Unleashing the power of digital communications

Revolutionising housing with care with life enhancing technologies

A white paper exploring the power of technology-enabled housing with care

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Housing LIN
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1. Background to this work

We have sought the opinions of Housing LIN (Learning and Improvement Network) members on the future of housing with care with a specific focus on the use of technology and how they may use it to support their ambitions of delivering first class housing, care and support. This work is supported by Tunstall Healthcare.

To coincide with the recent Health and Housing Memorandum of Understanding[1], the Housing LIN has signed with NHS England, Public Health England, ADASS and other leading trade and professional networks, we wanted to find out a little more about members' use of technology.

This short paper summarises the results from an online survey and lively workshop held with the South West Housing LIN leadership set on 22 January 2015.

It covers three areas – challenges, barriers to adoption and ways to overcome the barriers.

2. Executive summary

There is no single answer to today's pressures across health, housing and social care. But one thing is for sure, we cannot continue to do things in the same way.

A&E issues continue to hit the headlines. At-home services need to liaise with housing more effectively. Housing is at the centre of care provision for people and yet stands on the periphery of health delivery. Often an individual can be better supported at home to deal with issues before they become a crisis and require hospitalisation.

NHS England, in partnership with Health Education England, the NHS Trust Development Authority, Public Health England, and the Care Quality Commission, have published a forward thinking report on what measures need to take place to maintain quality health care, develop new models of care and prevent ill health[2]. With an emphasis on more integrated care closer to home in local communities, there is surprisingly little on the role of housing. However, several recommendations outlined in the report, namely a focus on prevention, providing more health and rehabilitation services, and delivering care services that meet patient outcomes, provide a clear opportunity for housing providers and technology-enabled services to facilitate the move to greater delivery of care and support in the home.

In addition, according to the Royal Voluntary Service, older people returning home from hospital without enough support are more than twice as likely to be readmitted within three months. Their findings reveal that in the last five years almost 200,000 people aged over 75 returned home from hospital without the support they needed to look after themselves, and thousands of readmissions could be prevented if they received more help at discharge[3].

Our survey supports these findings and also tells us that the three biggest barriers to greater adoption of technology to support housing with care are:

- Uncertainty of revenue funding
- Confused ownership of housing, support and care functions
- Lack of leadership

So what are some of the solutions? What is the art of the possible?

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[1] http://www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/A_Memorandum_of_Understanding_MoU_to_support_joint_action_on_improving_health_through_the_home.pdf

[2] NHS England (2014) 5 Year Forward View

[3] Royal Voluntary Service (2014) Going Home Alone: Counting the cost to older people and the NHS

3. The art of the possible – innovations in technology-enabled housing with care

Tunstall has produced an infographic to help paint the picture of how technology can make a difference not only to the outcomes for people but also improved productivity and reductions in service utilisation for the provider and commissioner.

What it tries to encapsulate is the power of digital communications – communications technology and connectivity is constantly progressing and currently there is a significant shift towards ubiquitous Internet Protocols (IP) across Europe.

- There is a digital revolution going on - IP and mobile technology is creating an entirely new environment in the home where connectivity would rule.
- IP and digital opens up a whole new world of capability both for the provider and the citizen.

Opening up the world

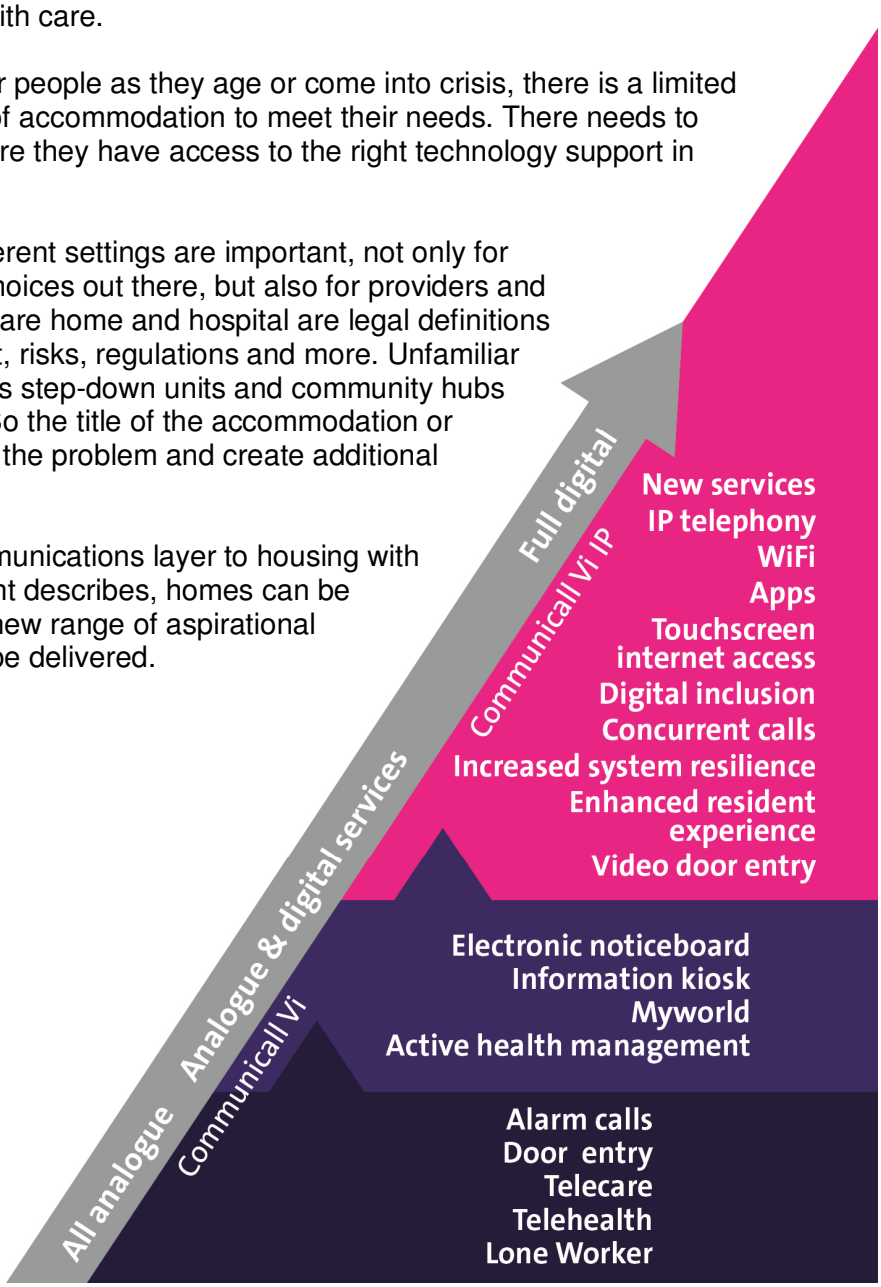
The journey from analogue to digital has begun which will enable the delivery of more flexible and integrated models of housing with care.

When we look at the journey for people as they age or come into crisis, there is a limited choice of pathways and types of accommodation to meet their needs. There needs to be a two-way street to make sure they have access to the right technology support in any setting.

The definitions and titles of different settings are important, not only for individuals to understand the choices out there, but also for providers and commissioners. For example, care home and hospital are legal definitions which determine provision, cost, risks, regulations and more. Unfamiliar titles may be introduced such as step-down units and community hubs to further confuse the picture. So the title of the accommodation or dwelling type could exacerbate the problem and create additional barriers to access.

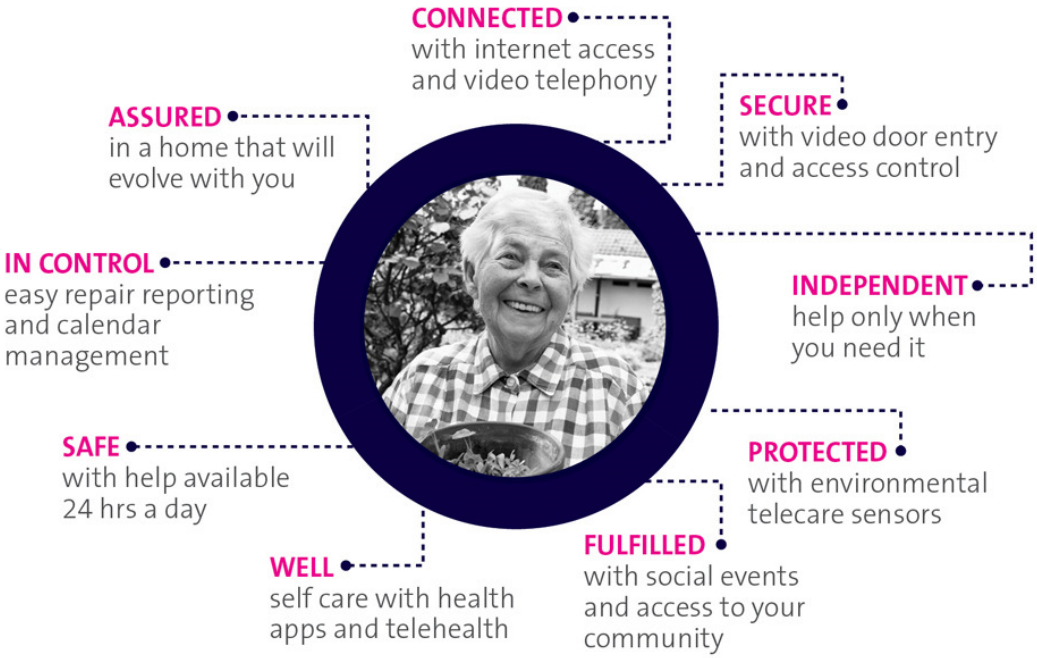
By adding a revolutionary communications layer to housing with care, as the diagram on the right describes, homes can be contemporary in design and a new range of aspirational services and experiences can be delivered.

To view the full infographic visit
uk.tunstall.com/digitaljourney



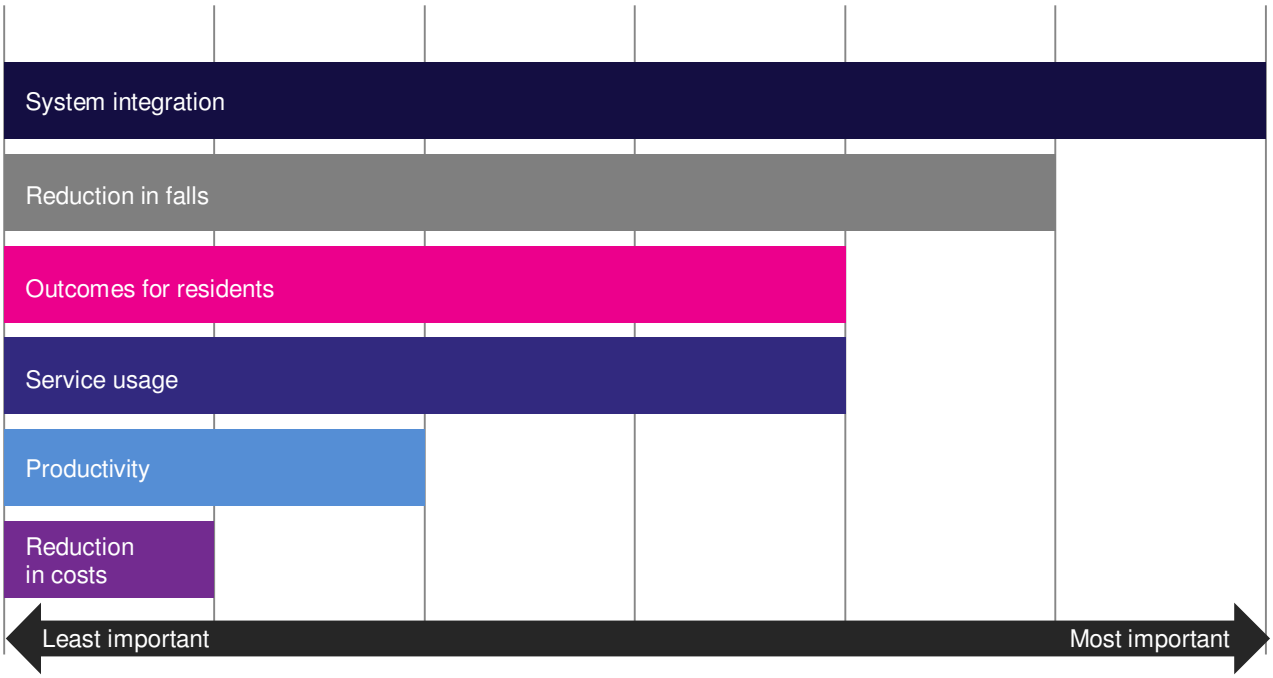
4. What can be achieved by doing it well?

What we know is that by embedding technology appropriately into the planning and development of housing with care facilities, residents can benefit in so many ways.



4a) Survey results - What are the top benefits you envisage to achieve from embedding technology-enabled care into your plans for housing with care?

(1 = most important, 6 = least important)



5. The housing sector challenges

Four key challenges for the housing sector arose from the workshop.

Funding

- Public sector cost cutting, welfare reform, universal credit

Increasing demand/limited supply

- Ageing population, increasing LTCs and dementia, lack of affordable and appropriate housing

Health and social care

- Need to integrate services and systems, focus on prevention, growing social inclusion & wellbeing agenda

Expectations

- Customer expect better services, increasingly tech savvy, desire to stay in one's home longer, being part of the community, overcoming negative perceptions

Some additional comments from the workshop include:

- We need to focus on prevention – increasing user aspirations and lifestyle choices tend to be forgotten when faced with more acute needs.
- Legislation and the perceived risk of litigation is one of the biggest challenges we face, keeping us risk averse and stifling innovation.
- The majority of older people don't know about the benefits of housing with care, such as extra care housing. The way you communicate the options is key to meeting their expectations and to rising to the challenge.

6. The barriers to deployment of technology-enabled housing with care

Four main barriers to the deployment of technology emerged from the workshop:

Culture

Culture was described as the top barrier – "We need to change the way the work gets done. We have silo working, fear of change, safeguarding worries and a lack of leadership/oversight."

Awareness

Awareness of what is out there is also an issue – "If you don't know what's out there, how can you change? In our sector we know of Tunstall's technology solutions, but our parents don't have a clue. GPs are now doing social prescribing and they don't understand the benefits of technology-enabled care services (TECS); how do we get them involved in this, so that they are thinking about technology options for their patients? How do people who are trying to plan ahead for housing and care needs get into schemes? We need greater insight and awareness – particularly with NHS partners as to the housing models and engagement with health and social care providers – exploring different housing with care models that aid the delivering of planned at home care and support or self-care."

Commissioning and procurement

Commissioning barriers were discussed – "If the commissioner isn't thinking that way – you have to go with what they want. Trying to move to outcome-focused care planning and individualised commissioning is a big challenge. Commissioning budgets often focus on revenue expenditure; it isn't part of capital investment streams. How can you therefore incorporate technology-enabled care as part of the wider procurement of services within your health and social care economy?"

Budgets

Budgets of course were shown to be a barrier – "There is underinvestment in the development of new or redevelopment of existing specialised housing. Using the Better Care Fund and/or targeting other sources of funding streams, how can you commission more creatively and create the market conditions locally to access capital and revenue? How can you demonstrate upfront investment in at-home technology-enabled care and achieve efficiencies with reducing care/support budgets?"

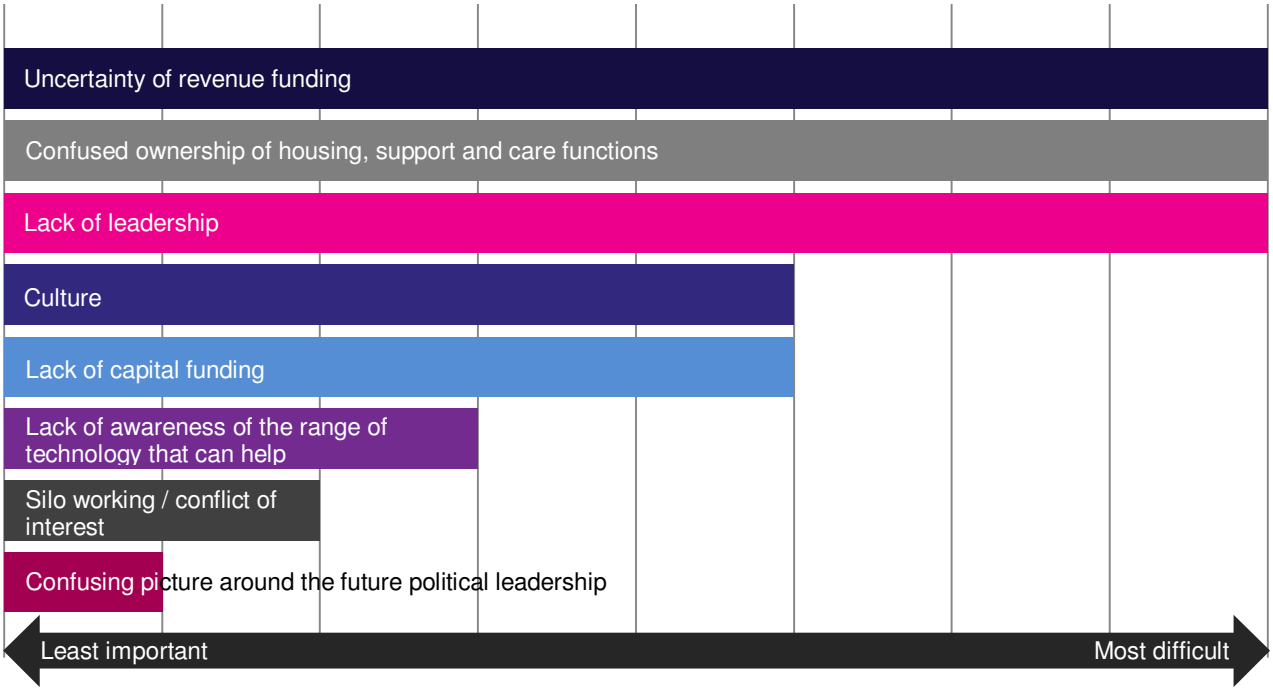
Feedback - additional discussion points from the workshop include:

- Process not outcome driven
  - We seem to be very proud of the process (e.g. qualification attainment) – rather than the outcomes
- Working with health
  - Housing has an interrelationship with health – if you don't understand the [4]CQUIN as housing providers, you may invest in the wrong things
  - Despite the pioneering Health and Housing Memorandum of Understanding, why is joint working with health working well here and not there – what's the answer?
- Changing structures
  - In the South West, we've had so many restructures and reviews and lost so many staff.
  - It feels just like Monopoly – we've lost the Community Chest and now it's all down to Chance!

[4] The Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare.

5a) Barriers to adoption – survey replies

What are the barriers to greater adoption of technology to support housing with care developments? *(1 = most difficult, 8 = least important barrier)*



Other comments from the survey regarding barriers include:

- Support staff require on-tap technical support
- Residents, support and care staff must have easy to use devices with instant support and minimum down time if they are to be fully utilised
- Arrogance by clinicians, uneducated community staff and lack of motivation and willingness to adopt new thinking
- Many public sector workers are weary of change, lack of leadership and a route map to where we are trying to get to
- Agreement about who should fund equipment and maintain it

7. How to break down the barriers – keeping it simple

In terms of how to break down the barriers to adoption, four themes developed from the workshop.

Staged approach

You need a phased introduction and roll out of new ways of working. Gradually staff become more aware, managing care needs differently for example, to free up staff time.

Funding options

Flexibility in funding options is key here – a mix of leasing, capital, revenue and self-funders. There was a feeling that if the idea is strong enough and the evidence is there to back you up, the money is found – so it comes around to making the business case.

Communication

Engaging stakeholders at an early stage is imperative. It's about doing the right thing at the right time and at right price – it only works if embedded into practice. Why does it work in some places rather than others? Passion and being tenacious is key.

Integrated approach

Technology itself isn't the solution but needs to be part of an integrated approach. An exemplar service also works closely with multi-disciplinary teams across health, social care and the third sector. Some councils will include education and children's services in to integration.

6a) Specific barriers and ways to overcome related to – **CULTURE**

- Training
- All the pressures on the hospitals, social prescribing, really a window to get into those integrated teams and get into the GPs
- I once tried to install a companywide customer database – it failed because the change management process didn't work. It's bringing the whole organisation to embrace it
- Having a strong change management process in place
- Greater national direction and support for new investment that is cascaded nationally through a coordinated and joined up structure involving all parties. There is still a lack of drive and initiative from the health sector to recognise the benefits of working with housing providers in this field
- Create local bodies that are empowered to deliver change and reduce the attitude within the health and social care world that 'everyone' has a say'. People should have a voice but not the power to prevent new ways of working just because they don't understand and/or feel isn't right. Change is often halted by individuals, not because it is wrong
- Better joint working between local authorities (and the departments within them) and partner agencies including joint reports to decision makers, for example, elected members
- Fundamental change in the culture of care delivery and the leadership is required
- Clear locally developed protocols around funding equipment and maintenance

6b) Specific barriers and ways to overcome related to – **AWARENESS**

- The challenge is to be in at the beginning, and not be a late add-on. Developers need regular updates on new and current technologies and their uses. Commissioners need to be excited about the inclusion of technology in their schemes and older people need to know about this technology and the benefits so they can be asking for it when consulted. You can't ask about what you don't know about

- Joint workshops/events that bring together housing bodies, care providers and commissioners e.g. 'speed networking' events in July and December 2014 helped forge useful new partnerships
- Short and sharp information briefings to take to local forums such as neighbourhood care networks
- Once technology has gone in, you need to keep revisiting it, got to be integral part of their day to day job
- Use 'community hubs' as a roadshow
- You have to sell it to agencies
- Greater promotion of the issues faced by the ageing population and the need to increase housing to meet their requirements
- Local awareness raising and education programmes, including carers
- Multi-disciplinary workforce and staff development programmes
- Celebrate success in local case studies

6c) Specific barriers and ways to overcome related to – **TECHNOLOGY**

Interoperability

- It would be fantastic to link into the care database and the patient health record and it is technically possible, but IT is extremely difficult to deal with in public sector
- Issues of who owns the data – patient? service user? Care provider?
- It's evolving – until you start working with people, it won't get done

Devices

- Simpler, more intuitive devices and plenty of continuing face to face contact between carers and cared for

6d) Specific barriers and ways to overcome related to – **INTEGRATION**

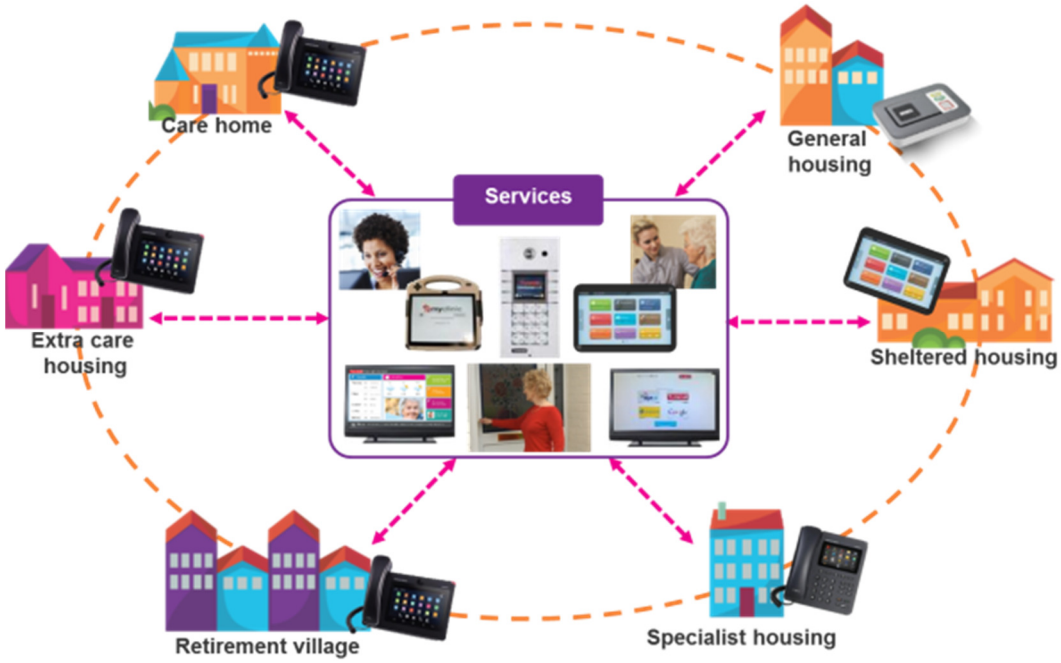
- This allows you to make the most of your resources and spread the capability across the community
- Wherever you live you can still be part of the community – social inclusion
- You can say that in this patch, we've got everyone connected reducing isolation and loneliness
- Some of the housing associations are talking about local area coordination so this would tie in really well
- How do you then influence and inform the commissioners and move to a reality of making a model like this truly fly? Need to understand the resources required and team up to make it happen

6e) Reaching out – the community hub

CASE STUDY | Community Hubs

- Driven by the need to reduce social isolation and implement the prevention agenda Local Authorities are working with housing providers to develop and open "community hubs" in underutilised community rooms/local halls etc. in chosen localities.
- The aim is to provide premises where older people from the local community come together. Sometimes just for a coffee and peer group support. But also to benefit from signposting to other services, join in activities and social events. Health and wellbeing classes are also organised including district nurse triage clinics and social prescribing.
- Some extra care housing schemes have cinema rooms which are used as memory clinics for people with dementia. The menu varies from hub to hub as it is completely developed with the community by the community and tailored to their needs.
- Gloucestershire have now opened 17 hubs across the County and are awaiting the findings of an initial evaluation.

Reaching out – the community hub



6f) Specific barriers and ways to overcome related to – **WHO PAYS?**

Quite a lengthy discussion ensued surrounding who funds the technology.

- Most providers are experiencing significant challenges around funding
- People who need it most are in danger/crisis
- Is it a commissioned service and/or a stress purchase?
- How do we sell it to commissioners in a way that shows the savings?
- You need a model that says this is how much you can save - This is how many people roughly you can slow down their pathway, reduce hospital admissions – it's a caring model and it's going to save you money
- You need a screening at the assessment stage, right at the beginning - is there a way of thinking of technology element first not last
- You can't be a provider of housing and care – from CQC – that separation isn't helpful
- In some cases, money and margin on the care side means it's not worth separating them
- No incentive to be in it, to be creative, if we took housing out we wouldn't earn any money!

6g) Specific barriers and ways to overcome related to – **DIFFERENT MODELS**

- From a provider perspective, there are a lot of hardwired community alarm systems in sheltered schemes with scheme managers going in. However distance support needs to be looked at. The question is, what is our housing for older people offer? Do we do it in house, externally? What do we do with the old kit and the call centre?
- We have to pay for the hardwired systems but then it's flexible for the individual – it's their choice
- We need help to know how it all fits together – the housing, care provision, the technology
- You need the flexibility to match the support to the individual
- If something happens to Mrs A we should be able to make a number of options available
- What happens when the telephone line / internet connection goes down? What's the backup system?
- The infrastructure charge is part of the plumbing, then you have a personalised charge dependent on what's required

8. Case studies

New ways of integrated working

Step down beds

- Several Local Authorities across the South West region are working with housing providers to release units of accommodation. The flats are specifically for the use of older people leaving hospital for a limited period of up to six weeks.
- The aim of the step down beds project is to allow for early discharge for example for those waiting for adaptation to their home. There are others who following a stroke or a fall or a hip replacement who need a period of rehabilitation and confidence building. The NHS has found the project considerably helped to ease the winter pressures including bed blocking. Social Care stated it allowed time to more effectively assess need and allocate care.
- The provider may also gain by letting small units that have become hard to let. Extra Care housing providers who provide 24/7 services are also entering contracts to provide care and support to the step down units.
- In terms of finance, covering the providers' costs (rent and service charges) is a lot lower than the cost of an occupied hospital bed.
- Bath & North East Somerset Council together with Curo (a provider of housing, care and support) have operated a successful pilot and are now looking to negotiate more units.

SEQOL - Bringing care home: promoting independence through integrated working

- The way care and support is delivered at home makes a real difference to the ability of older people and those with complex needs to lead independent lives, whatever their housing setting. A short film by the Housing LIN, in partnership with Skills for Care, powerfully demonstrate show how SEQOL's technology-enabled services respond to the needs and wishes of residents and clients to deliver tailored care and support in Swindon.
- SEQOL, a Health and Social Care, Social Enterprise focusing on helping people make the most of their lives, have pioneered to deliver effective whole-system working in Swindon. Joining up community matrons, therapy and care staff, including the use of telehealthcare, staff to deliver seamless care at home and prevent admissions into more institutional care. View at: www.housinglin.org.uk/Topics/type/resource/?cid=9135

9. Conclusions

The finding from this White Paper ring true for many of us who have been involved in transforming services. The barriers to adoption often start with the issue of culture and one of moving from a fear of change and silo working, to a new culture of embracing change and continual improvement – but this takes strong leadership and a good understanding of what is out there. Best practice in the area of technology-enabled housing with care is an area which the Housing LIN is taking seriously, and a bank of visionaries and case studies is being built. **Send your examples directly to TECS@housinglin.org.uk**

The benefits to be gained from getting it right are not to be underestimated. There is a clear opportunity for housing providers and technology-enabled services to facilitate the move to greater delivery of care and support in the home.

Whether your ambition is for better integration, a reduction in falls or productivity gains, one thing that can't be ignored is the outcomes for residents – let's work together to enable people to be better connected, better protected, fulfilled and in control.

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