



**How to...**

*make effective use of assistive  
technology in housing*



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# How to... make effective use of assistive technology in housing

This 'How to' focuses on how the effective use of assistive technology might be harnessed by housing organisations to improve services and build partnerships with care/ health bodies.

## What is assistive technology?

The most commonly used terms are telecare and telehealth; the former is far more widely used in housing, although local authorities in particular are considering assistive technology more widely as a way of supporting people to stay out of hospital and manage care needs.

### **Telecare**

This is the use of technology, including sensors and equipment, which monitors people and/or their environment, allowing a person to call for help, or triggering an alert that initiates a check or relevant intervention to take place. It allows people to live independently for longer, knowing they can call for support when they require it.

Telecare services can range from the basic alarm and two way call unit that has been provided over many years to more tailored monitoring equipment that identifies any digression from expected patterns of lifestyle or behaviour. It is most effectively used as part of an agreed support/ care package, at its simplest being a monitoring centre with records of who to call in a case of an alarm being triggered, through to more intensive packages of support.

### **Telehealth**

Telehealth uses sensors and equipment to monitor vital signs (for example; weight, blood pressure, oxygen levels) of people with long term health conditions. It allows for readings to be collected and monitored remotely by an appropriately trained person, and interventions are initiated when the readings lie outside of agreed acceptable parameters (set by the individual's doctor or specialist clinician).

### **Organisational implications**

Housing organisations that may be planning to extend services from telecare to telehealth should consider appropriate staff training and/ or partnerships that agree and enable appropriate evaluations and interventions. Telehealth provides an opportunity for health and housing bodies in partnership to offer services to shared local communities/ customers.

### **Technology or more?**

Ideally assistive technology is used not as an end in itself, but as part of a person centred approach to support/ care planning to achieve agreed outcomes. It is about enabling the individual to remain in control and independent with peace of mind, preventing greater dependence on more intensive or institutional solutions to their care or health needs.

## Evaluation of assistive technology – Whole Systems Demonstrator project

A large scale trial of the impact of telehealth and telecare for over 6,000 people in Kent, Cornwall and LB Newham was undertaken by the Department of Health. The first paper demonstrated hugely significant outcomes for individuals and for health services, arising from telehealth in particular:

- 45% reduction in mortality rates
- 20% reduction in emergency admissions
- 15% reduction in accident and emergency visits
- 14% reduction in bed days

## Why is it important?

### Changing demographics

The Census 2011 highlights significant growth in the population, reaching 56.1 million in England and Wales, of which 16.4% or 1 in 6 are 65 and over. In total 430,000 are over 90 compared to 340,000 in 2001. The growth of the 85+ population is particularly marked, which increases the likelihood of more people experiencing dementia, long term conditions and longer survival with disabilities.

### Caring for our future: reforming support and care – Department of Health white paper

The Government's white paper acknowledges that more focus is needed on preventative and well-targeted early intervention services (those things that help people to get back to their lives as quickly and effectively as possible after any period in hospital or more intensive care). A number of new initiatives will be driving this forward including:

- capital investment in a care and support housing fund – to find new solutions for older home owners in particular.
- a duty on local authorities to integrate services, including across housing and social care departments.
- a duty to commission preventative services.

(For more information on the white paper and progress report, see [CIH briefing paper](#).)

### 3 million lives

The white paper referenced the [3 million lives](#) initiative between government and industry to extend the availability of assistive technology and the awareness of how it can benefit an estimated 3 million people with long terms conditions and/or care needs. Currently there are 1.7 million using telecare in the UK. This initiative stresses that service transformation with technology is the key, not the technology alone.

All of these provide new opportunities for discussions across housing providers and health and care commissioners as to how housing, assistive technology and care can be brought together to provide efficient solutions that deliver the outcomes people want.

## Why should landlords consider using assistive technology?

Landlords across the social and private sectors, in sheltered and retirement housing, have provided a basic level of assistive technology in the form of an alarm call system. It has been recognised as providing essential support and a backstop that allows people to live independently with less anxiety if problems should arise. That level of support is still highly valued by older people, their relatives and carers, and by housing providers.

### Learning from others

**Contour Housing Group Limited** owns and manages 11,000 properties over 27 local authorities. It is currently installing lifelines and passive infra-red detectors (PIRs) to its sheltered schemes which will provide an 'I'm ok' alert through detection of movement, to replace morning calls by wardens where preferred.

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The development of extra care housing has increased opportunities to offer tailored packages with assistive technology, particularly as people now enter specialist housing at an older age, with increasing frailties and complex needs. It provides a hub from which these services can be extended to people living in the local community.

## Learning from others

**Orwell Housing Association** extra care scheme Deben View in Woodbridge, Suffolk has 32 one- and two-bedroom self contained flats. One wing of 8 flats is specifically for people with dementia or other functional mental health problems. The flats are built to the same design but the 8 flats contain additional assistive technology and motion sensors. People can wander freely through the scheme and into the enclosed garden but door sensors alert the staff to movement. Through care planning and Lifestyle Agreements made with each resident, staff can understand each person's preferences and intervene when necessary in an appropriate manner.

Following the success of this scheme, the approach has been extended to three other schemes with one, Emily Bray House in Ipswich, including additional technology such as pressure mats, falls sensors and specialised bathroom facilities all contributing to keeping people safely at home and preventing moves to more intensive residential accommodation.

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## What are the things to consider?

### Supported and specialist accommodation

Questions for landlords to ask include:

- their commitment to continuing specialist housing provision
- the condition and quality of their specialist housing and how easy it is to upgrade technology
- the potential demand for their specialist housing services in terms of:
  - numbers of older people in local community (and in their own general needs accommodation)
  - projections of life expectancy and health conditions ( as set out in the local Joint Strategic Needs Assessment)
  - ease of allocation of specialist housing demonstrating if it is fit for purpose and meeting aspirations
  - location of specialist housing (well-connected within communities and to facilities)
- the priorities of local partners – adult social care and health
- the demand on care and health budgets
- the evidence they have of cost and social benefits from their housing and support that can help care and health bodies to reduce costs and/ or improve outcomes.

Strategic benefits to consider come from:

- how assistive technology could support effective and efficient scheme management e.g repairs reporting
- the cost benefits from reducing resident move on and re-letting
- reduced management impacts from less anxiety and insecurity amongst residents
- how specialist housing with appropriate technology can better meet the requirements of tenants to live independently and stay active
- the demonstrable outcomes for health and social care partners including sustainable hospital discharge, reductions in emergency admissions, and the need for a move on to care settings
- how assistive technology can be used to develop their offer on support to more residents in the community.

Costs of the technology and service should be balanced with:

- reduction in staff time on site – management, support and care
- potential income generation through charges, including if extending to tenants and local communities
- cost benefits for and investment from care and health partners.

# Looking beyond specialist housing

## Learning from others

**Peaks and Plains Housing Trust** has a long history in the use of assistive technology and its extension into community services and partnership working with care and health, preventing falls and providing speedier hospital discharge. In providing this they have extended the use of assistive technology, as part of a wider package of support and care and have developed new ways to train staff and partners about the technology and how to use it effectively, including through a Telecare training suite so professionals can see and understand the technology and how it could be used to support more people, and increase referrals and use.

They also provide a range of services in the private sector (self funders). The facility and the expertise they have (the control centre, training suite, assisted living team, TrustLink officers and responders) are used to deliver a Telecare contract with Cheshire East but also for organisations looking to develop their own services, either alone or in partnership with Peaks and Plains.

The service (TrustLink) is accredited with the Telecare Services Association (TSA) code of practice to Platinum standard, European code and ISO accredited.

Contact: [trust@peaksplains.org](mailto:trust@peaksplains.org)

Approximately 24% of households with someone over 60, and nearly 30% of households with a disabled person live in social housing (The English Housing Survey Household Report 2010-11); the majority of these households are in general needs housing. Assistive technology provides opportunities for housing providers to extend its use from specialist accommodation to meet the needs of their tenants living in general needs, and to the wider pool of older home owners.

Local authorities are looking at how, through a 'whole systems approach', integrating support, care and health interventions they can find new ways to support people, address care and health needs, and stretch their restricted resources. Many have looked at investment in assistive technology as a critical element around which they can re-shape services.

Housing organisations should consider how partnering in that service, or providing a lead in some areas, can support new services and partnerships with health and care.

## Learning from others

**Birmingham City Council**, partnering with Tunstall, is investing £14 million to bring assistive technology to 25,000 people in 3 years.

People will be referred through 3 routes:

- Assessment and support planning
- Enablement - both through the adults and communities team
- Prevention - through GPs, voluntary and community organisations and self referral through the internet.

The programme will provide support and reassurance, whilst maximising independence, preventing or reducing the need for increased/ residential care.

Peter Hay, Strategic Director for Adults and Communities; 'We needed to transform the model of care and build capacity that changes demand... Our task is to improve care outcomes today and always. This should be about the minimum cost to citizens, but the maximum independence and wellbeing.'

**Source:** [www.tunstall.com/Uploads/Documents/Birmingham%20Case%20Study\\_4pp.pdf](http://www.tunstall.com/Uploads/Documents/Birmingham%20Case%20Study_4pp.pdf)

# What are the things to consider – understanding the business case

In considering whether to extend the use of assistive technology into their wider tenant community or beyond to the residents in the locality, landlords should undertake customer / community profiling to identify:

- age profile
- prevalence of disability/ long term conditions
- projections of health conditions for the local population
- residents' aspirations for future housing and support
- local health and care priorities (in the Joint Strategic Needs Assessments).

Decisions will be required around the use of direct or outsourced provision, including:

- call centre – location, connection with communities, mobile support teams – where these should be placed and how to maximise the response to emergency calls (minimise time delay)
- staff skills and training appropriate to the technology, particularly telehealth –to operate with own staff, suitably trained, or with local care and health staff involved?
- planning services with the input of GPs and clinicians to set appropriate parameters; clear information sharing protocols

## Assistive living – modelling savings for a large metropolitan authority

A large metropolitan authority has 306 assisted living schemes supporting approximately 9,141 residents. Undertaking a Mosaic analysis of these customers reveals a high level of older people reliant on state support and requiring a level of care. These groups are also those with higher risks of having or developing a long term condition that would involve increasing dependency on care and risks of repeat hospital admissions. There was also a higher risk of dementia amongst the groups.

The potential impacts of costs for accident and emergency admission arising from the long term conditions are modelled, demonstrating estimated costs to the NHS of £11.8 million.

The evaluation of assistive technology indicates that telehealth can reduce emergency admissions, by 20%; applying this to the large metropolitan authority, the estimated savings per annum would be £2.4 million in costs alone.

This does not evaluate the wider benefits from:

- Lack of anxiety about the condition
- Impacts for families and carers, including the ability to work
- Reduced GP visits
- More targeted use of medication

Source: Tunstall modelling of costs and savings ([tunstall.com](http://tunstall.com))

Assistive technology can be part of the offer that housing can make to social care and health partners, which can also include:

- Use of resources to provide/share staff, call centres and community facilities
- Reablement - in sheltered/extra care housing and closer to home
- Linking assistive technology to wider adaptation and handy persons services

“ I get together with the girls every Tuesday to have a natter and play some poker. Even though we're only playing for pennies I still get a real buzz when my card comes up. I may not be as sharp as I used to be but I know a bluff when I see it!

## This is *my* Freedom, what's yours?

Janet | Birmingham

Tunstall Healthcare is the UK's leading provider of telehealthcare solutions. Our technology and services play a key role in helping older people like Janet and those with long-term health and care needs to stay out of hospital or residential care and enjoy a better quality of life.

**Tunstall LifeCare**  
Freedom to live  
*your* life.

**Tunstall**

tunstall.com



## Useful resources and information

How to... develop quality health and housing partnerships:  
[www.cih.org/publication-free/display/vpathDCR/templatedata/cih/publication-free/data/How\\_to\\_deliver\\_quality\\_housing\\_and\\_health\\_partnerships](http://www.cih.org/publication-free/display/vpathDCR/templatedata/cih/publication-free/data/How_to_deliver_quality_housing_and_health_partnerships)

Year of Practice – implementing change across housing health and care: [www.cih.org/yop/housinghealthandsupport](http://www.cih.org/yop/housinghealthandsupport)

CIH briefing paper on Caring for our Future: reforming care and support white paper:  
[www.cih.org/resources/policy/CIH%20briefing%20papers/CIHbriefing-socialcarewhitepaperjuly2012.pdf](http://www.cih.org/resources/policy/CIH%20briefing%20papers/CIHbriefing-socialcarewhitepaperjuly2012.pdf)

CIH consultancy support to develop housing services for health and wellbeing, e.g. Quality Assist:  
[www.cih.org/consultancyhealthandwellbeing](http://www.cih.org/consultancyhealthandwellbeing)

Service Quality Tool: [www.cih.org/consultancysqt](http://www.cih.org/consultancysqt)

Supporting People, Supporting You (free service funded by DCLG for local authority support commissioners):  
[www.cih.org/consultancyafreesupport](http://www.cih.org/consultancyafreesupport)

Evaluation of whole systems demonstrator:  
[www.3millionlives.co.uk/About-Telecare-and-Telehealth.html#SystemDemonstrator](http://www.3millionlives.co.uk/About-Telecare-and-Telehealth.html#SystemDemonstrator)

Board assurance prompt:  
[www.housinglin.org.uk/News/HousingNewsItem/?cid=8544](http://www.housinglin.org.uk/News/HousingNewsItem/?cid=8544)  
Tunstall: <http://www.tunstall.com/>

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