

Board Assurance Prompt – specialised housing for older people

The application of assisted living technology to support independence

July 2012

What is this guide and who is it for?

The purpose of this briefing is to assist the leaders of organisations managing specialised accommodation for older people. For Chief Executives, Senior Managers, Board members and elected members it provides prompts by which they may ensure that their organisation is taking full benefit of the investment opportunities presented by established and emerging technologies such as telecare and telehealth as part of wider service delivery and development.

Whatever the baseline set by past investment and current practice, this briefing provides the means by which the Board and senior executive teams can develop a programme for improvement and innovation.

Specialised housing for older people

By ‘specialised housing for older people’ we mean the variety of purpose-built housing forms that have evolved from the sheltered housing models first introduced more than fifty years ago. Specialised housing for older people includes well established forms such as sheltered and retirement housing, newer forms that place greater emphasis on the availability of care services, such as Close Care, Assisted Living, Extra Care Housing, Continuing Care Retirement Communities and others. It includes also the emerging patterns of housing based provision for people living with dementia. This housing may be offered on the basis of social or affordable rent, on the basis of shared ownership, or of outright leasehold purchase. It includes very small estates of bungalows, through blocks of thirty or forty flats, to retirement villages of three hundred or more dwellings.

The flexibility offered to people as they age by these forms of specialised housing continues to appeal to potential tenants and purchasers and resonates with the policy aspirations of successive governments, particularly in the arenas of personalisation, prevention and early intervention and reablement.

The challenge for governance is to ensure that organisations developing and managing, continue to ensure that what they offer is specialised housing for older people that remains fit for its changing purpose.

The rest of this briefing

Overleaf, you will find more information about the devices and systems that make up an installation of technology to support independence. We suggest six key assurance questions that Board Members and Senior Officers in bodies providing specialised housing for older people might ask of their organisation, together with possible answers: both plausible and less sufficient.

Beneficial outcomes

Technology to support independence has been proven to deliver benefits for housing providers and improved outcomes for their residents:

For residents/family members:

- It increases confidence and supports independence, providing a means of making contact easily and quickly.
- It provides support in key areas that can otherwise undermine confidence and erode the capacity for independent living.
- It addresses concerns about safety and security. It helps manage risks connected with falling, and other problems arising from confusion and disorientation. For those who need frequent monitoring of their health status the system offers a means by which routine monitoring can happen in the home, only requiring attendance at the surgery, or a home visit by a health professional, if the condition changes.

For housing providers:

- It offers management organisations benefits that are wide ranging, e.g. from building management and maintenance to housing related care and support.
- It provides a modern system that can mitigate risks within the property: detecting flooding from a tap left on before it brings down the ceiling in the flat below is just one example of a maintenance saving through proactive risk management.
- The costs associated with the termination of a tenancy and a re-let are considerable: extending the capacity of tenants to remain in their existing home carries direct savings for the housing management organisation.
- It provides robust, high quality and cost effective support to residents and reduces the call on housing management time.
- It offers the ability to respond speedily and appropriately to any crisis and to maintain residents in their accommodation for longer.

Alongside these you will find reference to existing examples of good practice and other key facts. On the back page of the briefing you will find a maturity matrix to support development and improvement in implementing telehealthcare services.

For health and social care:

- It enables housing providers to demonstrate benefits to their social care partners by reducing the level of dependence on formal care and through delaying or avoiding admission to a registered care setting.
- For health partners, they can demonstrate an avoidance of unnecessary admission to hospital, speed hospital discharge and support reablement.

The financial benefit from investment in assistive technology systems are realised across the health, social care and housing economy and the investment to achieve them needs also to be a shared commitment. Embedding proposals to achieve these benefits need to be built on shared planning and collaboration in commissioning, service design and delivery across the boundaries of health, social care and housing.

What is technology to support independence?

Technology has long been supporting older people in specialised housing, providing the means by which the well-being of residents could be monitored with minimum intrusion and enabling residents to summon assistance in emergency. Traditional systems have relied upon two way speech communication from a central unit in each dwelling with pull cords in kitchen, bedroom and bathroom, with units also located at strategic points throughout the scheme. The provision of smoke detectors and automatic door closers has long been part of the measures taken to detect and limit the extent of fire in specialised housing.

The advent of telecare systems allowed these basic functions to be integrated and extended. Telecare devices fall into two categories: those that detect risks arising from the environment and those that detect risks arising from personal circumstances.

In the first category are devices that detect excess heat, carbon monoxide, the presence of natural gas (with automatic shut-off valve), flooding and ingress and egress to the building. In the second are sensors that can detect whether a resident has fallen or has been inactive for some time, including bed and chair occupancy sensors, and movement detectors.

Telehealth systems carry support further, offering prompts to medication compliance and a range of monitoring devices: blood pressure, pulse, temperature, blood glucose and coagulation meters, together with weighing scales and Peakflow Monitor Spirometer. Configured as a system to match the needs of an individual resident and remotely monitored by health professionals through a dedicated interface within the home, telehealthcare can extend the parameters of independent living for older people with a wide range of common chronic conditions. For example, strokes, dementia, diabetes.

Configured together these systems provide benefits to residents in specialised housing, housing managers, relatives and informal carers, social care providers and healthcare providers. They support independence, mitigate risk, extend tenancies, enable the better coordination of services and offer cost savings in housing, health and social care economies.

As housing options for older people have developed over recent years, technology has kept pace, and the next generation of Extra Care Housing will feature advances such as a touchscreen tablet running a specialist app that will provide managers and monitoring centres at multiple locations with a wealth of information at their fingertips, including a colour-coded dashboard indicating which residents have shown signs of activity and which may need a call to check on their wellbeing.

Technology can also enhance lifestyle choices and facilitate social inclusion by providing a real-time, easy-to-use, low-cost link to the outside world. Systems are now available which use light-weight touchscreen tablets enabled with wifi and broadband to allow users to send and receive email and text messages, share photos and video conference with family, friends, care providers and health professionals via a universal messaging system. Bulletin board messaging encourages users to get involved, helping to create a social community network within their care home and carers can broadcast messages, improving the ease and efficiency with which they can communicate with everyone. Online content and applications provide easy access to events, local news, weather forecasts, television guides, shopping, local authority services, appointment requests and contacts, encouraging users to take an active part in their local community.

Such innovations require good governance to support the provision of timely care interventions, increasing the privacy and independence of residents and driving operational efficiencies.

Key facts

Between 2011 and 2030 over 85s will rise from 1,226,500 to 2,399,200.

The increasing pressure on traditional patterns of service is unsustainable. Of the 3,344,929 people 75+ predicted by 2030, 34% of men and 64% of women will be living alone.

Around 7.3 million older households living in mainstream or specialist housing in England contain no-one below the age of 55.

76% of older households are owner-occupiers and most own outright; 18% are housing association or council tenants, while 6% are private sector tenants. Most of these schemes are provided by housing associations and 10% of specialist dwellings are in schemes offering care as well as support.

In 2011, 2.3m people 65+ in England were likely to have had a fall.

Hospital stays in England involving patients 75+ rose by two thirds in a decade compared to the overall growth rate of 38%, according to Hospital Episode Statistics: Admitted Patient Care – England 2009/10.

In 2009, the Cap Gemini cost benefit analysis of Supporting People found the **average cost of SP support** for an older person living in sheltered housing is **£440 pa**. If this were to be withdrawn the report estimates the cost to other services, mainly social care, would increase to **£990 pa**.

| Example assurance question | Plausible answer | Insufficient answer | Case Studies | |
|----------------------------|---|--|--|--|
| 1 | Have we considered whether the specialised housing we offer to older people is 'fit for purpose'? | We have reviewed our stock to identify those properties that need investment or change of use. We have looked at the age and frailty profile of our current residents and consulted them about their current needs. Our stated aim is to maintain mixed and vibrant communities of older people in all our specialised housing schemes. | We don't have any great problems with re-letting at the moment and our resident satisfaction scores are high. | <p>London Borough of Hillingdon's overall strategy is to reduce the reliance on long term residential/nursing placements enabling people to remain living in their own homes rather than be placed in institutional care. A report on the success of their TeleCareLine and reablement services followed an evaluation of 195 service users after 12 months, and demonstrated cost savings of £4.7m and a 50% reduction in residential care home admissions.</p> |
| 2 | Have we considered the impact on our service models of an ageing resident population, including dementia support? | We have projected future care and support needs and shaped our service to allow a flexible response to changing needs. We have worked closely with health and social care colleagues to explore whole system responses so that our offer meshes with their strategies and priorities. The deployment of assistive technologies allows us to maintain a mixed and inclusive resident community. | Most of our residents seem to manage without too much difficulty. | |
| 3 | Have we considered how we may maintain the financial viability of our specialised housing for older people? | We have considered the changes to funding streams and likely reductions in statutory funding. Our plans for re-shaping our services, and ensuring these are sustainable, rely upon embedding technology into our offer to older people. Developing this new pattern in collaboration with health and social care partners has opened up new avenues to funding. | As funding pressures increase we have to withdraw services and allocate only to residents who are self-sufficient. | <p>The report "Investing to save: assessing the cost effectiveness of Telecare" from FACE Recording and Measuring Systems argues that there are substantial savings to be made through the use of telecare. A typical council can save between £3 million and £7.8 million a year, representing 7.4% to 19.4% of its adult social care budget. The report recommends that telecare be included as a routine element in assessment processes and in training for health and social care staff. http://www.tunstall.co.uk/assets/Literature/Reports/FACE_summary_report.pdf</p> |
| 4 | Are we able to offer accommodation in which the risks associated with supporting frail older people are appropriately managed? | We have taken account of good practice and have a programme to replace our existing social alarm system with assistive living technology that provides us with the capacity to pro-actively manage risk. | We have a warden call installation that has served us well and offer wrist alert devices to vulnerable residents. | <p>Saxon Weald HA is using telecare in all of its Extra Care Housing schemes to enhance independence and security for the people who live there. This model drives social inclusion, improving mental health and physical wellbeing and helping people to live active, happy and fulfilled lives. Carole Holland, Client Services Manager, Saxon Weald Homes</p> |
| 5 | Are we able to retain residents when their levels of risk increase, reducing the cost to us of re-letting and assisting social care partners by mitigating personal care costs for our residents? | In collaboration with health and social care partners, we offer an assessment of the resident's needs. Our care and support strategy integrates adaptation to the property with appropriate assisted living technology, linked to the resident's care and support plans, offering the cost benefits identified in an evaluated pilot project. We support continuing independence for the resident. | When people's needs increase we recognise that they may have to move on to a Registered Care Home. | <p>The extensive use of telehealthcare across Sunderland is a key aspect of our preventative approach. Within extra care, sheltered and other supported housing schemes, telehealthcare allows people to maximise their independence, improves their quality of life whilst at the same time delivering substantial financial efficiencies. Neil Revely, Director of Health, Housing and Adult Services, Sunderland City Council</p> |
| 6 | Are we able to offer health partners pathways to timely discharge? | By embedding technology into our independent living offer we are able to enhance levels of monitoring when residents are first discharged from hospital and thus to reduce the likelihood of an unnecessary readmission. This has strengthened our relationship with health bodies and widened their appreciation of what we can offer in supporting the delivery of their priorities. | Our Floating Support Team will pop-in and residents can summon help using our warden call system. | <p>Having Telecare integrated into the Communicall system on our Extra Care estates provides Hanover with a fully flexible system to which any Telecare can be easily and quickly added when required; providing our residents with a comprehensive alarm system that can also deliver operational benefits for our stake holders and partners. Linda Anderson, Service Development Officer, Hanover Housing Association</p> |

The application of technology to support independence in specialised housing for older people

A maturity matrix to support development and improvement



To use the matrix: identify with a circle the level you believe your organisation has reached and then draw an arrow to the right to the level you intend to reach in the next 12 months.



| Progress Levels | 0 | 1 | 2 | 3 | 4 | 5 |
|--|----|---|---|---|---|--|
| Key elements | No | Basic Level Principle accepted and commitment to action | Early Progress Early progress in development | Laying foundations Initial achievements evident | Maturity Comprehensive assurance in place | Exemplar Others learning from our consistent achievements |
| Understanding the needs and aspirations of current and potential residents in specialised housing | | We are working with residents to understand their current needs and modelling future patterns of need. | We have researched what assisted living technology can provide. | Assisted living technology is a fundamental element in our Business Plan or Market Position Statement for our specialised housing for older people. | We have rolled out hardware installation and training to implement technology to support independence. | We have surveyed our residents, consulted with health and social care partners and independently evaluated our programme. |
| Specialised housing management objectives | | We have identified the housing management risks that may be mitigated by the use of assisted living technology in specialised housing. | We are implementing pilot installations and evaluating them. | We have included the roll-out of assisted living technology infrastructure in the cyclical renewal programmes of all our specialised housing schemes for older people. | We have installed assisted living technology infrastructure in all our specialised housing schemes for older people. | We are monitoring incidents where problems have been avoided or mitigated. The financial benefits have been identified and form part of our governance reporting. |
| Using technology to enhance support and care delivery | | We have established a joint study group with social care partners to explore the potential of assisted living technology system for our residents in specialised housing. | We are engaging with social care commissioners to develop appropriate care pathways that include telecare, including the use of personal budgets. | We have developed integrated patterns of assessment that deliver telecare within the care and support plans for residents. | We have installed assisted living technology infrastructure in all our specialised housing schemes for older people. All residents are screened and receive an assessment, if appropriate, leading to the provision of a personalised telecare package. | We are able to demonstrate savings to social care commissioners and enhancement in the quality of care and support received by residents. |
| Using technology to enhance health status monitoring | | We have engaged with local Clinical Commissioning Groups (CCGs) and are working to explore the potential of a assisted living technology system for our residents. | With the CCGs we have identified priority patients among our residents and are implementing a pilot scheme. | We are evaluating the pilot programme and modelling the cost and cost benefits of rolling out assisted living technology in our specialised housing schemes for older people. | We have a programme to provide assisted living technology access for residents identified by their local CCG. | We are working with CCGs where we have successfully rolled out assisted living technology to promote the benefits to other health professionals, including hospital discharge teams. |
| Using technology to support residents with dementia and their carers | | We are reviewing the ways in which we may support those of our residents in specialised housing who are living with dementia. | We are looking at the contribution telecare installations can make to a whole system approach to mitigating risk and enhancing independence for people with dementia and their carers. | Telecare is a key element in our plans to extend our ability to support people with dementia so that they may remain in their existing accommodation for as long as possible. | We have systems in place that mitigate risk for people with dementia, their carers and their neighbours. | We are evaluating the experience of professionals and residents and reviewing whether we can further extend the level of confusion in residents that we can be confident of supporting. |
| Embedding technology in our independent living offer | | We have researched the impact of assisted living technology on our ability to retain residents with increasing levels of frailty. | We are reviewing the contribution the introduction of assisted living technology systems will have on other areas of our agenda to modernise our service and offer a menu of options for residents and other potential customers. | We have revised our literature for applicants and for professionals who may influence decisions to move to specialised housing. | We have revised our allocations procedures and our promotional literature to reflect our greater resilience in supporting residents who have health and social care needs. | We have a system in place for monitoring the use by our residents of health and social care services and transfers to Registered Care settings and we publish that data as part of our governance reporting. |