets.

The Committee were informed that monthly reports were being kept and as of Period 5 there were no unexpected material variances. Officers explained that there were lots of pressures on Adult Social Care that residential placements were currently down however this could change over the winter period.

Members asked if there were any strains of flu which could impact on the service. Officers explained that Public Health and the PCT were taking a cautious view and pulling together a Winter Plan which officers could share with the committee at a later date.

Members requested that information on budget variance be included within agenda packs for the next meeting.

13 **FUTURE AGENDAS**

Members requested that information on Unpaid Debts be made available at a future meeting.

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Chairman

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Havering
LONDON BOROUGH

OVERVIEW & SCRUTINY COMMITTEE REPORT

01/11/2011

Subject Heading:	Results of Audit of Skills and Competencies in Mental Health
CMT Lead:	Joe Coogan 01708 431950
Report Author and contact details:	Jackie Phillips 01708 434012
Policy context:	National Dementia Strategy Implementation

SUMMARY

A brief summary of the content of the report, outlining its proposal and the intended outcome.

1. The purpose of this report is to present results of the audit of skills and knowledge around dementia of care home staff.

RECOMMENDATIONS

2. Members are asked to note the content of this report.

REPORT DETAIL

3. Background

3.1 As part of Havering's response to the National Dementia Strategy, the authority has set up a multi agency Implementation Group encompassing three 'theme leads', supported by multi agency working groups. The third theme, 'Living Well with Dementia' is a wide theme focusing on improving the experience of those with dementia and their carers in the community.

3.2 At the meeting of the Implementation Group in November 2010, it was agreed that, anecdotally, it was believed that skills, practice and knowledge around dementia in care homes, not just in Havering but nationally, could be less well developed than desirable. It was therefore decided that an audit of skills and knowledge on the subject within care homes in the borough should be carried out.

4. Methodology

4.1 The 'Living Well with Dementia' working group held a session to discuss what issues it would like to cover in the audit. A subsequent questionnaire was developed and circulated to the group for comment/amendment.

4.2 It was decided that the audit would cover all residential and nursing homes into which the authority placed individuals. This amounted to 34 homes. Initial research elicited type of home (i.e. dementia registered or otherwise) and numbers of places at each.

4.3 It was felt that a passive survey by internet or post would not achieve a sufficient return so the approach utilised was to complete the questionnaire by telephone or face to face during a visit. In the event, most managers were interviewed by telephone and staff by personal visit. The member of staff who carried out the visits was a trained social worker.

4.4 It was decided that the manager of each home would be interviewed, together with approximately one staff member for every 15 residents.

4.5 The questionnaires were all completed between July and September 2011.

5. Characteristics of the responding cohort:

5.1 Of the 34 care homes approached, we managed to include 30 (3 did not co-operate and one was being redeveloped and could not spare the time); giving, in the end, completed questionnaires from 29 Managers, 26 Senior Carers/Team Leaders, 32 Care Assistants and 11 Nurses. A reasonable

cross section of those working directly with residents was therefore achieved.

5.2 The time in the industry of the cohort, together with the length of time they had worked at the home at which we questioned them, is mapped below:

5.3 A high percentage of those questioned, 84%, had worked in the care industry for more than 4 years which means that investment in training is worthwhile as, despite the *perception* of poor working conditions and low wages, staff retention compares favourably with domiciliary care agencies which suffer, in London,[1] from persistent job vacancies, a high turnover of staff, a low skills base and a reliance on migrant labour.

5.4 Qualifications of interviewed staff, recorded by highest qualification (where more than one qualification exists), are mapped below:

[1] Home Care in London, Institute for Public Policy Research July 2011

This diagram shows that 85% of staff have NVQ Level 2 or above or registered nurse qualifications. Only 8% had no qualifications whatsoever.

6. Specific Mental Health Knowledge

6.1 Respondents were then asked which of a number of statements around subjective perception of skills and knowledge of mental health issues most accurately reflected their position, as follows

Question 1e) The following question is about your perception:

	Responses (in percentages)			
	1	2	3	4
I have a good knowledge of mental health issues affecting older people	28	71	1	0
I have had training in identifying mental health needs in older people	34	56	10	0
My knowledge of mental health has been obtained mainly in my workplace	49	46	4	1
My knowledge of mental health is sufficient to meet the requirements in my workplace	48	49	3	0
I am aware of the impact physical health can have on a persons mental health	61	38	1	0
I have knowledge of dementia screening	25	48	21	6
I have knowledge of dementia care	56	43	1	0

Key
1 - To a very great extent
2 - To a great extent
3 - To a very small amount
4 - Not at all

6.2 These perceptual statements scored very highly across the board with no statements attracting fewer than 90% at “to a great or to a very great extent” with the exception of the question about dementia screening. Without making generalisations about individual care homes, the extremely high scores may have been influenced by the face to face nature of the questions; it is possible that an anonymous approach might have elicited slightly less confidence.

7. Incidence of Dementia

7.1 The questionnaire then attempted to establish the incidence of dementia both diagnosed and undiagnosed. The answers are based on what managers told us in relation to the number of residents across the 30 homes.

7.2 765 residents out of 1057 (72.3%) were perceived by staff to have dementia, of which 609 had a formal diagnosis. This latter figure gives a formal

diagnosis percentage across all residents of 58% and 79.6%.of those suspected of having dementia.

8. Organisational Culture and resources

8.1 Staff were then asked whether they thought their organisation took dementia seriously, had a corporate approach to dealing with dementia, had specific policies and procedures and had sufficient resources to support people with dementia. The first three attracted 89% or above positivity and the last question 79% positivity. The most popular suggestions with regard to enhanced resources related to increased staffing, more training and more dementia specific activities.

9. Diagnosis and onward referral

9.1 98% of respondents said they would seek a diagnosis if they suspected a resident of developing dementia but only 50% knew how to contact specialist dementia teams or other teams capable of intervention.

9.2 Taking the former percentage into consideration, this should mean that the 42% of 'undiagnosed' cases mentioned in 7.2 above are within the process of seeking a diagnosis but this does seem improbable so this high percentage may not be a true figure and may be influenced by the lack of anonymity.

10. Activities

10.1 Staff were then asked about activities for people with dementia within the homes. 89 staff said 'there was a vigorous timetable of activities in the home" but only 63 agreed that activities were dementia specific. Examples of dementia specific activities included music and dancing, reminiscence, memory games, rummage boxes, sensory activities and old films.

11. Training

11.1 89% of staff said they had received induction training but the occurrence of dementia specific training in induction packages was very rare and only 50% of managers stated that dementia experience was expected for new staff.

11.2 77.3% of staff had undergone a basic dementia awareness course but frequency of training varied between more than once a year to every 2 to 3 years, with a majority having training accessed annually.

11.3 96.9% staff said they felt confident dealing with people with dementia but 100% of respondents said they would like to access further training on dementia.

11.4 32% wanted in house training, 26% wanted external training, 13% wanted a combination and 12% had no preference. E-learning was not a popular option for learning more about dementia.

11.5 24% of respondents said they needed more training on challenging behaviour and 48% said that challenging behaviour was the greatest challenge to staff dealing with people with dementia.

11.6 There are a significant number of homes that have no specified dementia lead.

12 Summary:

12.1 Most staff felt they had a good knowledge of dementia. The proportion feeling confident dealing with dementia, having had training, is higher than previously thought but more training is obviously needed with 100% of respondents saying they would like more. The lack of dementia specific areas in induction training is a concern as staff are likely to encounter those with dementia from day 1.

12.2 A high proportion of homes had residents either diagnosed or suspected as having dementia, regardless of whether the home was perceived to be dementia specific. The figures suggest higher rates of dementia in the borough than previously thought.

12.3 Key issues identified as resource issues were activities, training and staff; homes that do not currently utilise volunteers to help with dementia specific activities perceived it to be a good idea when it was suggested to them.

12.4 50% of respondents did not know how to contact specialist dementia teams; work around pathways needs to be improved.

12.5 One third of homes did not have dementia specific activities. Activities and the promotion of dementia leads and champions, as well as volunteers could assist in this respect.

12.6 There is no minimum common training undertaken by homes – it varies enormously; this needs to be developed and the aversion to e-learning taken on board. Further attention to training around challenging behaviour is needed.

13 Conclusions

13.3 Knowledge and training was higher than expected and confidence of staff was remarkable. Further training, particularly around challenging behaviour, would be useful and the need to keep up to date with dementia specific training is clear as is the need to include such training within induction. More work is needed around dementia specific activities and homes could usefully improve volunteer networks. A dementia lead and/or champion would be a useful disseminator of good practice and would allow sharing of learning. Further work on making information about specialist teams more readily available is needed and the work already completed on mapping the care pathway should feed into this.

13.4 The results of the survey will be made available to the Dementia Implementation Group to guide resources to gaps and to inform development of useful assistance to homes.

13.5

IMPLICATIONS AND RISKS

Financial implications and risks:

7.1 There are no financial implications arising from this report which is for noting only. The financial implications arising from any proposed initiatives referred to in this report will be addressed through the appropriate channels as the needs arise, and will be met from within available resources.

Legal implications and risks:

7.3 As this report is for information only there are no apparent legal implications or risks.

Human Resources implications and risks:

7.4 As this report is for information only there are no human resource implications or risks.

Equalities implications and risks:

7.5 As this report is for information only there are no equality implications or risks.

Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE

REPORT

1st November 2011

Subject Heading:	**Customer Services Interface with Adult Social Care**
CMT Lead:	Andrew Ireland, Group Director Social Care & Learning
Report Author and contact details:	Julie Brown, transformation programme manager on behalf of David Cooper, Head of Adult Social Care
Policy context:	Adult Services is committed to embracing the opportunity and need to transform the Health and Social Care infrastructure to meet the challenges of the 21st Century. With demographic changes, limited resources, and increasing levels of dependency, it is imperative to strive for more efficient systems that provide our residents with the right outcome, first time, giving local people the opportunities to shape their own lives.

SUMMARY

The purpose of this report is to provide the Committee with an overview of how the customer services interface with adult social care is being developed as part of the Havering 2014 Customer Services Transformation programme. The aim is to make it easier for customers to contact the Council enabling it to become more efficient. Which will assist adult social care services in responding to the demographic and financial pressures it faces.

RECOMMENDATIONS

Members of the Committee are asked to note the contents of this report.

REPORT DETAIL

BACKGROUND

1. The Council's Customer Services 'Vision' is: ***To enable those customers who can, to access services by themselves. For those customers who cannot, we will provide targeted, quality and cost effective services.***

2. The Council needs to ensure that it is working in the most efficient way possible to be able to offer an effective service to the public whilst keeping costs low.

3. Our overarching vision for Adult Social Care in Havering is to enable people "***to live as independent and fulfilling lives as possible based on choices that are important to them*. *Promoting the independence and quality of life of all adults, but particularly older people and vulnerable adults, are priority outcomes".*** Effective customer access to services and information are key to enabling choice.

4. Achieving these visions presents significant challenges but also brings opportunities to reshape services and focus more on prevention, enabling people to live in their own homes and in their own neighbourhoods.

5. Adult Social Care services are currently engaged in the delivery of three major programmes to enable the service to be: more strategic; more customer focused; more engaged with the community; working efficiently and effectively; empowering and enabling; and focused on getting it right first time:
   - The Internal Shared Services programme, which brought together the Council's finance, HR, payroll, pensions and procurement processes in one Shared Services Centre; introduced one online system to replace many paper-based processes, all aimed at cutting cut bureaucracy;
   - The Adults Transformation programme, which is focusing on investing in prevention and enabling people to live in their own homes and in their own neighbourhoods, which is the preferred choice of most older and disabled people; and
   - The Customer Services Transformation programme, which is the main focus of this report, which seeks to improve the customer services interface with adult social care services.

RECENT DEVELOPMENTS

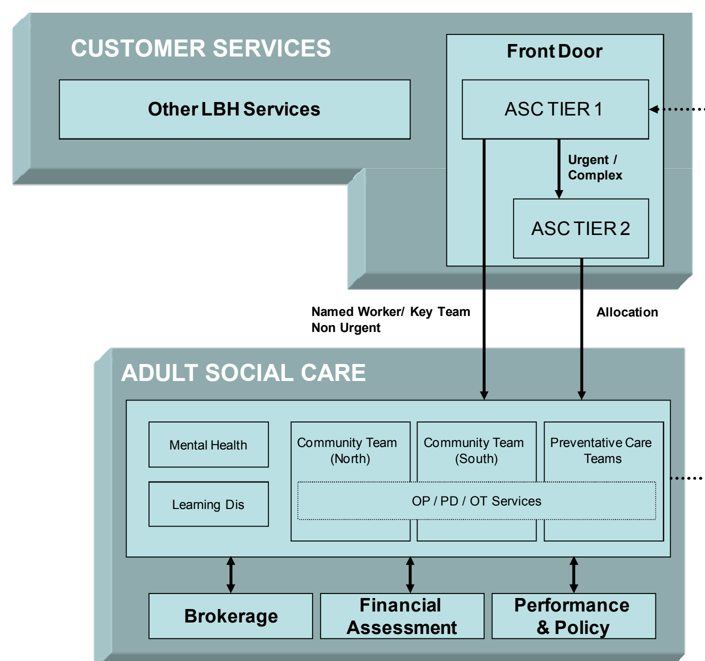
6. The Adult Social Care service was reorganised in April 2011 around four key stages:
   - Front Door (Access);
   - Reablement (Prevention);
   - Assessment, Re-assessment, Support Planning and Brokerage;
   - Review, Quality Assurance, Safeguarding and best use of resources.

7. Over the last 6 months, the Front Door service has been enlarged and transferred to Corporate Customer Services. The Front-Door service is responsible for the majority of non face-to-face contacts taken by the service which are received via telephone, email, or fax from care professionals (GPs, District Nurses other health professionals), care agencies (service providers, care homes) and from members of the public (customer, family, friends) etc.

8. The Front Door tier 1 service carries out the initial contact diagnostic, signposting callers where possible to appropriate agencies or services, or if a social care need is identified, it carries out the initial contact assessment using the Fair Access to Care Services (FACS) criteria to determine eligibility. The tier 1 service will pass on relevant contacts to either tier 2 or to the back-office teams dependant on the type of service and the urgency of the need. Contacts for more complex needs, those requiring authorisation to purchase service, or those care needs that require more emergency attention are passed directly to tier 2.

9. Tier 2 provide the first-line duty service, liaising with the other adult social care support functions (e.g. brokerage and safeguarding) and passing on enquiries to the relevant back-office team to progress cases as appropriate. Tier 2 staff also provide an in-office face-to-face support to PASC visitors as and when required.

10. The diagram below shows the relationships between Customer Services (tier 1 and tier 2) and Adult Social Care.



11. Better information and advice is a key underpinning element of the personalisation of adult social care, as it enables people to make informed choices about services and activities, empowers them to understand how to meet their needs effectively and can delay or prevent the need for more acute support developing. It can also save costs as well as improving the quality of life for citizens by providing generic advice on housing and health issues supporting staying independent at home, such as handyman services, energy efficiency and personal safety, and community based leisure and social activities such as bowls clubs and bridge evenings etc.

12. As part of the Adults Transformation Programme, and consultation with key local stakeholders, a new model of Information and Advice was agreed in May 2011, which includes the development of an accessible new website, a shop on High Street, Romford and out-reach services, all of which will be launched later this year.

CUSTOMER SERVICES INTERFACE WITH ADULT SOCIAL CARE

13. To further the development of customer services interface with adult social care, a joint Customer Services Transformation/Adult Social Care project is underway, which aims to:

    - Improve the overall end-to-end customers experience when they contact Adult Social Care through improved consistency of contact handling, higher quality of information and advice and an improved service response; and
    - Deliver the systems, process or organisational change to enable a reduction in overall external service expenditure.

14. The two areas of focus for the project are:

    a. Enhancement of the current Front Door service within Customer Services to:

       - Optimise the volume of contacts passed from both tier 1 and tier 2 (and where possible reduce), to create additional capacity within the back-office.
       - Capture and present information accurately, consistently and appropriately when it is transferred between teams to eliminate unnecessary and inefficient activity handling within the back-office service.
       - Deploy customer services resources (people and tools) to deliver an efficient, effective and high-quality experience for the customer.

    b. Development of Adult Social Care systems to improve customer service by:

       - Transferring further customer facing contact activities, where practitioner or care management professional input is deemed non-essential, from the back-office of the adult social care service to the Front Door.
       - Enabling channel shift from more expensive contact type to less expensive contact types for the Council. This will include movement of existing

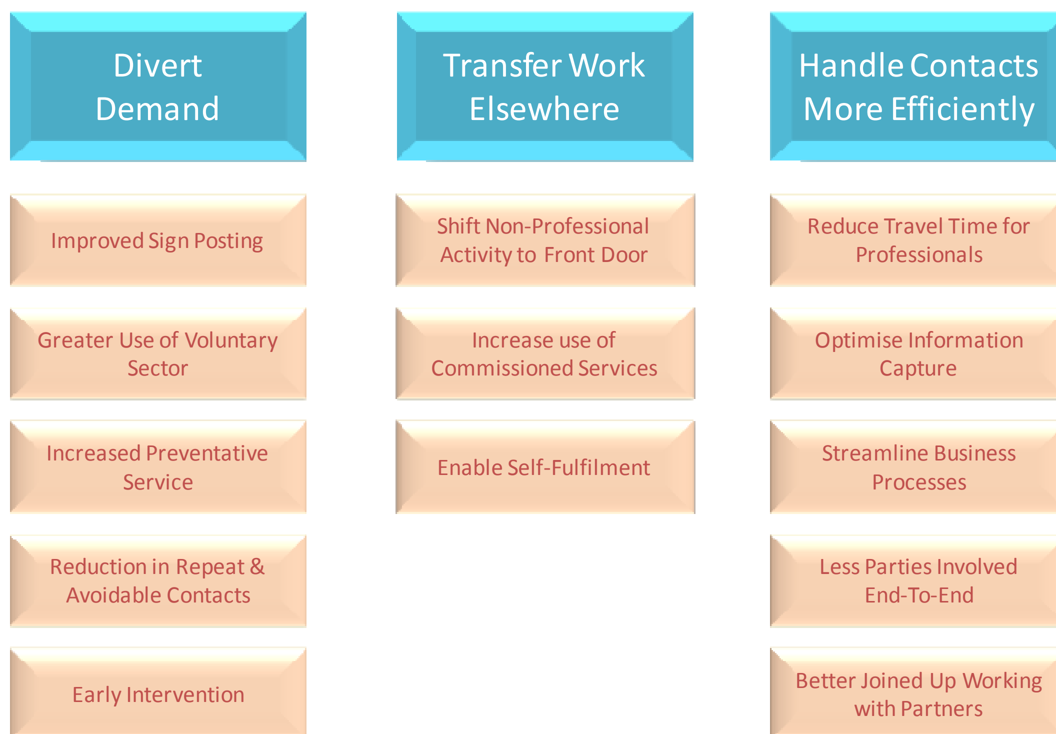
contacts from Tier 1 to the Web and an introduction of capabilities to facilitate a reduction in face-to-face contacts at the back-office.

15. It is anticipated that the enhancements to the current Front Door will be completed by the end of March 2012, but that some of the development to adult social care systems will take longer and require organisational and cultural change within service, and so will be continued as part of the Adults Transformation Programme.

16. These changes will be handled sensitively and in a way which insures vulnerable clients will not be placed at risk, and that the overall service arrangements in Adult Social Care will not be undermined.

ANTICPATED BENEFITS FROM AN IMPROVED CUSTOMER INTERFACE

17. Financial savings from the enhanced customer service interface with adult social care will be realised from the three key areas as identified in the diagram below:



18. These three key areas are aimed at ensuring that professionals within Adult Social Care are dealing with those activities most appropriate to input from professional and enables these staff to focus time and effort on those customers in most need.

- Diverting Demand – moving a proportion of activity out of the ASC management system and into alternative sources of supply including increased use of the Front Door operation within Customer Services.

- Transfer Work Elsewhere – shifting activity to the most appropriate points in the delivery process by migrating workload from relatively costly and labour intensive points to lower cost and self-service options.

- Handle Contacts More Efficiently – improving end-to-end business process by adopting streamlined service provision, remove repetition of activity, automate processes, reduce administration activities and eliminate non value added steps.

19. In addition to the financial benefits above, improvements in the quality of the overall customer experience for Adult Social Care service customers are expected and will include:

    - Reduction in the number of times a customer is asked to provide the same information to the Council.
    - Consistency in information provision ensuring that regardless of channel of contact used, or the staff with whom the customer is speaking, the information received is the same (and relevant).
    - Improved responsiveness to contact, removing delays and causes of customer irritation.
    - Reduced volume of service complaints
    - Enhanced customer insight and management information reporting enabling future service provision to be better targeted at customer needs

SUMMARY

20. Over the past 6 months Adult Social Care services have made improvements to their Front Door services, and further developments are planned to make it easier for our customers to contact us and enabling the Council to be more efficient in providing these services.

IMPLICATIONS AND RISKS

*There is a **corporate** requirement to set out the implications and risks of the decision sought, in the following areas*

Financial implications and risks:
Savings targets in respect of the Customer Services interface with Adult Social Care in a full year are £82,500 as a result of front office migration (moving staff and services from the back office to the front office) and £129,400 through back office efficiencies. The back office efficiencies are expected to arise from improved business processes, automation, integration with back-office systems and streamlined service provision. The MTFS targets sit under the Customer Services programme and are monitored in terms of achievement through existing corporate channels.

Legal implications and risks:
There are no apparent legal implications or risks in noting this report.

Human Resources implications and risks:

There are no direct HR implications presented by the information contained in this report. Any workforce issues resulting from changes to service delivery as described in this report will be dealt with within the specific Transformation Programme, or service area, from which it originates, in line with the Council's agreed HR policy framework.

Equalities implications and risks:

The Customer Services Transformation programme has completed and Equality & Fairness Framework Impact Assessment for the Customer Services Strategy and this is included at Appendix A.

BACKGROUND PAPERS

None

Appendix A - Equality & Fairness Framework

Impact Assessment for the Customer Services Strategy

1. What is the scope and intended outcomes of the policy/procedure/function (project, programme) being assessed?

A Vision for Customer Services…

Our aim is to enable those customers who can to access services by themselves. For those customers who cannot, we will provide targeted, quality and cost effective services.

We seek to achieve this by:

- Developing a strong self serve offering using the web and new media
- Collaborating with public, private and third sector partners to deliver the most effective and targeted service
- Delivering a single view of the customer
- Using customer insight/segmentation to target services
- Streamlining business processes
- Reducing avoidable contact

We want to provide a comprehensive and integrated front and back office service, joined up with other service providers and delivered through effective self service and effective partnerships.

The benefits of achieving this vision include among others:

- A significant reduction in the cost of high volume contacts
- The ability to offer those customers most in need targeted and high quality care
- Improved satisfaction with council services and thus and improved reputation
- The ability to use customer intelligence to plan and target future services to the correct customer groups
- Collaborating with partners such as health services to ensure a holistic customer experience

2. Does this assessment relate to (tick as appropriate):

Internal dimension – staffing & organisation impact	
External dimension – community impact	
Both dimensions	Both

3. What data/information is available (or can be obtained) about the individuals and groups affected the policy/procedure/function (project, programme)?

Using Customer data from the Experian Customer Segmentation project, census and other Council databases, we are able to form a good image of the diversity of customers whom we serve.

Similarly, the Council holds data on their entire staff that is used to ensure that communications about the programme are both targeted and bespoke to the staff group. At the same time, it allows us to ensure fairness in all aspects of the programme.

4. What is the extent of the impact arising out of the implementation of policy/procedure/function (project, programme) recommendations and decisions? Are there any adverse impacts?

The programme will impact on all customers wishing to contact the council. It will impact on a number post within the council. Changes to structure are covered in a separate Consultation in which equality impacts are considered.

5. What is the evidence of disproportionate group impact, given the demography of those affected by the change (as identified in question 3)? Can any disproportionality be justified

There is no disproportionate group impact. The changes to the manner in which the services will be delivered will impact equally across all current service users. It is envisioned that services will become less complicated to contact. Though self serve will be the main focus of service delivery, all current access channels will remain available. With the reduction in traffic due to channel shift, traditional channels will become less congested thus allowing the most vulnerable to contact us more easily. Changes to our numbering strategy will also make it easier for customers to navigate council services.

6. What is the scope for action to mitigate adverse impact?

Though there are no directly adverse impacts for customers, a large focused communications plan is in place to inform customers of changes that will make their contacts with the council more effective.

7. Once implemented, how do you intend to monitor the actual impact of the proposed change?

One of the key success factors for the Customer Services Programme is the level of reported customer satisfaction. This is being measured prior to the changes the programme will bring and then again after the changes have been implemented. The measurements include equality data that will allow us to determine if any group specifically experiences greater or lesser customer satisfaction. Negative changes in customer satisfaction will be followed up by more targeted work to discover what changes need to be made to ensure fairness in the overall customer service experience.

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Havering
LONDON BOROUGH

INDIVIDUALS OVERVIEW & SCRUTINY COMMITTEE

REPORT

1st November 2011

Subject Heading:	**Assistive Technology improving outcomes**
CMT Lead:	Andrew Ireland, Group Director Social Care & Learning
Report Author and contact details:	Joe Coogan, Assistant Director: Transformation (Commissioning)
Policy context:	Adult Services is committed to embracing the opportunity and need to transform the Health and Social Care provision in Havering to meet the challenges of the 21st Century. With demographic changes, limited resources, and increasing levels of dependency, it is imperative to strive for more effective and efficient care options that provide our residents with the right outcome, giving local people the opportunities to remain independent within their own homes.

SUMMARY

The purpose of this report is to provide the Committee with an overview of how assistive technology, i.e. TeleCare and TeleHealth, is being developed through a set of projects as part of the Havering 2014 Adults Transformation programme. The projects have an overarching aim to establish assistive technology as a “default” option when considering provision of care services in Havering through fully exploiting the available technology. This approach will help adult social care services to respond to both the demographic and financial pressures it faces.

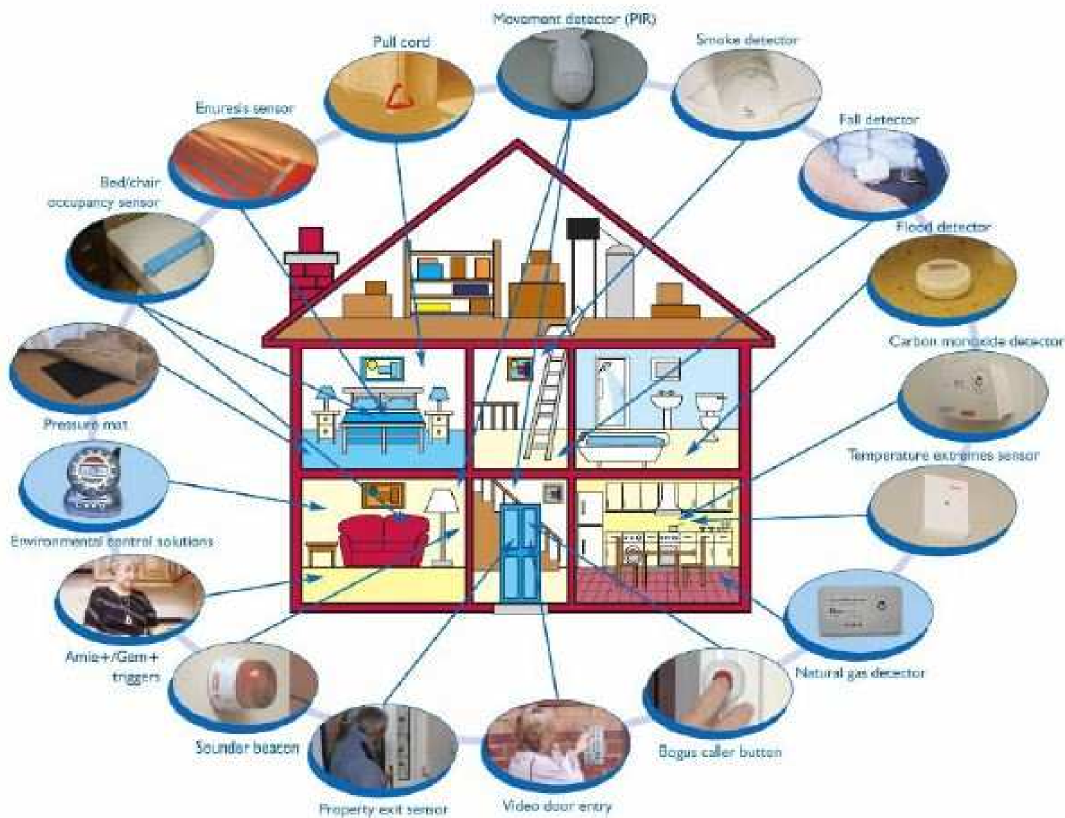
RECOMMENDATIONS

Members of the Committee are asked to note the contents of this report.

REPORT DETAIL

BACKGROUND

Assistive technology is the collective term for TeleCare and TeleHealth devices and can be defined as ***"any device or system that allows an individual to perform a task that they would otherwise be unable to do, or increases the ease and safety with which the task can be performed."*** *(Royal Commission on Long Term Care 1999)*. This includes a wide range of devices from simple 'low tech' items such as mechanical medication reminders and dispensers to more 'high tech' items such as automatic lighting, sensors and tracking devices.



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In 2010 the Department of Health set out it's "*Vision for Adult Social Care: Capable Communities and Active Citizens*" with strong emphasis being placed on the

contribution preventative services such as assistive technology make to delivering better outcomes for individuals as well as efficiencies and improved services for local councils.

In Havering our overarching vision for Adult Social Care is "***to live as independent and fulfilling lives as possible based on choices that are important to them*. *Promoting the independence and quality of life of all adults, but particularly older people and vulnerable adults, are priority outcomes".***

Achieving these visions presents significant challenges but also brings opportunities to reshape services and focus more on prevention, enabling people to live in their own homes and in their own neighbourhoods.

Adult Social Care services are currently engaged in the delivery of the Adults Transformation programme, which is focusing on investing in prevention and enabling people to live in their own homes and in their own neighbourhoods, which is the preferred choice of most older and disabled people. Key to being able to enabling this preferred choice is the provision of high quality, wide ranging and effective assistive technology services which will also support other services such as extra care housing and reablement to deliver better outcomes and business benefits. Four related projects are now underway with the aim of delivering the change from the current position to one which will support the achievement of the Havering vision for adult social care.

THE CURRENT USE OF ASSISTIVE TECHNOLOGY IN HAVERING

The use of assistive technology in Havering was boosted by a project undertaken in 2007/08 which had the dual aims of:

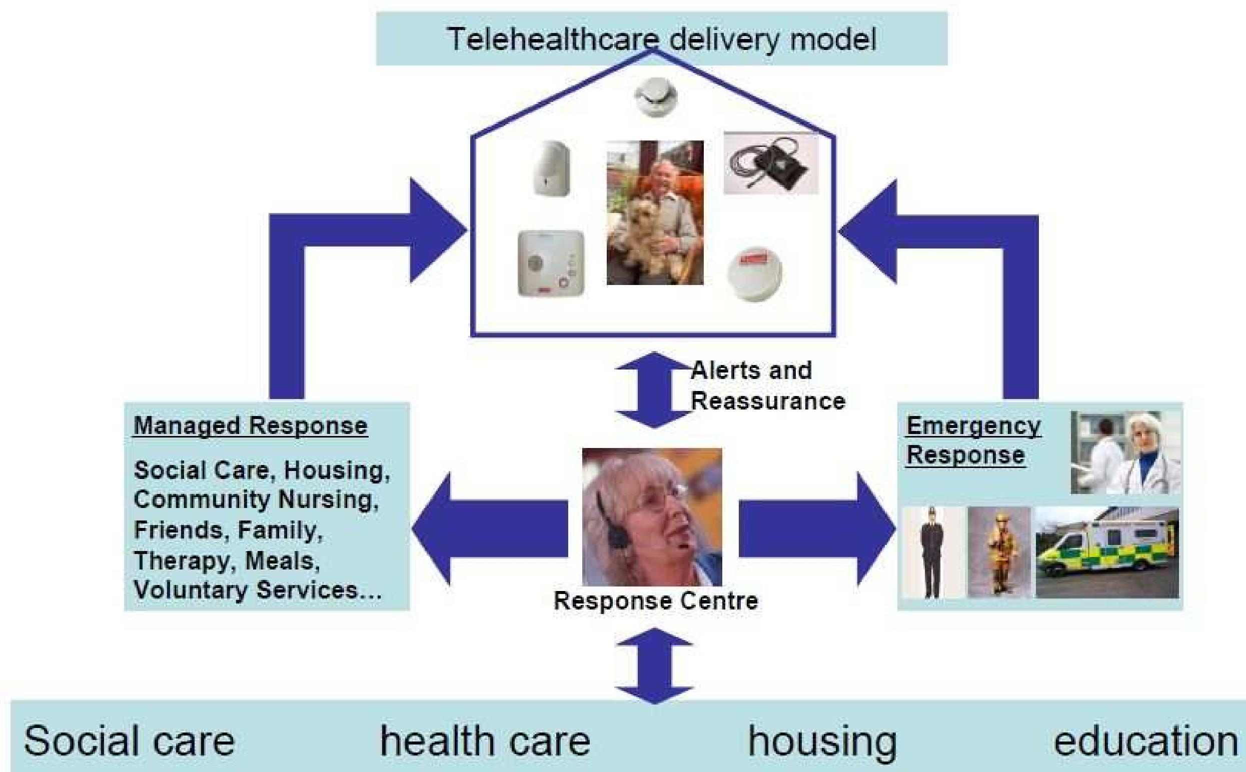
- Establishing a supporting infrastructure of installation, monitoring and response capabilities and
- Promote within the social care community in Havering knowledge and understanding of the devices and services available.

As at 30th September 2011 there are around 3,200 users of assistive technology in Havering:

Service	Users (approx.)	Social care funded since Nov 2010
Careline	**2700**	**45**
Careline plus other devices	**500**	**20**

The TeleCare and Careline service in Havering operates from Royal Jubilee Court providing a 24 hour, 365 days a year monitoring and response service supported by a call centre based in Newham as well as a flexible installation service. Potential users of assistive technology are referred from social care practitioners, hospital staff, GPs, family members or from the individual themselves, their needs are assessed and the appropriate devices identified and installed. There is a need however to increase referral rates and this is being addressed in the projects.

In the 12 months to 31 August 2011 the service responded to 137,257 alarms and in response made 2,549 visits to individuals' homes.



RECENT DEVELOPMENTS

London Assistive Technology Programme
In 2010 Havering joined the London Assistive Technology Programme which aims to place TeleCare and TeleHealth at the centre of care provision through cross borough working to share best practise and develop new initiatives. Havering has actively participated in this programme and a wide ranging project has been underway to implement the outputs of the London Programme locally including:

- Reorganisation of the TeleCare and Careline service to improve focus on service standards, such as responding to alarms, and a wider range of equipment is being used across a growing number of customers.
- Adult Social Care staff and colleagues working in health have been involved in workshop events to improve their understanding of the benefits assistive technology can provide and their confidence in including equipment in care packages. Assistive technology is now being incorporated in the adult social care training programme.
- A demonstration facility has been set up at Yew Tree Resource Centre for both the public and staff to use to gain an improved understanding of assistive technology devices.
- A marketing campaign to raise awareness and interest from the public.

This project will continue to develop the infrastructure to support increased and effective provision of assistive technology in Havering.

NHS Support for Social Care Projects
Earlier this year bids were made for funding to NHS Havering under the NHS support for social care programme to support 3 additional projects with the overarching objective of driving forward specific initiatives to improve outcomes and deliver efficiencies across both social care and health. These projects are:

- **Purposeful walking, supporting people with dementia** will use TeleCare and GPS (Global Positioning Satellite) devices to enable participants diagnosed with dementia to safely leave and return to their home environment. Greater independence will be maintained and improve health and wellbeing, increase activity levels and better social inclusion as a result. It aims to reduce the impact and stress to carers of those diagnosed with dementia who may be prone to wandering. This will improve the health and wellbeing of the carer and support access to/retention of employment.
- **Supporting long term and complex conditions** will use Assistive Technology solutions for people with long term conditions; high support needs and/or people with learning difficulties. It would target the application of a range of TeleCare/TeleHealth solutions to enable people to be maintained in less institutional settings in the community and reduce levels of support needed. The ultimate aim of this project is to provide less intrusive support to individuals and to help promote prevention and dependence, whilst realising significant financial savings.
- **Rapid response installation team** will establish a specialist team able to install a range of TeleCare/TeleHealth solutions, designed to support elderly or disabled people, being discharged from hospital or identified as 'at risk' in their own home, within a 12 hour target following assessment and referral. The project will have a particular emphasis on addressing the issues around rapid support and crisis intervention for dementia patients where the condition impacts on the individual's ability to remain supported and safe within their own home environment or where the family carers are becoming overburdened.

Project Milestones:

Purposeful Walking - Supporting People with Dementia	
• Project Initiated	June 2011
• Ongoing installation and monitoring of equipment	November 2011 to November 2012
• Ongoing review process and data gathering to inform evaluation	November 2011 to November 2012
• Interim evaluation report (covering first 6 months	June 2012
• Final evaluation report	February 2013
• Project closed and service mainstreamed having demonstrated benefits	**March 2013**

Supporting People with Learning Disabilities, Complex Needs and/or Long Term Conditions	
• Project initiated	June 2011
• Support and risk assessment of identified service	November 2011 to

users to agree tailored solutions	December 2012
• Programme of meetings with identified service users and carers	November 2011 to December 2012
• Implementation of Assistive Technology solutions to identified service users	November 2011 to December 2012
• Interim Evaluation Report (covering first 6 months)	July 2012
• Final Evaluation Report	February 2013
• Project closed and service mainstreamed	**March 2013**

Rapid Response Installation Team	
• Project initiated	June 2011
• Telecare equipment, vehicle and specialist rapid response team in place	November 2011
• Service "soft" launch	November 2011
• Ongoing assessment and referral of service users to receive the telecare	December 2011 to December 2012
• Ongoing installation and monitoring of equipment	December 2011 to December 2012
• Ongoing review process and data gathering to inform evaluation	December 2011 to December 2012
• Interim evaluation report (covering first 6 months)	July 2012
• Final evaluation report	February 2013
• Project closed and service mainstreamed	**March 2013**

ANTICPATED BENEFITS FROM INCREASED USE OF ASSISTIVE TECHNOLOGY

The key business benefit that increased use of assistive technology to provide increasing levels of care will be to reduce the demand for more “traditional” forms of care. In addition there will be a range of “softer” benefits around improved quality of life for users, their carers and families.

Purposeful Walking, supporting people with Dementia	
What “success” will look like	**Business benefits**
• People with dementia and their carers enjoying **an improved quality of life**, extending the time they enjoy living safely in their own home. • **Positive impact on quality of life** of user and the carer • **Reduced stress** of worry on both the user and the carer • **Significant savings** have been achieved by avoiding admission to hospital and residential care and a reduction in the use of emergency services	• **Reduced admission to nursing/residential care homes Reduced** need for carers **respite** • **Reduced** hospital **admission** • **Positive impact** on other public services through: • **Reduced police call-outs** • **Reduced need for carer and family call outs** • Reduced community alarm responses

Assistive Technologies to Support People with Learning Disabilities or Complex Needs	
What “success” will look like	**Business benefits**
• A **proactive approach to managing the changing needs of individuals** is embedded. • Significant savings have been achieved by **reduced domiciliary hours or sitting services for sleep-ins or waking cover** • A significant number of people with long term conditions report **improved well-being** which has enabled them to continue to live independently and feel safe and secure in their own homes. • They **continue to live within their preferred community,** maintain friendships and access wider community support networks. • The families and carers of these vulnerable people have **peace of**	• **Reduced** levels of **domiciliary care** in high cost care packages • **Reduce** the amount of **domiciliary hours or sitting services** for sleep-ins or waking cover • **Reduce admissions** to residential and nursing care • **Reduction in hospital admissions** • Assist in **reducing the number of inappropriate readmissions** to hospital • **Enable a proactive approach** to managing the changing needs of individuals • Provide an **holistic approach to care and support** through links with statutory/specialist services • **Increased awareness** and

mind knowing that technology is there when they can't be. • Technology will support larger numbers of people with medium or moderate needs to maintain or increase their independence.	understanding of assistive technologies

Rapid Response Telecare Installation Team	
What "success" will look like	**Business benefits**
• **A specialised "Rapid Response TeleCare Team"** to seamlessly support persons who are to be discharged from hospital or are identified as at risk within their own home, within a target of 12 hours • **Significant savings** by avoiding preventable admissions to hospital, facilitating earlier discharge, and enabling people to live safely and independently at home • **Significant self-reported improvements** in wellbeing of service users and carers • **Reduced impact and stress to carers** of those diagnosed with Dementia who require support to live independently within their home • **Increased opportunities for timely and supported discharge from hospital**	• **Reduction in the need for emergency Respite Care provision** and crisis interventions • **Reduced number of people with Dementia moving into residential and nursing care homes.** • Dementia patients **remain supported and safe within their own home environment** • **Reduction in hospital admissions** due to falls • **Increased awareness** and understanding of assistive technologies • Support the development of **closer collaborative working** between the council and health services • **Joint development of new hospital discharge pathway** to facilitate hospital discharges through use of TeleCare • Introduction of **new technologies**

SUMMARY

The four assistive technology projects will enable the process of change from a position where assistive technology is under-used to one where it becomes the default option for care provision. The establishment of a sound infrastructure through re-engineering all the related business and data recording processes will enable the three targeted projects to address specific issues around hospital discharge, supporting those with complex and longer term needs and supporting dementia sufferers and deliver significant benefits to users of services, their families and carers and to the Council through reducing demand for more complex and costly services.

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