



HILLINGDON

LONDON

Social Services, Health & Housing Policy Overview Committee

Hillingdon Independent Living Centre Preliminary Report

April 2007

Members of the Committee:

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INVESTOR IN PEOPLE

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CHAIRMAN'S FOREWORD



Independence is central to treating people with dignity. Most, if not all, people prefer to receive the support they need to enable them to do as much for themselves as possible. Enabling people to live independently not only provides better service outcomes for individuals but also enables the maximum benefit to be gained from increasingly pressured Council and PCT resources. As such, this review touches upon a highly worthwhile subject and links into our previous review on housing support.

We had hoped to complete this review in the 2006/7 Council year. However for reasons explained in the report this was not possible. We therefore describe this as a 'preliminary' report. It summarises our findings from the three witness sessions and makes some initial conclusions which we hope will be useful to officers and Members in developing proposals for an enhanced Hillingdon Independent Living Centre. We are unable to offer definitive recommendations as the necessary information – notably on financial implications – is not yet available. We therefore hope that the Committee decides to return to this issue in 2007/8 when proposals can be considered in greater depth.

Finally, I would like to thank all those who came to give evidence to our review, particularly those representing service users and voluntary sector groups. As the Council year draws to a close I would like to offer particular thanks to the officers from both Adult Social Care, Health & Housing and Democratic Services without whose support and advice we would not have been able to complete this review or any of our other work this year. It has been a pleasure and an honour to serve as the first ever Chairman of this Committee.

Catherine

Cllr Catherine Dann

EXECUTIVE SUMMARY

This review sought to examine the issues surrounding proposals for an enhanced Hillingdon Independent Living Centre (HILC). The Committee took evidence from a wide range of stakeholders including Hillingdon Council and PCT officers, representatives of service users and the voluntary sector, and consultants engaged to explore proposals for establishing an enhanced HILC.

We call this a 'preliminary' report for detailed financial information on potential models for an enhanced HILC is not yet available. However we feel it is important to highlight the main issues emerging from our witness sessions. This evidence clearly demonstrates that there is a need for change. We therefore hope that the Social Services, Health & Housing Policy Overview Committee will return to this issue in 2007/8 to ensure that this project receives the impetus that elected Member support can provide.

Our conclusions are presented at the end of the report but in short, we suggest that:

- **Doing nothing is not an option:** maintaining the status quo could mean that the Council and PCT does not meet the aspirations or demands of service users in a changing society.
- **Clear governance arrangements are vital:** both the Council and PCT must be clear on – and committed to – their role and contribution to an enhanced HILC.
- **The proposal must be financially sustainable in the long-term**
- **The location is vital:** a split site combining a town centre internet café and shop with a larger out of town facility could be appropriate.
- **An inclusive approach is vital:** an enhanced HILC should offer services to elderly people as well.
- **Enabling people to be truly independent:** an enhanced HILC could provide volunteering and supported employment opportunities to help people with disabilities live fully independent lives

We therefore ask that the Cabinet Member notes these preliminary findings outlined above when deciding how to proceed. We again stress that these are only preliminary findings and may need to be significantly reviewed once further information on the financial implications is available. We therefore ask that the Social Services, Health & Housing Policy Overview Committee returns to this issue in the Council year 2007/8 when *Cordis Bright* have completed their review.

INTRODUCTION

1. Hillingdon Independent Living Centre (HILC) was originally set up in 1990 as a Disabled Living Centre in a partnership between the NHS, Social Services and the Disablement Association Hillingdon (DASH), a voluntary sector organisation. HILC is one of 49 Disabled Living Centres in the country.
2. The need for an enhanced independent living centre was identified from the joint work undertaken by Housing, Social Services and Hillingdon Primary Care Trust on the Best Value Review (BVR) of Aids and Adaptations during 2002. This focused specifically on the community equipment and home aids and adaptations services.
3. Since that time officers have undertaken further work to develop the scope for what could be included within the enhanced centre. The Primary Care Trust's financial position has impacted on the level of service on offer, further reinforcing the need for change. Adult Social Care, Health & Housing have identified an enhanced HILC as a priority and the proposal is included in the Joint Commissioning Strategy produced by the Council and PCT. However, it was not possible to progress the proposals until late 2006 due to the lack of project management capacity. To address this the Council has engaged the services of consultants *Cordis Bright* to develop and evaluate proposals for an enhanced HILC.
4. Following a suggestion from Adult Social Care, Health & Housing officers we therefore selected this topic as our second major review in 2006/7. Our terms of reference were:
 - To consider the strategic objectives of an enhanced Hillingdon Independent Living Centre (HILC) and the services that may be provided at such a centre;
 - To explore the benefits of such a centre to Hillingdon residents;
 - To consider the partnership arrangements between the voluntary and statutory sectors in delivering services at HILC and the voluntary sector's role in HILC.
5. We heard a large amount of evidence and this report presents a summary of our main findings in 2006/7. We describe this as a preliminary rather than final report for we have not been able to answer all of the questions we sought to answer, most notably over the financial costs of establishing an enhanced HILC. However we feel that it is important to record the information that we received and hope that the Social Services, Health & Housing Policy Overview Committee will return to this issue in late 2007.
6. This report first outlines the methodology for the review and then a summary of our findings which we hope will be of use to the Cabinet Member and officers when deciding how to proceed.

METHODOLOGY

7. We began the review with a background report from officers which introduced the issue. We then held three witness sessions:

14 th December 2006	Jane Wood	Head of Adult Services, LBH
	Gary Collier	Joint Commissioning Manager, LBH/Hillingdon PCT
	Heather Russell	HILC Manager, Hillingdon PCT
6 th February 2007	Angela Wegener	Disablement Association Hillingdon (DASH)
	Chris Commerford	Age Concern Hillingdon
	Pauline Cooper	Service User
12 th April 2007	Tim Hind	<i>Cordis Bright</i>
	Colin Horswell	<i>Cordis Bright</i>

EVIDENCE & FINDINGS

The existing HILC

8. The current Hillingdon Independent Living Centre is based at the Wood End Centre in Judge Heath Lane, Hayes and is shared with the Disablement Association Hillingdon (DASH) and a GP surgery. The building is leased by the PCT at a total cost of £60,000 per annum. HILC and DASH account for approximately two-thirds of this cost. The site is owned by the PCT.
9. The total budget for HILC in 2006/7 was £115,000. However, the financial difficulties faced by the PCT have resulted in this being reduced leaving an actual staff complement of 1FTE admin person, who is currently responding to most of the enquiries, and 50% of the Head Occupational Therapist (OT)/HILC Manager's time.
10. The funding for DASH comes from a variety of sources including the Council and the PCT.
11. HILC provides the following services:
 - daily living equipment assessment and provision;
 - equipment demonstration;
 - written information about equipment;
 - permanent wheelchair assessment and provision;
 - training for service users, carers and students.
12. Prior to 2006/7 approximately 40 people a day visited HILC to view and be assessed for wheelchairs and other equipment of daily need. However, the PCT's financial position has affected the level of service on offer (see below).
13. In addition DASH sees approximately 25 people a day at HILC and offers the following services:
 - Support and advice with Direct Payments including help with recruiting personal assistants and general assistance with the running of the scheme.
 - Independent living advice on housing, employment, access to services etc as well as advocacy for people in need. DASH also supports People First Hillingdon, a self-advocacy group for people with learning difficulties and provides work experience for some members.
 - A range of training including Disability Discrimination Act (DDA) training for local groups and businesses and disability awareness training that has been presented to local cub groups, Brunel University staff, LBH staff and local groups and businesses.

- An independent living skills project aimed at people with low and moderate needs which helps with tasks to enable continued living at home. This includes money management, including claiming benefits, access to health and other appointments, access to leisure activities and other tasks which impede on their ability to live independently.
 - An information service available by person, telephone or email where people can seek any disability related information.
14. In addition, DASH also sell radar keys and provide forms for parking bays. The organisation runs the appeals service for people who do not meet the criteria for receiving a parking bay from the Council.

Shortcomings with the existing service

15. Despite the positive range of services offered at the site, we heard that there are several significant shortcomings with the existing service.
16. A combination of limited space and the current staffing situation mean that the existing HILC is a reactive service. Although there is a bathroom and living area where people can trial equipment the current HILC is not large enough to enable users and carers to appreciate the wide range and scope of equipment that is available. Notably, we heard that Hillingdon's Independent Living Centre is smaller than many independent living centres elsewhere.
17. The PCT's financial position has further affected the level of service on offer at HILC in 2006/7. The recruitment freeze at the PCT has meant that attendance during the 2006/7 financial year has been limited to where therapists employed by other services make separate arrangements to meet at HILC with their clients. Current HILC usage has fluctuated based on service capacity. In addition, the HILC manager is also responsible for other services at other locations.
18. The Council and PCT provide clinical services at HILC, while DASH provides a wide range of general advice and support services outlined above. However, we heard that these services are separate: both HILC and DASH staff consider themselves to have separate identities and we were told that there is no evidence to suggest shared objectives.
19. We used our second witness session to listen to those who both use and represent those who use the services at HILC. This reinforced our understanding that the existing HILC is not very accessible. Witnesses told us that the site is viewed as the 'back of beyond'. The building is shared with a baby clinic, and witnesses told us that the disabled parking bays are not respected. We heard that the location is even worse for those living in the north of the Borough with one service user telling us that she faces a 1.5 hour journey via three buses from her home to HILC.

Further drivers for change

20. In addition to these shortcomings with HILC there are a number of further factors that suggest an enhanced service is required. These include both national and local political priorities and demographic changes in society.
21. The Government 2006 White Paper on health and social care 'our health, our care, our say' outlined a new direction for community services. This included better prevention services, improved access to community-based services and more support for people with long-term conditions. In addition the Government's Integration of Community Equipment Services programme sought to increase the availability of community equipment.
22. An enhanced HILC would also contribute to local priorities, most notably the priority in the Leader's Statement to develop Hillingdon as a Borough with improving health, housing and social care. The Hillingdon Community Strategy expands on this to state that by 2015:
 - There should be no unnecessary delays in accessing health, housing and social care services
 - More disabled people should be cared for at home
 - There should be better training and support available for carers
23. We also heard that demographic and changes in society further enhance the need for redeveloping HILC and that the current service may not be able to meet future demand.
24. The number of people with physical and/or sensory disabilities receiving services has remained stable at about 700 for the last three years, while the number of older people receiving services has also remained stable at about 4,500. However, research undertaken in 2004 showed that there was likely to be an increase of 53% in the number of people requiring 'high-maximum' support, e.g. over 15 hours per week domiciliary care support or a high degree of nursing care, by 2015. This is largely due to medical advances that extend the life expectancy of those with disabilities and also enables people with severe disabilities to survive where this may not have been possible in the past.
25. Demographic changes are therefore increasing the demand for community equipment. Over half of people with physical and/or sensory disabilities receiving a service and half of older people receiving a service are currently provided with equipment.

Developing an enhanced HILC that meets both current and future need

26. The existing HILC provides a highly worthwhile service, however it is clear that there are significant shortcomings and demand for these services is likely to increase in the future as a result of both demographic changes and central and local government policy. We were therefore pleased to hear that the Council has commissioned consultants *Cordis Bright* to undertake in-depth research into how Hillingdon could have an independent living centre that would truly meet the needs of both current and future service users.
27. We were pleased to receive a presentation from *Cordis Bright* on their preliminary findings. They outlined eight potential options:
- **Do nothing:** continue with existing services.
 - **Equipment only:** this could be a fairly limited option which focuses on equipment retail, trial, 'virtual trial' and assessment.
 - **'Starbucks Plus':** this could be an internet café based in a town centre with completely open access. It could potentially offer supported employment. There could be a self assessment facility and a key component would be the display of equipment for purchase.
 - **'Opticians Plus':** this could be similar to the 'Starbucks Plus' model but would also have clinics such as physiotherapy, podiatry, and occupational therapists.
 - **'Comet Plus':** this could have a larger range of display and test options for the equipment plus an internet café, retail, clinics, and training facilities. This would reflect the cheaper prices per square foot at an out of town location compared to high street locations.
 - **'Resource Centre Plus':** this could be similar to the 'comet plus' model and would have increased capacity for day services. It is less likely to attract the general public and would be more of a targeted service.
 - **Modern health and social care model:** this could include most of the aspects outlined above but also rehabilitation services either as a 'spoke' of a hospital based 'hub', or a 'hub' for domiciliary rehabilitation.
 - **Split site:** this could contain elements of the above but with services located on more than one site.
28. The aim of an enhanced HILC is to improve the service offered to Hillingdon residents. It is therefore vital that the views of these potential service users are taken into account when designing an enhanced HILC. We were therefore pleased to hear that a wide range of consultation has taken place both in recent years and more recently as part of the work undertaken by *Cordis Bright*. We believe that an enhanced HILC must address the following issues raised in the consultation:

- Information to potential and current service users could be improved, particularly to provide more information on what services are available and how to access these. Responses also highlighted that a greater range of information about available services in different formats is required.
- A one-stop-shop would benefit people with disabilities: service users feel they have to contact too many different places and people to get the information they require.
- Users would like occupational and physiotherapy services to be available in the community.
- Some users are prepared to pay for equipment if they know what is available and how to access it.
- More emphasis could be placed on helping patients make their own equipment choices.

29. In the final section of our report we reflect on this evidence to offer preliminary conclusions on the issues surrounding an enhanced HILC.

PRELIMINARY CONCLUSIONS & RECOMMENDATIONS

30. We had initially hoped to complete this review by the end of the 2006/7 Council year. However, due to factors beyond our control the timescales for *Cordis Bright* completing their work slipped to spring 2007. We were therefore unable to consider detailed proposals for an enhanced HILC and the resource implications of these. As such we decided that a preliminary report should present a summary of the issues raised in our witness sessions.
31. The Committee feel it is vital that this issue is not forgotten, for the evidence we heard clearly demonstrates that there is a need for change. We therefore hope that the Social Services, Health & Housing Policy Overview Committee will return to this issue once further detailed information on proposed models is available.
32. We therefore make preliminary conclusions and ask that these are taken into account when officers and Members consider how to proceed:
- a.) **Doing nothing is not an option:** There are clear risks in maintaining the existing model as the Council and PCT would not be meeting the changing aspirations or needs of service users. In addition, demographic changes mean that there is a greater need for the services provided by HILC. National and local policy is also seeking to provide greater care in the community and at home. As such, we believe it is vital that proposals for developing an enhanced independent living centre are given further consideration.
 - b.) **Clear governance arrangements are vital:** Partnership working is integral to the successful delivery of an enhanced HILC. We are aware that partnership working between the PCT and the Council came under pressure as the PCT was facing severe financial difficulties. In particular, the recruitment freeze had a direct impact on the quality of service at HILC. It is therefore vital that all sides are clear on what is required and their commitments to HILC. The processes must be in place to ensure 'the right decisions are taken at the right time' and that no single partner can unilaterally or suddenly withdraw from a joint service.
 - c.) **The proposal must be financially sustainable:** Although we suggest that the status quo cannot be sustained in the long-term, we also acknowledge that the PCT and Council are unlikely to be able to commit significant expenditure to an enhanced HILC in the near future. It is vital that an enhanced HILC is financially sustainable in the long-term and we acknowledge that this may mean that the 'ideal' or 'dream' HILC is not possible. Maximising income opportunities will help financial sustainability and we suggest that there *may* be scope to include a range of non-NHS therapists who would pay a rent (e.g. podiatrists or chiropodists) in an enhanced HILC.
 - d.) **Location, location, location:** We firmly believe that a good location is vital to ensuring the financial sustainability of an enhanced HILC. We heard that the current

service is inaccessible for those who do not have use of a private car and parking can be difficult for those driving to HILC. It is vital that an enhanced HILC has sufficient footfall to generate a steady income. We therefore endorse the initial findings of *Cordis Bright* that a 'starbucks plus' option could work. A town centre location would attract passing trade for small items such as tap-turners for which people would be unlikely to make a special visit to an out of town location. Such a model would also promote an inclusive and modern rather than an institutional environment.

However as we stress above, an enhanced HILC must be sustainable in the long-term and although a town centre location would attract passing trade it would also be very expensive. We therefore suggest that further consideration is given to locating an enhanced HILC on two sites. This could entail an internet café in perhaps Uxbridge town centre. This would enable people to browse equipment and trial equipment 'virtually' with the support of expert advisors. It could also sell small pieces of equipment to aid independent living such as tap-turners. In addition, we suggest that there could be a larger modern facility in an accessible location where office/retail space is cheaper than a town centre. This could enable people to trial larger pieces of equipment and receive assessments. There may also be scope to provide a range of health services through both the NHS and other providers. Again however, we must stress that these are our preliminary conclusions: it is not possible to give a definitive view until detailed financial information is available.

- e.) **An inclusive approach is vital:** An enhanced independent living centre seeks to enhance people's independence. We therefore believe that it is vital that those people using the centre are given the opportunity to become involved. This may include opportunities for informal involvement in daily running of the centre and/or more formal involvement through the strategic management. For example, we heard that a community interest company operates the independent living centre in Bristol and this only has disabled people on the Board. There are both sound financial and service reasons for ensuring that an enhanced HILC is as inclusive as possible. We were therefore pleased to hear the views of Age Concern on this issue and strongly believe that an enhanced HILC should offer services to all those who could benefit from services to promote independent living, particularly the elderly. In the words of one witness, an enhanced HILC should adopt a 'social rather than medical' view of disability.
- f.) **Enabling people be truly independent:** Our conclusions have so far focused on providing equipment and advice to help people do as much for themselves as possible. In addition, we believe that an enhanced HILC could offer a broader range of support that would enable people to be truly independent. In our earlier comments we suggest that an enhanced HILC could include a coffee shop, internet café and retail services. We ask that proposals for an enhanced HILC explore whether these services could provide supported employment and volunteering opportunities for people with disabilities. Equipment provision is central to helping people to live independently, but we suggest that an income and broader life skills are also vital.

The development of such services should complement and not replace existing supported employment opportunities that already exist in Hillingdon e.g. SNAC (Special Needs Action for Carers).

Recommendation:

We therefore ask that officers and the Cabinet Member note our preliminary findings outlined above when deciding how to proceed. We again stress that these are only preliminary findings and these may need to be significantly reviewed once further information on the financial implications is available. We therefore ask that the Social Services, Health & Housing Policy Overview Committee returns to this issue in the Council year 2007/8 when *Cordis Bright* have completed their review.