Housing Learning & Improvement Network

The Health and Social Care Change Agent Team (CAT) was created by the DoH to improve discharge from hospital and associated arrangements. The Housing LIN, a section of the CAT, is devoted to housing-based models of care.

A Virtual Care Village Model

A practical guide to assist developers of Telecare services - This document draws on the experience of Cumbria Social Services and its Partners in developing a strategy to implement Telecare services across the County as part of the remodelling of community support services.

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Prepared for by Eileen Waddington and Peter Woodhouse for the Housing Learning & Improvement Network

Introduction

This paper describes the approach Cumbria has taken in developing a more co-ordinated approach to delivering services to enable people to continue living in their communities. The rural nature of Cumbria has presented particular problems in developing appropriate models of Extra Care Housing, and in organising the care services to support tenants and other older people living in the surrounding communities. The approach that Cumbria has adopted has attempted to address these issues by creating clearer links between Extra Care Housing, the commissioning and delivery of domiciliary care, and the introduction of Telecare (Assistive Technology). In this case study we particularly explore the contribution of Assistive Technology in delivering remodelled services, and the lessons that have been learned in introducing the changes.

What particular issues has this approach attempted to address?

Cumbria has had to face a number of challenges, some particularly related to the rural nature of the Authority, and others that will be common to many Authorities:

Developing Extra Care Housing.

- Due to the low density of population, all of the seven existing Extra Care Schemes are of a small size – between 10 – 24 units, which results in high unit costs.
- Due to difficulties in obtaining capital and revenue funding there are some areas where there are no ECH schemes.

Provision of Domiciliary Support Services.

- Care Teams within small Extra Care schemes do not have the ability to reach out into the community, and are therefore less cost effective.
- Current spot contracting arrangement for domiciliary care services make it difficult for providers to recruit and retain staff.

Managing risk for people with high care needs in the community.

- As part of the strategy for supporting vulnerable people in the community Cumbria recognises the need to develop appropriate risk management strategies.
- The role of Telecare has already been explored through two small scale projects for people with dementia.

In addition to these issues, demographic predictions mean that Cumbria will have to manage the needs of an increasingly ageing population and will not be able to rely on traditional service delivery patterns to meet this increased need.

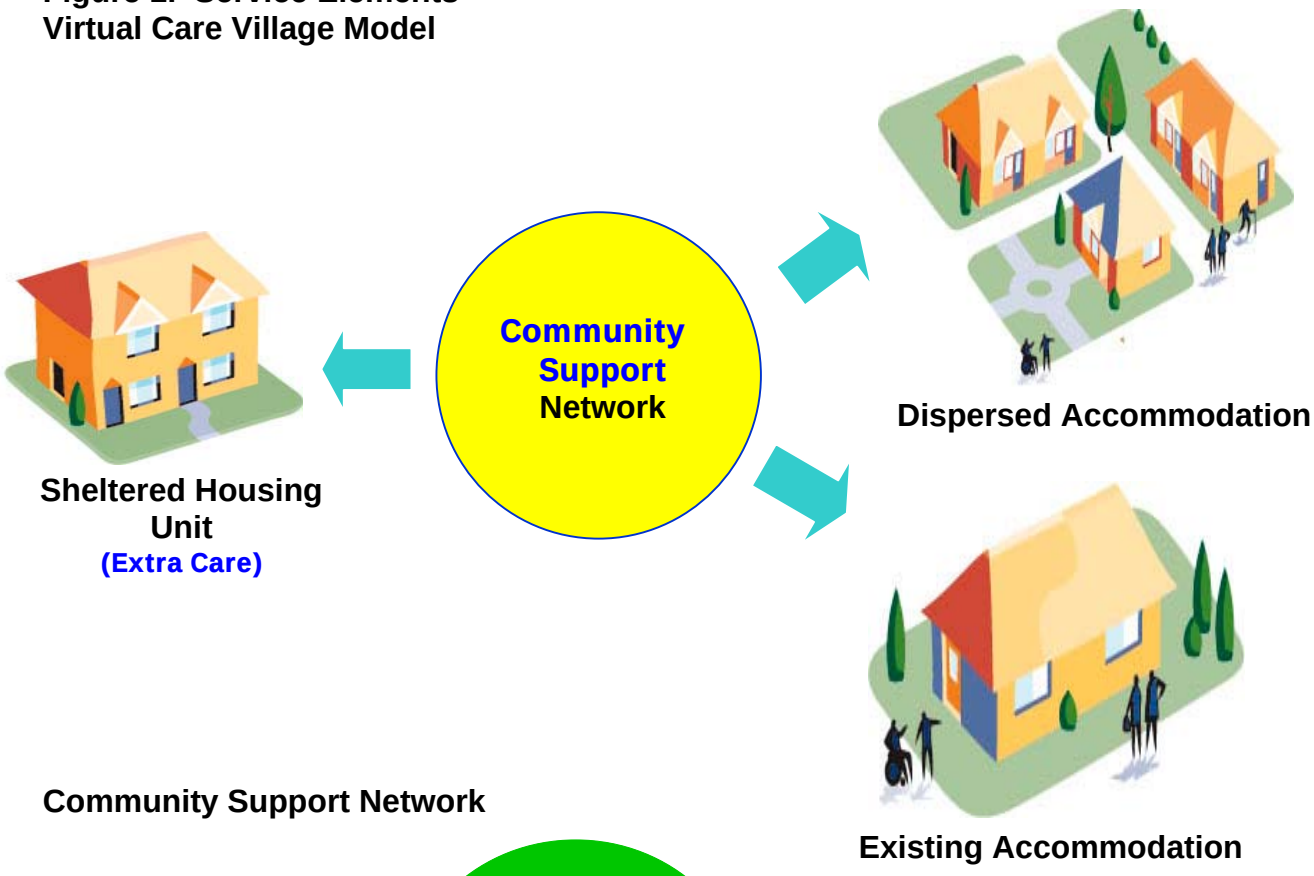
The Virtual Care Village Model

The model, which Cumbria is now developing, represents a dynamic whole systems approach applicable across a large rural County that is also able to accommodate local needs and variations. The common core of the model comprises of the following replicable elements:

- A geographical area within which mobile care and support services will be more responsive to peoples needs. This may be based on 'response times' or journey times, which vary according to the nature of the locality rather than, by a defined size or particular radius.
- The use of Telecare services (managed by the Integrated Community equipment Stores – ICES) including a range of sensors that enables the management of risk and the targeting of services in the event of an emergency.
- The use of mobile handsets (and the Telecare database) to enable care workers to be contacted by the alarm provider and enable secure access to information (such as current health needs and care services provided to the client) as required.
- The use of telemedicine services, purchased by the local Primary Care Trust (and managed by ICES) to enable the monitoring of a person's vital signs from home as part of the strategy for managing Long Term Conditions.
- Continued development of Extra Care housing schemes for people who choose, or need to move into a more enabling type of dwelling.
- Continued development of homecare services dedicated to meeting the care needs of all those living in the area, including Extra Care schemes and responding to Telecare calls.
- Continued development of a responsive night time care service available across the area defined, (with possible retention of on site waking night service within Extra Care schemes and use of the scheme as a base for the night time care team).
- Developing the potential for integration and modernisation of Housing Visitor, Housing Warden and Floating Support Services.
- Reinforce partnership with Health, supported by extended use of Health Act Flexibility agreements. These developments significantly contribute to the implementation of new arrangements for meeting 'Long Term Conditions' targets, the agenda for integrating community and social work teams; developing community provider services such as generic home care services, and ICES.

- Potential for the development of shared information systems, including a client information database.
- Development of a co-ordinated handyperson service.
- Integration of voluntary sector community support services such as, the Alzheimer's Society Family Support Service, Carers Associations, and services offered by Age Concern to provide the support required to maintain the quality of life for people who choose to be cared for at home.

Figure 1. Service Elements
Virtual Care Village Model



The Role of Telecare

An important component in the development of the Virtual Care Village Model is the implementation of a mainstream Telecare service. Cumbria has adopted an incremental approach to developing a Countywide Telecare service. This builds on the previous learning from the small-scale pilot for older people with dementia by piloting a mainstream service on a small scale in one area of the County, Carlisle. It is intended that the Carlisle project will offer a structured learning opportunity, which will provide information to inform the 'roll-out' of the service across the whole County, using resources made available through the Department of Health 'Prevention Technology Grant' available in 2006-08 together with a shift in spend from residential to community based services.

This case study is intended to identify learning from the experience of planning and introducing the service in order to help other Authorities who may be managing similar challenges. In the course of our development work we have identified a number of key building blocks, which we feel are important in engaging a range of agencies in planning and delivering a new service.

Key Building Blocks

Working in Partnership

Securing Strategic Sign-up
As the project is seen as a test bed for mainstream development it was important to secure commitment from partners at a strategic level in order to promote multi-agency ownership and the identification of longer term resource allocation. An early stage in the process was to secure commitment from the Cumbria Partnership Executive representing the County Council, the four Primary Care Trusts, and the NHS Community and Acute Trusts. As a two tier Authority it was necessary to engage with the six District Councils who exercise the strategic housing function. Their support was secured through the Cumbria Sub-regional Housing Forum. These strategic partners have signed-up to a three year development programme for the implementation of a mainstream Telecare service.

Involving Partners in Service Design and Development
In developing the service we designed a process, which was inclusive in nature, and designed to secure ownership of the new approach. Both managers and operational staff were involved in a series of workshops, which focused on developing an agreed service model.

The range of partners involved included;

- Managers and practitioners from social services.
- Managers and practitioners from Community Health services.
- Strategic Housing Authority (Carlisle City Council).

- Principle Housing Provider (Carlisle Housing Association).
- Community Alarm Provider (Carlisle Careline).
- Domiciliary Care Providers.
- Age Concern and the Alzheimer's Society.

The series of workshops focused on managing the change process and gaining commitment and ownership of the outcomes we were seeking to achieve, and to establish 'champions' for the rollout across the County. It is intended to have representation from older people on the project steering group, which will manage and evaluate the project, and the subsequently formed implementation teams as the service is rolled out across the County.

Who is the Service For?

A key step in implementing Telecare services is deciding whom the service is for. Initially in Cumbria, the service will be targeted at people with medium to high care needs. The introduction of Telecare alongside other support packages is seen as offering a community-based alternative to residential care. Alongside this there may be opportunities to facilitate more timely and safer discharges from hospital. Opportunities for expanding the scope and coverage of Telecare services in the future are likely to be dependent on the ability to demonstrate savings from reductions in the use of residential care and hospital stays.

Fit with Current Assessment and Service Provision Arrangements

In designing and implementing the Telecare service we wanted to ensure that it was easy to access and offered an alternative (or was complementary to) other community support options available to practitioners. The emphasis during the design stage was therefore on integrating referral routes and assessment arrangements and documentation in order that the service was not viewed as 'separate'. The arrangements are integrated with the Single Assessment Process, which enables a range of agencies to access the service using existing documentation. Practitioners from all agencies were involved in designing an assessment and care pathway, a copy of which can be found in Appendix 1.

Developing Integrated Response Arrangements

The true value of Telecare can only be realised if it is supported by an appropriate response service, which ensures that vulnerable people receive a response commensurate with the level of their need. The project design work focused as much on designing the support network (involving both informal and formal carers) available to respond to people's needs as it did on the role of Technology in managing risk.

Rather than commissioning a new response service, the approach has been to better co-ordinate existing care and support services in the community. A draft protocol has

been developed to secure agreement between care and support providers involved in providing a response. The protocol will be refined as a result of experience gained during the operation of the service. In addition, specific work is being undertaken to change the way domiciliary care is commissioned to enable the development of block contracts within defined geographical areas (zones). This will enable more efficient use of staff, and the potential for providers to offer a timely response service.

The staff in the Careline control centre will have a key role in implementing the protocol and co-ordinating the response service. In addition, data collected routinely by the control centre e.g. frequency and timing of alarm activation should be used to assist in the regular review of an individual's care needs. Alongside regular reports, Care Co-ordinators can request specific reports in order to inform them in reviewing risk assessment plans and overall care needs.

Financial Arrangements

The Telecare Equipment

In developing a Telecare service authorities will need to decide whether capital purchase, or lease of equipment is the most appropriate arrangement for them. In Cumbria we have found that the capital purchase option is most appropriate for us. Comparative costs for both options can be found in Appendix 2. Authorities will also need to include the costs of installing equipment in their financial projections, (given in Appendix 2.).

Service Charges

In Cumbria the service has been designed to complement existing community alarm provision, with service charges for the maintenance, monitoring and alarm providers own response service (only available locally) being passed onto the service user. The cost of the equipment and fitting will be borne by the Authority.

A charge of £8.22 per week will be levied by the community alarm provider for a standard Telecare package of six sensors. A charge of £0.50 will be made for each additional sensor.

Authorities using this approach will need to investigate the potential of their Supporting People programme to offer a subsidy against this charge for people in receipt of benefits, or on a low income. This can pose considerable difficulties given the current financial pressures within the Supporting People programme.

In Cumbria the service charge will be considered as 'disability related expenditure' for the purpose of the Fairer Charging framework.

Working through these issues is complex and time consuming, and it is particularly important that finance and business support staff are involved from the start of the project, as lack of clarity in these areas can lead to delays in implementation, confusion for potential service users and assessment staff.

Information and Training for Staff and Service Users

Information

The smaller dementia pilots in Cumbria highlighted the need for the provision of comprehensive information to staff in order that they could be clear about the potential contribution of Telecare for care packages, and access and charging arrangements. The planning workshops clarified the core information needs for staff and service users. Information packs have subsequently been developed to provide easily accessible information for staff working in the project area, and for them to share with service users. These packs include:

- A summary of the key aims and elements of the Virtual Care Village Model.
- A summary of the service (to be shared with potential service users and informal carers).
- A map of the project area.
- A copy of the care pathway and assessment and referral criteria.
- Step by step guide to making a referral for a Telecare package.
- The draft response protocol.
- Information on service charges.
- A list of the equipment available and cost (including fitting).
- Laminated cards, showing a picture of each sensor, and text describing what it is for, and how to use it – for potential service uses and informal carers.

Our experience suggests that the quality and accessibility of the material produced for users and carers has a direct impact on the uptake and effective use of the service. Material produced has been regularly reviewed in the light of comments received from service users, carers and staff.

Training

Formal training for health and social care professionals has been arranged as part of the implementation programme. This has included developing an understanding of the role and potential of Telecare and how this fits within an overall approach to supporting people within the community. The training has also focused on working through the systems and procedures for accessing the service, and the necessary technical understanding to ensure the appropriate use of the equipment. Hands on experience proved particularly useful in helping practitioners to appreciate the potential benefits of Telecare as part of a care package.

In addition, Carlisle Careline will provide ongoing support and training for staff as they carry out assessments for Telecare packages, in particular the appropriateness of particular technologies in helping to manage risk. This ongoing support has been particularly beneficial in re-assuring staff during the early phase of implementation.

The expertise of Carlisle Careline and Tunstall in contributing to the training and ongoing support has been particularly useful.

In Conclusion

The Carlisle project has been developed over a period of six months. The ability to deliver the work in this relatively short time has been as a result of very tight project management. The workshop approach facilitated the engagement of a significant cross section of stakeholders, and the level of commitment was high. It is interesting to note that attendance at the third and final workshop was greater than for the other two! The dual approach of undertaking work within the meeting, and tasking small groups with particular areas of work between each workshop meant that delays were minimised and a problem solving approach was facilitated.

It is important to re-emphasis that whilst Cumbria has chosen to adopt an incremental approach to developing its Telecare service, this initial project work has not taken place in isolation, but the focus has been on integrating the work with other related changes, including:

- Countywide review of the Extra Care Housing Strategy.
- Countywide review of community alarm provision – to ensure compatibility with Telecare and Telehealth technology, and to manage budgetary pressures.
- A review of domiciliary care procurement arrangements.
- A commitment to look at how various Department of Health grants such as the POPP fund, and Preventative Technology Grant can be used in an integrated way to deliver the desired outcome of more older people being supported at home.

The Carlisle pilot has now gone 'live', and evaluation arrangements are in place with an emphasis on 'learning from doing'. The evidence base that is developed will be used to inform the next stages of implementation in South Lakeland and West Cumbria.

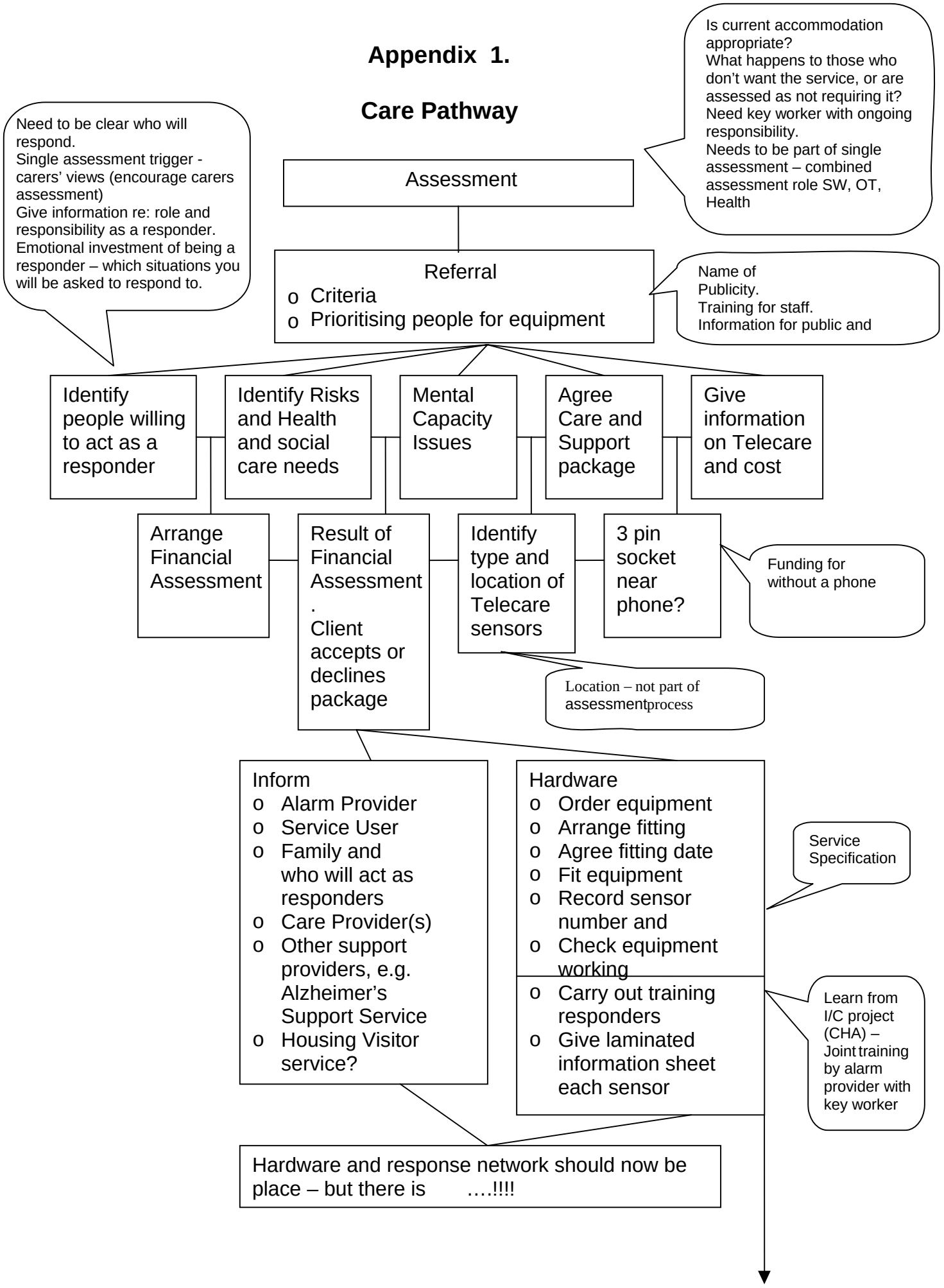
There is an opportunity to further develop the role of Telecare and Telehealth to support community based services for people with Long Term Conditions, alongside the role of the Modern Matron. In addition, the database that supports both Telecare and Telehealth systems has the capacity to store shared data on peoples care needs and care packages, that could be accessed by a range of professionals. Access to such information could be particularly helpful in avoiding unnecessary admissions to hospital.

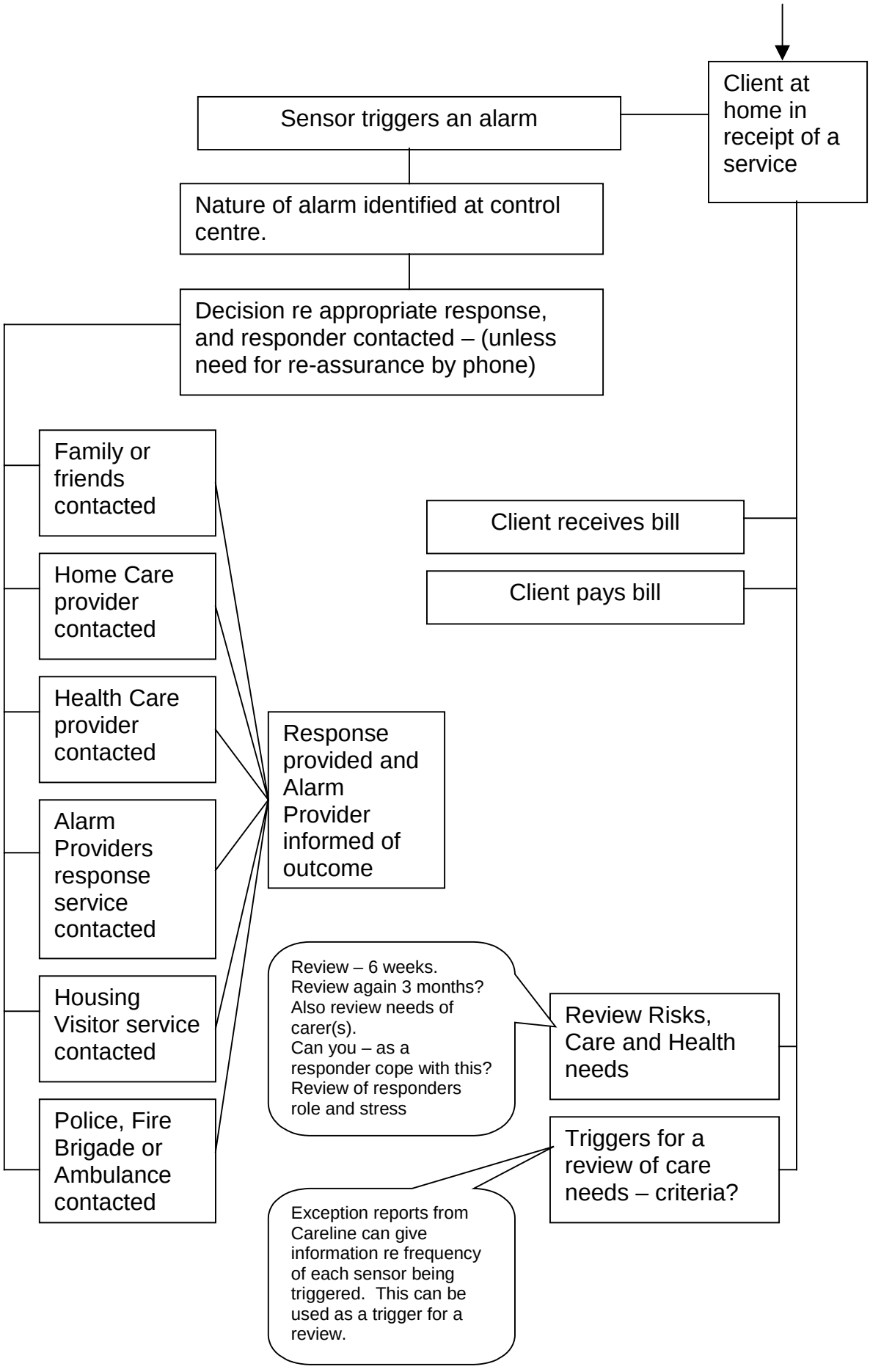
Whilst the development of Telecare services is in its infancy, adopting a whole systems approach to its implementation can, we believe, change the way partners view its potential and how it can assist in the redesign of services for older people.

For further information on the Preventative Technology Grant and accompanying guidance *Building Telecare in Britain* and to access the *Telecare Implementation Guide*, visit www.changeagentteam.org.uk/telecare.

Appendix 1.

Care Pathway




Client at home in receipt of a service
Sensor triggers an alarm
Nature of alarm identified at control centre.
Decision re appropriate response, and responder contacted – (unless need for re-assurance by phone)
Family or friends contacted
Home Care provider contacted
Health Care provider contacted
Alarm Providers response service contacted
Housing Visitor service contacted
Police, Fire Brigade or Ambulance contacted
Response provided and Alarm Provider informed of outcome
Client receives bill
Client pays bill
Review – 6 weeks.
Review again 3 months?
Also review needs of carer(s).
Can you – as a responder cope with this?
Review of responders role and stress
Review Risks, Care and Health needs
Triggers for a review of care needs – criteria?
Exception reports from Careline can give information re frequency of each sensor being triggered. This can be used as a trigger for a review.

Appendix 2. Telecare Funding Options

1. 3-Year Cost Build-Up (Equipment, Fitting and Maintenance) – Capital Purchase Option (7-year depreciation)

Date	Target for uptake of service (number of service users)	Number of service users at risk from wandering (estimated 20% of service users)	Total number of service users	Cost of Equipment for new service users (£553 for 6 sensors) (+£430 for risk of wandering sensor)	Cost of fitting for new service users (£150 for 6 sensors + £75 for risk of wandering sensor)	Cost of maintenance contract for new service users (annual revenue charge of £68.20 per client) levied by provider?	Cumulative cost (capital spend) includes equipment and fitting	Recurring revenue charge (Annual maintenance contract) Option – SSD / ICES pay for maintenance, or pass on charge to client	Depreciation calculated as cost of equipment only divided by 7 years (£945,720 / 7 for full 3-year effect)	Income
Yr. 1 (2005-06)										
July	20	4	20	£12,780	£3,300	£1,364	£16,080	£1,364		
August	20	4	40	£12,780	£3,300	£1,364	£32,160	£2,728		
September	20	4	60	£12,780	£3,300	£1,364	£48,240	£4,093		
October	20	4	80	£12,780	£3,300	£1,364	£64,320	£5,456		
November	20	4	100	£12,780	£3,300	£1,364	£80,400	£6,820		Carlisle City
December			100							Council
January			100						Per annum	**£50,000**
February			100						Figure from	East Adults
March			100						2005-06 to 2011-12	Access' Grant
			Year 1. Totals	£63,900	£16,500	£6,820	**£80,400**	**£6,820**	**£9,129**	**£50,000**
Yr. 2 (2006-07)										
April	Safe homes project 30	30	130	£ zero	£ ? turnover ?	£2,046	£ zero	£8,866		
May	3 x 20 = 60	12	190	£38,340	£9,900	£4,092	£48,240	£12,958		
June	60	12	250	£38,340	£9,900	£4,092	£96,480	£17,050		DH
July	60	12	310	£38,340	£9,900	£4,092	£144,720	£21,142		Prevention
August	60	12	370	£38,340	£9,900	£4,092	£192,960	£25,234		Technology

September	60	12	430	£38,340	£9,900	£4,092	£241,200	£29,326		Grant
October	60	12	490	£38,340	£9,900	£4,092	£289,440	£33,418		**£320,000**
November	60	12	550	£38,340	£9,900	£4,092	£337,680	£37,510	Per annum	
December	60	12	610	£38,340	£9,900	£4,092	£385,920	£41,602	Figure from	POPP Bid
January	60	12	670	£38,340	£9,900	£4,092	£434,160	£45,694	2006-07	**£270,889 cp**
February	60	12	730	£38,340	£9,900	£4,092	£482,400	£49,786	to 2012-13	**£53,878 rv**
March	60	12	790	£38,340	£9,900	£4,092	£530,640	£53,878		
			Year 2. Totals	£421,740	£108,900	£45,012	**£530,640**	**£53,878**	**£60,249 (+ £9,129)**	
Yr. 3 (2007-08)										
April	3 x 20 = 60	12	850	£38,340	£9,900	£4,092	£578,880	£57,970		DH
May	60	12	910	£38,340	£9,900	£4,092	£627,120	£62,062		Prevention
June	60	12	970	£38,340	£9,900	£4,092	£675,360	£66,154		Technology
July	60	12	830	£38,340	£9,900	£4,092	£723,600	£70,246		Grant
August	60	12	890	£38,340	£9,900	£4,092	£771,840	£74,338		**£530,000**
September	60	12	950	£38,340	£9,900	£4,092	£820,080	£78,430		
October	60	12	1010	£38,340	£9,900	£4,092	£868,320	£82,522		POPP Bid
November	60	12	1070	£38,340	£9,900	£4,092	£916,560	£86,614		**£48,880 cp**
December	60	12	1130	£38,340	£9,900	£4,092	£964,800	£90,706	Per annum	**£102,982 rv**
January	60	12	1190	£38,340	£9,900	£4,092	£1,013,040	£94,798	Figure from	
February	60	12	1250	£38,340	£9,900	£4,092	£1,061,280	£98,890	2007-08	
March	60	12	1310	£38,340	£9,900	£4,092	£1,109,520	£102,982	To 2013-14	
			Year 3. Totals	£460,080	£118,800	£49,104	**£1,109,520**	**£102,982**	**£65,726 (+ £60,249) (+ £9,129)**	

Long-term pick-up implications – Capital Purchase Option

- Fitting (3-years £244,200 / 3 = £81,400). Assumed annual turnover of 443 clients = £81,400
- Maintenance contract for 7 years for 1,330 sets of equipment (annual cost) = £102,982
- Depreciation – calculated over 7 years, for 1,330 sets of equipment = £135,104 per annum

2. 3-Year Cost Build-Up (Equipment, Fitting and Maintenance) – Lease Hire Option (5-year Lease)

Date	Target for uptake of service (number of service users)	Number of service users at risk from wandering	Total number of service users	Lease Hire Cost of Equipment for new service users – includes maintenance	Cost of fitting for new service users	Cumulative cost of lease hire of equipment (revenue)		Income
Yr. 1 (2005-06)								
July	20	4	20	£113.20 wkly £490.53 mth	£3,300	£490		
August	20	4	40	£490.53	£3,300	£981		
September	20	4	60	£490.53	£3,300	£1,471		Social
October	20	4	80	£490.53	£3,300	£1,962		Services
November	20	4	100	£490.53	£3,300	£2,452		**£50,000**
December			100			£2,452		Carlisle City
January			100			£2,452		Council
February			100			£2,452		**£50,000**
March			100			£2,452		
			Year 1. Totals		**£16,500**	**£17,164**		**£100,000**
Yr. 2 (2006-07)								
April	Safe homes project 30	30	130	£1,226.33	£ zero	£3,678		
May	3 x 20 = 60	12	190	£1,471.60	£9,900	£5,150		
June	60	12	250	£1,471.60	£9,900	£6,622		
July	60	12	310	£1,471.60	£9,900	£8,093		
August	60	12	370	£1,471.60	£9,900	£9,565		
September	60	12	430	£1,471.60	£9,900	£11,036		
October	60	12	490	£1,471.60	£9,900	£12,508		
November	60	12	550	£1,471.60	£9,900	£13,980		
December	60	12	610	£1,471.60	£9,900	£15,451		DH
January	60	12	670	£1,471.60	£9,900	£16,923		Prevention
February	60	12	730	£1,471.60	£9,900	£18,394		Technology
March	60	12	790	£1,471.60	£9,900	£19,866		Grant
			Year 2. Totals		**£108,900**	**£158,340**		**£320,000**

Yr. 3 (2007-08)								
April	3 x 20 = 60	12	850	£1,471.60	£9,900	£21,338		
May	60	12	910	£1,471.60	£9,900	£22,809		
June	60	12	970	£1,471.60	£9,900	£24,281		
July	60	12	830	£1,471.60	£9,900	£25,752		
August	60	12	890	£1,471.60	£9,900	£27,224		
September	60	12	950	£1,471.60	£9,900	£28,696		
October	60	12	1010	£1,471.60	£9,900	£30,167		
November	60	12	1070	£1,471.60	£9,900	£31,639		
December	60	12	1130	£1,471.60	£9,900	£33,111		DH
January	60	12	1190	£1,471.60	£9,900	£34,583		Prevention
February	60	12	1250	£1,471.60	£9,900	£36,054		Technology
March	60	12	1310	£1,471.60	£9,900	£37,526		Grant
			Year 3. Totals		**£118,800**	**£353,180**		**£530,000**

Long-term pick-up implications – Lease Hire Option

- Fitting (3-years £244,200 / 3 = £81,400). Assumed annual turnover of 443 clients = £81,400
- Annual Rental (including maintenance). Assumed 1,330 clients (£37,526 x 12) = £450,312

Other Housing LIN publications available in this format:

Case Study no.1: **Extra Care Strategic Developments in North Yorkshire** (01.09.03)

Case Study no.2: **Extra Care Strategic Developments in East Sussex** (01.09.03)

Case Study no.3: **'Least-use' Assistive Technology in Dementia Extra Care** (02.02.04)

Case Study no.4: **Tenancy Issues - Surviving Partners in Extra Care Housing** (01.06.04)

Case Study no.5: **Village People: A Mixed Tenure Retirement Community** (15.10.04)

Case Study no.6: **How to get an Extra Care Programme in Practice** (15.10.04)

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Case Study no.16: **Charging for Extra Care Sheltered Housing Services in Salford** (29.07.05)

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

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