



HILLINGDON  
LONDON

## Social Services, Health & Housing Policy Overview Committee

# HILLINGDON CENTRE FOR INDEPENDENT LIVING

## 2009/10

### Members of the Committee:

Cllr Judith Cooper (Chairman)  
Cllr Pat Jackson  
Cllr Peter Kemp  
Cllr John Major (Labour Lead)  
Cllr Michael Markham (Vice Chairman)  
Anthony Way (Councillor until 6 May 2010)



INVESTOR IN PEOPLE



# Hillingdon Centre of Independent Living

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# CHAIRMAN'S FOREWORD



This committee reviewed the options for Hillingdon Centre for Independent Living (HCIL) (then Hillingdon Independent Living Centre, Hilc) in 2007. Officers were requested to explore the options further and return to the Committee with their findings. Since then numerous changes have occurred – most significantly the modernisation agenda and self-directed support. A re-evaluation of the role and work of HCIL was agreed as a topic as a result of the Committee's last review: having examined a broad area of modernisation, this review is intended to complement it by exploring the practicalities in one area of modernisation.

Independence is central to treating people with dignity. 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.

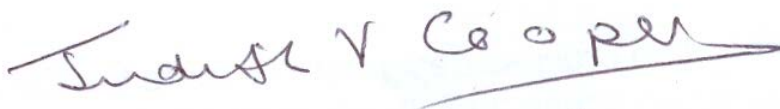
Our witness sessions revealed that HCIL clearly has the potential to deliver far more than it does at present – and the confidence and satisfaction expressed by service users indicates that it has the ability to do so. The committee's view is that HCIL needs a clear vision of how its' potential can be delivered and that this will involve:

- More partnership working
- More involvement by volunteers
- More effective communication
- A pro-active attitude to the development of its role
- An examination of the gaps in its service and the challenges of its location
- A clear grasp of the benefits and limitations of a user-led service

This report summarises our findings from the two witness sessions held and reports some recommendation to Cabinet on our findings. It is hoped that by developing these

recommendations we can further improve the service we are providing to service users and increase the number people that use this service.

Finally, on behalf of the Committee, I would like to thank the external witnesses who contributed to our review, particular thanks to the services users that attending the committee meetings. Thanks also to the officers who advised on the main issues from the Council's perspective. Particular thanks to the Joint Commissioning Manager for her comprehensive briefings on this topic. I commend the report and recommendations to Cabinet

A handwritten signature in purple ink that reads "Judith V Cooper". The signature is written in a cursive style and is underlined with a single horizontal line.

# Summary of Recommendations

This review examines the Hillingdon Centre for Independent Living (HCIL) as a case study of the modernisation process. The HCIL is a joint service that has been developed and funded on a partnership basis between the local authority and the PCT. It makes recommendations that hope to strengthen the delivery of services to people with physical and sensory disabilities. Following the evidence received, we make the following recommendations:

- 1. That Local Authority and PCT Officers develop a procedure to ensure that the service is widely recognised and easy to access. This procedure should encompass two key elements:**
  - That the HCIL service be more widely advertised so that more people have access to the benefits offered; in particular to improve its internet and online presence to make it more visible and more user-friendly to the wider community.
  - To engage with other organisations to promote partnership working, one outcome of which would be greater knowledge and visibility of the service in hospitals and doctors surgeries.
- 2. That working practices are developed which ensure closer co-operation between local authority, PCT and HCIL Officers regarding advice given to potential service users. As part of this function Officers will ensure that people who are not eligible for funding receive the information, support and advice they are entitled to.**
- 3. That relevant user groups, including Carers and the Customer Engagement team be involved in the development of HCIL and that their input is central to the development and improvement of the service. That the development and progression of HCIL should be user and carer led, and the user group to include a user led management board.**
- 4. That employees at HCIL be given training relevant to the specific needs of service users, and which is regularly updated. This is particularly important where use of equipment is concerned.**
- 5. That volunteers be encouraged to work and assist in HCIL: the model of “experts by experience” is of particular relevance and**

**value. It was recognised that volunteers would have support needs that needed to be identified and met.**

- 6. That Officers use the Service User from the witness session as a case study on how to improve the services offered to carers and to co-ordinate this with the development of working practices outlined above.**
  
- 7. That local authority and PCT Officers undertake a gap analysis as part of the development of the service. The Committee noted the constraints of space and the challenges of the location of the service, but believe that, if the recommendations are implemented, these concerns can be satisfactorily addressed. The Committee recommend that a more centralised, easier to access location should be looked into for at least the medium term.**
  
- 8. That HCIL ensure carers needs are referred to Adult Social Care where appropriate for carers assessments.**



# Introduction

## **The Importance of reviewing Hillingdon's Centre for Independent Living**

**Strong public interest:** The publication of the recent Green Paper- 'Shaping the Future of Care Together' emphasised the importance to many older and disabled people of maintaining their independence and remaining in their own home.

Opportunities for promoting independent living are also a central theme raised by disabled people in Hillingdon's Disabled People's Plan. This can allow people to live in their own homes as safely and independently as possible, and enable them to continue to live with their family.

**Government Pressure:** The cross-department report 'Improving the Life Chances of Disabled People' (2005) published a recommendation that each local authority area would need to develop a user led organisation, primarily through a Centre for Independent Living. User-led organisations are led and controlled by disabled people.

The Government concordat 'Putting People First' (2007) focuses on the reform of the Adult Social Care system in England and Wales, emphasising the need for personalised services that promote choice and independence. The H-CIL achieves this by providing information and advice to people on disability related subjects and giving disabled people the opportunity to look at and try out a range of equipment that is available to promote independence.

**Council Plan:** Includes the priorities of improving the health and wellbeing of Hillingdon's residents and to build strong and active communities.

**Inspection report recommendations:** It is a government requirement that every local authority area has a user led organisation in place by 2010.

**Areas within the Council's influence:** The Council can work with its partners in the Primary Care Trust and third sector to support the development of HCIL as a stand-alone organisation with its own legal identity and to consider becoming a social enterprise.

**High impact on residents:** The HCIL has the potential to benefit Hillingdon residents who are in need of advice or information on disability related issues by providing a one-stop shop to provide information and advice, demonstration of equipment to promote independent living, and through developing support services (for example NHS Hillingdon's development of Expert Patient programmes).

**Expertise on which to draw:** There are existing centres for independent living (for example in Harrow and Ealing) and the 'Ideal for All' services in Sandwell (a not-for profit, registered charity that is run by and for disabled people that was visited as part of the process of developing a model for HCIL) are two models of centres of independent living that could provide expertise on HCIL.

### **Reason for review**

The Committee chose this review in order to examine the Hillingdon Centre for Independent Living (HCIL) as a case study of the modernisation process and to make recommendations that will strengthen the delivery of services to people with physical and sensory disabilities.

In 2006/07 the Committee conducted a review entitled 'Hillingdon Independent Living Centre'. The review provided Members with an opportunity to suggest ways in which services for people with physical and sensory disabilities might be accessed and delivered.

This new review sets out the progress made since the last review. The review outlines the 'ideal' position for the Authority as detailed in the previous review and sets out those steps (which are feasible in the current economic climate) which are required to improve services for HCIL users.

### **Terms of Reference**

1. To review how the existing HCIL arrangements in Hillingdon are working, including, services, (provision to) client groups and access to information, advice and guidance.
2. To identify opportunities to strengthen the role and function of HCIL arrangements in Hillingdon.
3. To make recommendations that will help officers and partners address any identified gaps on the role and function of HCIL to improve access to services.
4. To make recommendations to Cabinet / Cabinet Members based upon the findings of this review.

## Methodology

- Introductory report from Adult Social Care Health & Housing officers on an update of the service provided by HCIL.
- Evidence gathering sessions from a range of witnesses:
  - Beverley Grayley, Joint Commissioning Manager
  - Service User A
  - Service User B
  - Angela Wegener, Chief Officer DASH
  - Heather Russell, HCIL Manager
  - Gill Dickinson, Head of Adult Services HCIL
  - Naeem Arif - Executive Director, Ideal for All, Sandwell
  - Vicki Phipps - Lead Officer for Personalisation, Ideal for All, Sandwell
  - Chris Commerford - Chief Officer, Age Concern
  - Sam Taylor - Change Manager, Transformation Team
  - Steve Cross – E-Communications Manger, ICT
- Research into best practice elsewhere, e.g. look at Ideal for All, Sandwell ([www.idealforall.co.uk](http://www.idealforall.co.uk)) and the Inspire Independent Living Centre, Bexley ([www.inspirecommunitytrust.org](http://www.inspirecommunitytrust.org))
- Read summary findings from Cordis Bright 2007 report
- The key questions the committee wanted to look into were:
  - What is the role and function of HCIL?
  - What services does HCIL currently provide (including)?
    - To whom?
    - The location of the service?
    - How are these services accessed?
  - What gaps are there in current service provision?
  - What measures are being taken by the Council to address these?
  - What can the Council do differently and what can it change/adapt to what it already does to improve services?
  - How does the Council work in partnership with NHS Hillingdon/Hillingdon Hospital and other stakeholders?
  - [Bearing in mind the current economic climate] what future challenges does the Council face in delivering excellent services?

### **First Witness Session: 16<sup>th</sup> February 2010**

The first session provided an overview of the role and function of HCIL, an update on the progress made, identified key issues and investigated any gaps in service provision.

- The witnesses were:
  - Beverley Grayley, Joint Commissioning Manager
  - Grace Adjekum, Service User
  - Maureen Eames, Services User
  - Angela Wegener, Chief Officer DASH
  - Heather Russell, HCIL Manager
  - Gill Dickinson, Head of Adult Services HCIL

### **Second Witness Session: 25<sup>th</sup> March 2010**

The second session examined what the Council could do differently, partnership working and future challenges faced by the Adult Social Care, Health & Housing to deliver excellent services for disabled people.

- The witnesses were:
  - Naeem Arif - Executive Director, Ideal for All, Sandwell
  - Vicki Phipps - Lead Officer for Personalisation, Ideal for All, Sandwell
  - Chris Commerford - Chief Officer, Age Concern
  - Sam Taylor - Change Manager, Transformation Team
  - Steve Cross – E-Communications Manger, ICT

The next section of the report provides background on the main issues, and then presents the main issues arising in our evidence. We then make recommendations to Cabinet, which we believe will address these issues.

# Background

Joint work undertaken by Adult Social Care, Health & Housing and Hillingdon Primary Care Trust (PCT) as part of the 2002 Best Value Review of Aids and Adaptations identified the need for an enhanced Independent Living Centre for Hillingdon residents with a disability.

In August 2007 Cordis Bright Consulting produced a report identifying a range of service models for an enhanced centre for independent living as a replacement for the existing service that started in 1993.

## Services available at HCIL

HCIL is currently co-located with the Hillingdon wheelchair service at the Wood End Centre, Judge Heath Lane, Hayes, Middlesex. The Disablement Association of Hillingdon (DASH) also operates from the same premises.

The centre had been in existence since 1990, and was re-launched in September 2009 following funding that was made available. This re-launch event was attended by many people including Council officers, PCT staff, representatives of third sector organisations, (including DASH staff and volunteers), and potential users of the service.

HCIL provides information, advice and support to people who experience difficulties with daily living because of illness, age, disability or an accident. Assessment and demonstration of equipment, aids and assistive technology is also available. The centre operates 4 days a week, with one late evening opening (between 2:00 and 7:00PM) also available to users.

Since the re-launch staff had updated some of the equipment and were looking to expand this service. Simple daily aids, such as bath seats and kettle aids could be provided on prescription to service users. This prescription exchange would not come into place until 2012. This would link in with the transformation agenda.

HCIL aspires to provide a one-stop shop for people with physical and sensory disability of all ages. Services currently on offer at HCIL include:

- assessment services for equipment related needs
- advice and information about equipment and services and how to obtain them.
- opportunities to try out aids and equipment, including telecare

The following services are available through the Disablement Association Hillingdon (DASH) (which is based on the same site as HCIL, but are not provided under the HCIL umbrella):

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- access to information about direct payments
- advice and information about a range of disability issues
- information about services provided for disabled people and/or their carers by statutory and/or third sector organisations
- Direct Payments Support Service

Potential services on offer at HCIL include:

- access to and support with self-assessment
- access to an equipment retail facility
- pre-employment brokerage support and advice
- opportunities to try out equipment that would support disabled people in employment
- short term rehabilitation programmes and training for carers
- information regarding a range of statutory and voluntary services for users and their carers.
- volunteering and employment opportunities for disabled people
- user led and run provision, such as an Internet café

The implementation of HCIL addresses key Government objectives arising from 'Modernising Social Services' (1998), the NHS Plan (1999), the Green Paper 'Independence, Wellbeing & Choice' (2005), Cabinet Office report 'Improving Life chances for Disabled People' (2005), the White Paper 'Our Health, Our Care, Our Say' (2006) and the Office for Disability Issues' 'Independent Living Strategy' (2008). The 2007 Government concordat focuses on the reform of the adult social care system in England and Wales, emphasising the need for personalised services that promote choice and independence. The 2009 Green Paper- Shaping the Future of Care Together' emphasised the importance to many older and disabled people of being able to live independently in their own homes.

HCIL also contributes to the delivery of the objectives contained within the Council Plan to develop Hillingdon as a Borough with improving health, housing and social care and a Borough where opportunities are open to all.

### **Key issues**

Work is currently in progress on the development of a strategy for personalisation. This includes future access to universal advice, information and advocacy services. A review of the Direct Payments Support Service and the most appropriate model to promote the self-directed support (SDS) agenda is also in progress.

The Transforming Community Equipment Services (TCES) programme introduced the retail prescription model. This model of equipment provision allows service users and/or their carers to take a prescription for a piece of equipment to an approved outlet and exchange the prescription for the

specified equipment. Service users may choose to pay for additional extras (for example a toilet seat that matches the colour of the bath room). There is potential for HCIL to develop in becoming an accredited outlet to exchange prescriptions.

### **Progress made in the development of HCIL**

Funding from the Council and from Hillingdon Community Health services (HCH) has paid for an occupational therapist and two trusted assessors to be employed.

NHS Hillingdon also invested capital in making improvements to the infrastructure with the installation of 'phone lines to enable access to the Internet.

Prior to the official relaunch of HCIL in September 2009, the staff designed and produced leaflets and posters to advertise the service. They promoted the service at the Carers' fair, at a PCT event held at Uxbridge College and at the older people and disabled people's assemblies.

All of the equipment in the exhibition area has been reviewed, updated and itemised by the staff at HCIL. Contact has also been made with Medequip to establish an arrangement where equipment can be lent to HCIL for demonstration purposes.

The assessment and care management staff in the sensory needs team (Adult Social Care Health and Housing) have worked closely with HCIL to review and develop the range of equipment that is available to demonstrate to people visiting HCIL who may have a sensory impairment.

As part of the development of the HCIL the occupational therapist and two trusted assessors have spent a day at Hertfordshire Action for Disability to find out more about the retail model of equipment provision.

Discussions are in progress with the community equipment service provider about the possibility of a retail outlet being available on the HILC site with the intention of providing users with more choice in the range and type of equipment available.

### **Hillingdon Independent Living Centre – Preliminary Report by the Committee in April 2007**

Further supplementary information is provided by the Preliminary report produced in 2007. This review examined 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

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and PCT officers, representatives of service users and the voluntary sector, and consultants engaged to explore proposals for establishing an enhanced HILC.

The evidence clearly demonstrated that there was a need for change. The Committee therefore had requested that the Social Services, Health & Housing Policy Overview Committee would return to this issue to ensure that this project received the impetus that elected Member support could provide.



# Findings & Recommendations

## Background Report on the Hillingdon Centre for Independent Living

In their report to the Committee it was noted that HCIL staff have signposted service users to statutory organisations (e.g. making referrals through to Hillingdon Social Care Direct) and to third sector organisations (e.g. to DASH) for further advice and support regarding a range of disability related issues.

Staff at HCIL had recorded the feedback from service users who have contacted or visited the service. This feedback does suggest that access to HCIL has enabled people with queries about equipment to resolve them directly without the need to contact Adult Social Care.

A recent meeting of service users had been set up with the aim of developing HCIL as a User Led Organisation. The first meeting of this group took place on Monday 15<sup>th</sup> February 2010.

It was noted that since the re-launch of HCIL in September 2009 there have been an increasing number of referrals through to the service as residents become more aware of it. Since the re-launch there have been much stronger links between HCIL and the assessment and care management teams within Adult Social Care and this has led to the range of equipment to address sensory needs being updated.

Training for professionals such as moving and handling that had previously been offered by the independent living but had gone into abeyance in recent years has also now been re-launched at HCIL. The scope for extending this to local care homes will be explored.

### Witness Session 1:

The witnesses that were in attendance were:

- Service User A
- Service User B
- Angela Wegener, Chief Officer DASH
- Heather Russell, HCIL Manager
- Gill Dickinson, Head of Adult Services HCIL
- Beverley Grayley, Joint Commissioning Manager

A longer term goal from Officers was to provide users with more choice in the range and type of equipment available. This related to the prescription model

that was discussed, and the timescale for implementing this was around 12-18 months. Other Boroughs would be monitored beforehand so that Hillingdon could do this in the best possible way. This was at the early stages of discussion.

In respect of promoting the service, it was noted that the service was used more by older people; DASH and Age Concern were closely worked with, and LINKs too. Officers were looking at developing web presence for HCIL. There was close working with Community Services and Social Services.

There were links with staff in Adult Social Care, and HCIL was working with people in different teams to ensure they had new and current equipment. There was also a trust of assessors from DASH. The information on equipment was provided in a database and this information could be explained to service users in detail. Other services and information available was also provided to service users.

Partnership was crucial and key to the working of HCIL, and it had always been present. It also brought about funding. HCIL had information about other organisations and private businesses that may be of use to service users.

HCIL did not provide transport to and from the centre. It was on a bus route and there was on-site parking available. Transport was something that could be looked at in the future. The centre did provide assistance to users by giving access to taxis and dial-a-ride services.

An outreach service was discussed. Staff from HCIL would go out to a service user's home if it was required, but they were not replacing the services of Social Services. Although there would be some overlap.

It was hoped that in the future HCIL would be recruiting volunteers, particularly disabled people. This would give them good work experience and with a view to paid employment in the future.

An area for improvement highlighted was links with hospitals and how information was passed to patients post-discharge.

The centre had PC and internet access to show the service users information and pictures of equipment that they do not have on site.

HCIL had the capacity to do more. It was not stretched or over-used. Especially during the winter months which were not very busy. Staff had taken the winter months as an opportunity to signpost the centre. More people were wanted through the doors to use the service. HCIL would consider expanding opening hours and days to better suit the needs of the service users.

Temporary users were assisted at in the centre and there was a need to look at those with high needs as a priority. Officers needed to go into day centres and doctor surgeries to promote HCIL, as well as advertise in different places such as Hillingdon People. It had originally predominately been a leaflet based campaign but officers were looking at expanding this using facilities such as the web.

### **The Committee met Service User A**

Service User A had been touch with Adult Social Care prior to contacting HCIL but she felt let down as she was not eligible for any funding after being means-tested. No further advice or support was given to her from Adult Social Care. Officers apologised for this bad experience and hoped that the advice and support she would get now would be much improved. Regardless of the financial support available for the service user, Social Services should still be providing the same level of support to all. Officers would look into this and use this as a case study to ensure that Social Services provide a service to all, not just those eligible for grants.

A year later she found out about HCIL after seeing an advertisement. She felt very at ease when she entered the centre.

Service User A cares for her husband who is disabled. She saw HCIL advertised at an open day. She had not had much success previously when she requested it through Social Services. HCIL helped a lot in providing equipment, information, advice and general assistance. The service that HCIL provided her and her husband had made life a lot easier for them, from simple things like frames for the bed and toilet to a recliner chair for sleeping downstairs. HCIL gave advice on eating, showed different equipment available and gave suggestions on changing things to make life easier, e.g. heightening the table. The Service User was asked to bring her husband to the centre where they showed them the range of things that may help them.

### **The Committee met Service User B**

**Service User B** had found out about HCIL from DASH. She originally thought it was part of DASH. She wanted to be more independent, and wanted the equipment to be able to do this. She called HCIL and they asked her to visit the centre. A DASH representative was also present at the centre and welcomed her at the gate.

The Service User said the service she was provided with was very, very good. That she felt she could not have got that kind of service from Social Services. Most of the time her social worker could not answer her questions and Social Services did not give her the time she would like.

At HCIL they gave her time and talked her through the different equipment she could use. She found out a lot of information from HCIL, they showed her

things on the Internet and advised where to get equipment from. They also sent her a catalogue and were very helpful.

The Service User believed that HCIL should be better publicised so that others became aware of the services it provided. She commented that it felt like the HCIL staff were like friends who knew what they were talking about. There was a human touch and they were very understanding.

She also commented that when she was in rehabilitation in hospital, she was expected her to find out a lot of things herself without much support. The Service User believed that HCIL should be promoted in hospitals so patients would know about the service provided to them. She also believed there should be closer working with Social Services so that social workers can see what HCIL could provide for them.

In summary, both service users were extremely happy with the service that was provided by HCIL. They commented that simple things from information provided by HCIL made things so much easier. The staff at the centre explained things very well and this service should be advertised more widely so that others could benefit from the service.

## **Witness Session 2:**

The witnesses that were in attendance were:

- Naeem Arif - Executive Director, Ideal for All, Sandwell
- Vicki Phipps - Lead Officer for Personalisation, Ideal for All, Sandwell
- Chris Commerford - Chief Officer, Age Concern
- Sam Taylor - Change Manager, Transformation Team
- Steve Cross – E-Communications Manger, ICT

Naeem Arif and Vicky Phipps from Ideal for All began the witness session with a presentation on Ideal for All. The presentation focused on how the organisation developed and what resources they used to make it a success. It was a user-led organisation, but had developed from this model.

Ideal for All had started out 20 years ago and developed more aggressively over the last 10 years. They discussed the perceptions of disabled people and what the experience in reality was like when disabled people were able to take control themselves.

Disabled people, Sandwell Health Authority and Social Services worked together in the 1990's to create Ideal for All and improved the lives of disabled people by providing them with accessible services that they required.

In 1996 Sandwell Council and Sandwell Health Authority helped disabled people to set up their own Organisation, Ideal for All. An initial budget of £54,000 was awarded. Ideal for All was a registered charity and not for profit voluntary sector organisation. It was run by people from the community that it served. Current staffing levels were 47; 43% had a disability.

The role of Ideal for All was to help disabled people, their families and carers and the elderly to live independent and fulfilling lives. They raised almost 50% additional funds themselves for programmes that could not be funded through the core contract. A centre was completed in 2000.

Ideal for All had a growing membership of over 2000 members; they listened to what people said. They also engaged with people through their growing network of over 150 local organisations.

A garden and market garden had been developed through funding and raising money.

Ideal for All supported people with Personal Budgets, assessed for and issued items to support independent living and gave information and advice. It also produced information and learning materials in accessible formats. It helped people learn how to use computers, find work or go to college for further education.

Ideal For All supported a Social Events group to help disabled people go on accessible short holidays and day trips. Within the Centre they had a service for people with visual impairment and a wheelchair service managed by Sandwell Council and Sandwell PCT respectively.

Different organisations had visited them and they offered to help others for no charge. They wanted to inspire others to develop in ways to help others.

Funds were raised from sources such as local businesses and national lottery. Naeem would send a list to the Beverley Grayley with details on the websites where additional funding could be sourced.

Chris Commerford spoke about Age Concern. She could relate to both Hillingdon and Sandwell. Age Concern was developing Townfield Community Centre, was working with DASH and had acquired some allotments. Age Concern had applied for local food grants from the Lottery.

There were a large number of older people that were disabled and services needed to be suited to all needs.

Age Concern worked with HCIL and was involved in the planning group which helped to re-launch the centre. It also recommended HCIL to service users for

advice on purchases. The feedback they had back users on the HCIL service was very good. Particularly from older people who preferred face to face interaction.

Sam Taylor, Transformation Team, spoke about the information, guidance and advice that could be given to service users. User led opportunity was key in this. There was a vision, and they were looking at having a network of organisations delivering a range of functions.

Disabled people, the service users, would be part of discussions on how to develop the service. With support, choice and independent living more control was being given to the user, but the authority still has a duty of care to consider.

Steve Cross, ICT, spoke about how IT could help in providing information in engagement and support. Technology was used to show the tools and equipment already and this could be developed.

Technology could be used for promotion, for funding, accessibility and having online forums/communities so users could provide feedback/views. They could use various sites to promote the service and use others thoughts on how to develop the IT service.

The Council was looking at designing a website where people can budget and shop for their needs.

The information that HCIL staff gave service users was vital and therefore important that it was accurate. It was also important that staff had the necessary tools to provide users with the service they needed. This means that training of the staff in the centre was crucial for the service provided to service users.

## **RECOMMENDATIONS:**

- 1. That local authority and PCT develop a procedure to ensure that this joint service is widely recognised and easy to access. This procedure should encompass two key elements:**
  - That the HCIL service be more widely advertised so that more people have access to the benefits offered; in particular to improve its internet and online presence to make it more visible and more user-friendly to the wider community.**
  - To engage with other organisations to promote partnership working, one outcome of which would be greater**

**knowledge and visibility of the service in hospitals and doctors surgeries.**

The witness sessions highlighted gaps in how the service was being advertised. This means that any potential service users were not signposted to the HCIL service that is provided for them. Therefore these services users are missing out on the opportunity to use this service and gain the benefits. The HCIL manager did explain that currently the service was not being utilised to its full capacity, and they had scope to take on more clients. Currently the web access and advertising for the service was very limited.

The first witness session highlighted that there was a lack of awareness in some services and organisations that could be promoting the service provided by HCIL. Patients that were in hospital were not made aware of HCIL and often had to do their own research about aftercare that could be provided to them. If hospital, doctors surgeries and similar organisations worked more closely with HCIL more people could be made aware of the service it provided.

- 2. That working practices are developed which ensure closer co-operation between local authority, PCT and HCIL Officers regarding advice given to potential service users. As part of this function Officers will ensure that people who are not eligible for funding receive the information, support and advice they are entitled to.**

The first witness session highlighted a major concern to Members on the care and advice given to service users who were not eligible for funding from Adult Social Care. It was agreed that the witness who attended the session be used as a case study on how the service could be improved. Members stressed the importance of still providing all service users with information, support and advice regardless of whether they are entitled to funding. It was also discussed that Adult Social Care and Social Workers be more proactive in explaining the HCIL service to users.

- 3. That relevant user groups, including Carers and the Customer Engagement team be involved in the development of HCIL and that their input is central to the development and improvement of the service. That the development and progression of HCIL should be user and carer led, and the user group to include a user led management board.**

The Committee would like to stress the importance of feedback and customer engagement. The service being offered by HCIL is vital to users

quality of life, therefore it is vital to get their feedback. Service users should be asked about how the service could be improved and about developments that officers maybe considering in the future.

- 4. That employees at HCIL be given training relevant to the specific needs of service users, and which is regularly updated. This is particularly important where use of equipment is concerned.**

At the second witness session Ideal for All spoke about the training offered to staff at their centre. Members stressed the importance of training the centre's staff so that service users got the best possible advice. That training should be on-going and as many staff as possible should be trained as possible so all needs were met.

- 5. That volunteers be encouraged to work and assist in HCIL: the model of "experts by experience" is of particular relevance and value. It was recognised that volunteers would have support needs that needed to be identified and met.**

The first witness session spoke about potentially recruiting volunteers, particularly disabled people, to work and assist at HCIL. This could not only increase the resources available at the centre but also provide valuable training and employment experience to people and enable them to find employment in the future. Members were very encouraged by this idea. It was recognised that volunteers' needs would have to be met by training and the relevant recruitment practices.

- 6. That Officers use the Service User from the witness session as a case study on how to improve the services offered to carers and to co-ordinate this with the development of working practices outlined above.**

As above, recommendation 5, there could be better partnership working between social services, services users and HCIL.

- 7. That Officers in the Local Authority and PCT undertake a gap analysis as part of the development of the service. The Committee noted the constraints of space and the challenges of the location of the service, but believe that, if the recommendations are implemented, these concerns can be satisfactorily addressed. The Committee recommend that a more centralised, easier to access location should be looked into for at least the medium term.**



The Committee would like officers to look into other options for location and to see how accessibility could be improved. There are some residents that may find the current location difficult to get to and HCIL do not offer the same services off-site. The option of another site (long term lease) could be explored in a central location with good transport links. Officers could also look into exploring how staff at HCIL could increase visits to service users and assist them in their own homes. The Committee recognises further work would need to be done by officers and any proposed service change would be subject to approval by the Cabinet/Cabinet Member.

**8. That HCIL ensure carers needs are referred to Adult Social Care where appropriate for carers assessments.**

The Committee recommends that there be closer working between HCIL and Adult Social Care. That Social Workers need to have the knowledge to be able to recommend the services, or a particular service, to service users. The Committee acknowledged that HCIL would not be providing the service that Adult Social Care would, but there may be some overlap.

# Closing Word

Our review showed that witnesses were very satisfied with the service they receive from HCIL, which was heartening but may not always be typical. We must continue to consider users feedback on the service they may or may not be receiving.

HCIL clearly has the potential to deliver far more and needs a clear vision of how its potential can be delivered. Independent living is a vital aspect of adult social care in Hillingdon and the HCIL is a tool which can be used to meet those needs for service users to live more independently. We, along with the PCT, must do as much as we can to assist in achieving independent living.

Our review makes a series of recommendations which seek to raise the profile of independent living in Hillingdon and also provide ways in which we can improve the HCIL service. Promoting, communication and signposting of services are vital in ensuring that services users needs are met through this service.

## Annex A

### Data of service users using Hillingdon's Centre of Independent Living

In the first monitoring period (April- September 2009) HCIL staff dealt with 135 enquiries. (This number includes phone enquiries as well as visitors to the centre).

The number of enquiries is shown below broken down by ethnicity, age, gender, disability, marital status and location in Hillingdon (by post code):

| Ethnicity | Asian | Black African | Black Caribbean | White UK | White European | Not Known |
|-----------|-------|---------------|-----------------|----------|----------------|-----------|
|           | 11    | 3             | 1               | 80       | 4              | 36        |

| Age | Under 18 | 18-64 | 65+ | Not Recorded |
|-----|----------|-------|-----|--------------|
|     | 0        | 18    | 82  | 35           |

| Gender | Male | Female | Not Recorded |
|--------|------|--------|--------------|
|        | 38   | 62     | 35           |

| Disability | Physical | Learning | Sensory | Mental Health | Dual | Not Recorded |
|------------|----------|----------|---------|---------------|------|--------------|
|            | 87       | 2        | 4       | 1             | 3    | 38           |

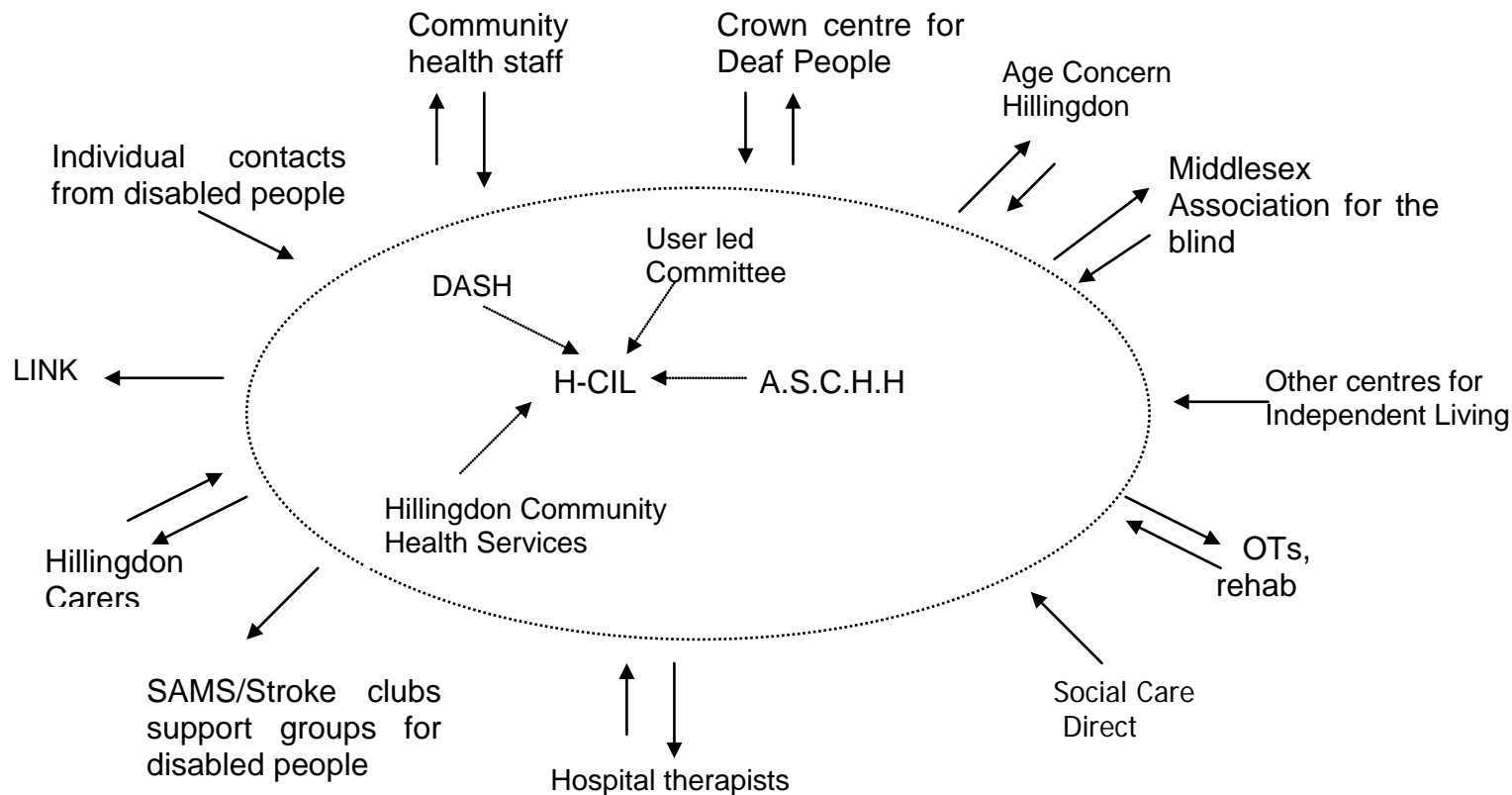
| Marital Status | Single | Married/ | Widowed | Divorced | Not Known |
|----------------|--------|----------|---------|----------|-----------|
|                | 11     | 26       | 24      | 2        | 72        |

| Post Code | HA4 | HA5 | HA6 | UB3 | UB4 | UB7 | UB8 | UB9 | UB10 | Live outside the Borough | Not Recorded |
|-----------|-----|-----|-----|-----|-----|-----|-----|-----|------|--------------------------|--------------|
|           | 15  | 7   | 9   | 4   | 18  | 10  | 9   | 3   | 14   | 2                        | 44           |

This monitoring information indicates that the majority of people who are making contact with HCIL are white older people with physical disabilities. People who live in the Hayes, West Drayton, Hillingdon and Ruislip areas are making contact with HCIL.



## H-CIL'S RELATIONSHIPS WITH OTHER STAKEHOLDERS



—————> Organisation makes referrals to H-CIL for information/specialist advice

Social Services, Health & Housing Policy Overview Committee Review

Hillingdon Centre of Independent Living – April 2010

H-CIL has signposted to these organisations or given presentations/training

-----> H-CIL Partners