

# Joining the dots: Challenges and achievements in Aberdeen

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(on behalf of the Aberdeen Demonstration Site)



Place, Home  
and Housing

## Adapting for Change

Practice Series

Overview

## Aberdeen Demonstration Site



What are the challenges in  
your area to achieving  
change in housing and  
adaptations?



# The Aberdeen Story

Timely  
intervention to  
support people  
to remain in their  
own community

Long term  
planning to  
support  
changing needs



Streamlined  
processes for  
Housing Adaptation  
across Tenure

Partnership  
Working  
addressing  
Delayed  
Discharges

Adapting for  
Change Project

# Aberdeen City Facts and Figures.....

- 186 sq km
- Population estimated at 229,000
- 34,832 are over 65
- Two main hospitals and various intermediate care facilities
- Housing Stock – 21% Local Authority, 77% Private and 2% Housing Association



# Partners

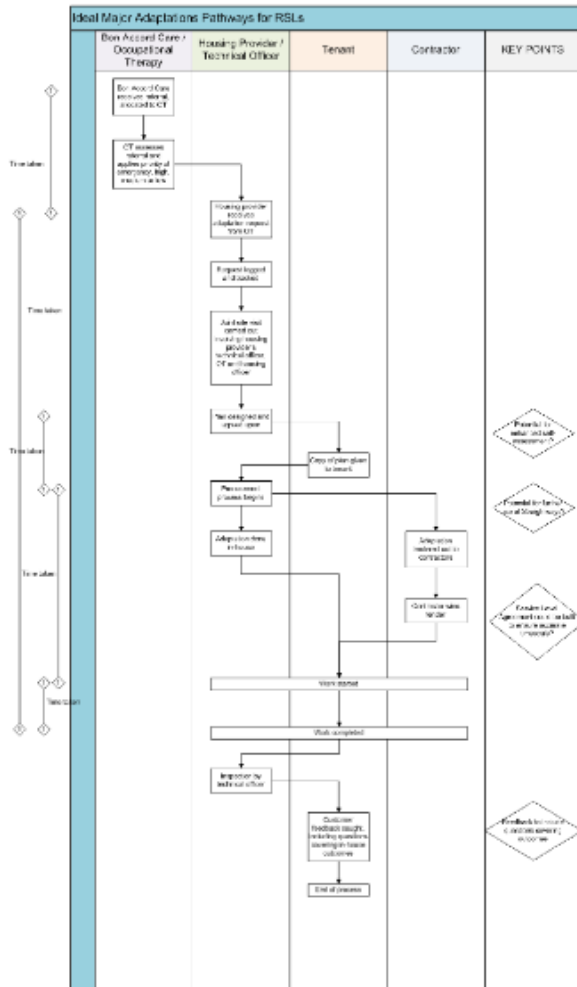
- Aberdeen Health and Social Care Partnership
- Aberdeen City Council
- Bon Accord Care
- Disabled Person Housing Service (DPHS)
- Aberdeen City Tenants and Residents Federation
- Housing Associations
  - Castlehill
  - Sanctuary
  - Grampian
- NHS Grampian
  - Woodend
  - Aberdeen Royal Infirmary



# Objectives

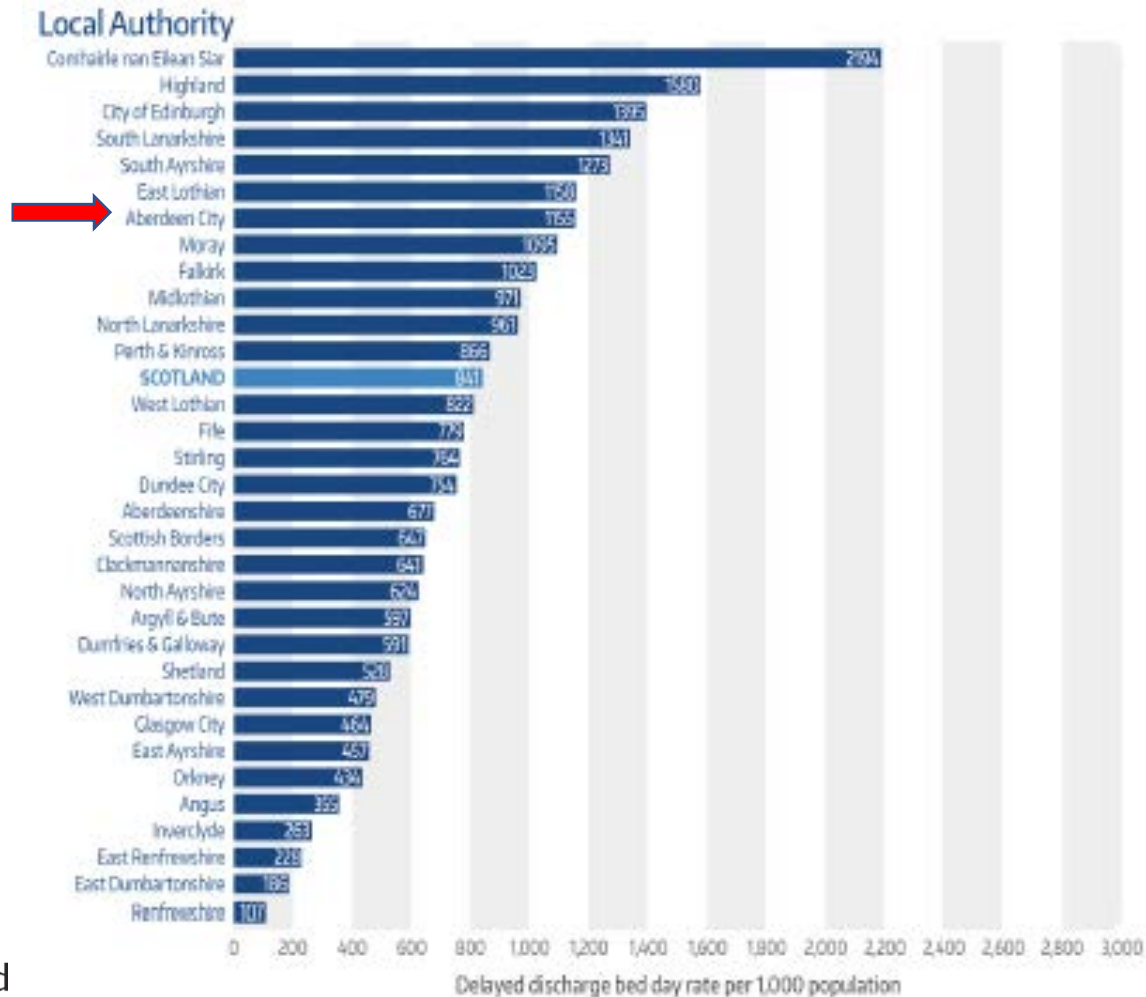
- Promote a Service User focused delivery model, which involves more efficient joint working between different partners
- Review current local practice for the delivery of adaptations across all tenure types
- Provide a delivery model that is simple to navigate and allows opportunities for partners to empower service users and their carers with informed choice and control, reflecting key principles from current legislation
- Provide a delivery model that promotes early intervention as well as preventative and enabling approaches, which ultimately seek to promote independence through the utilisation of appropriate adaptations
- Improve focus on early planning through better communication and input to new builds in the area

# Tenure Neutral Major Adaptation Pathway



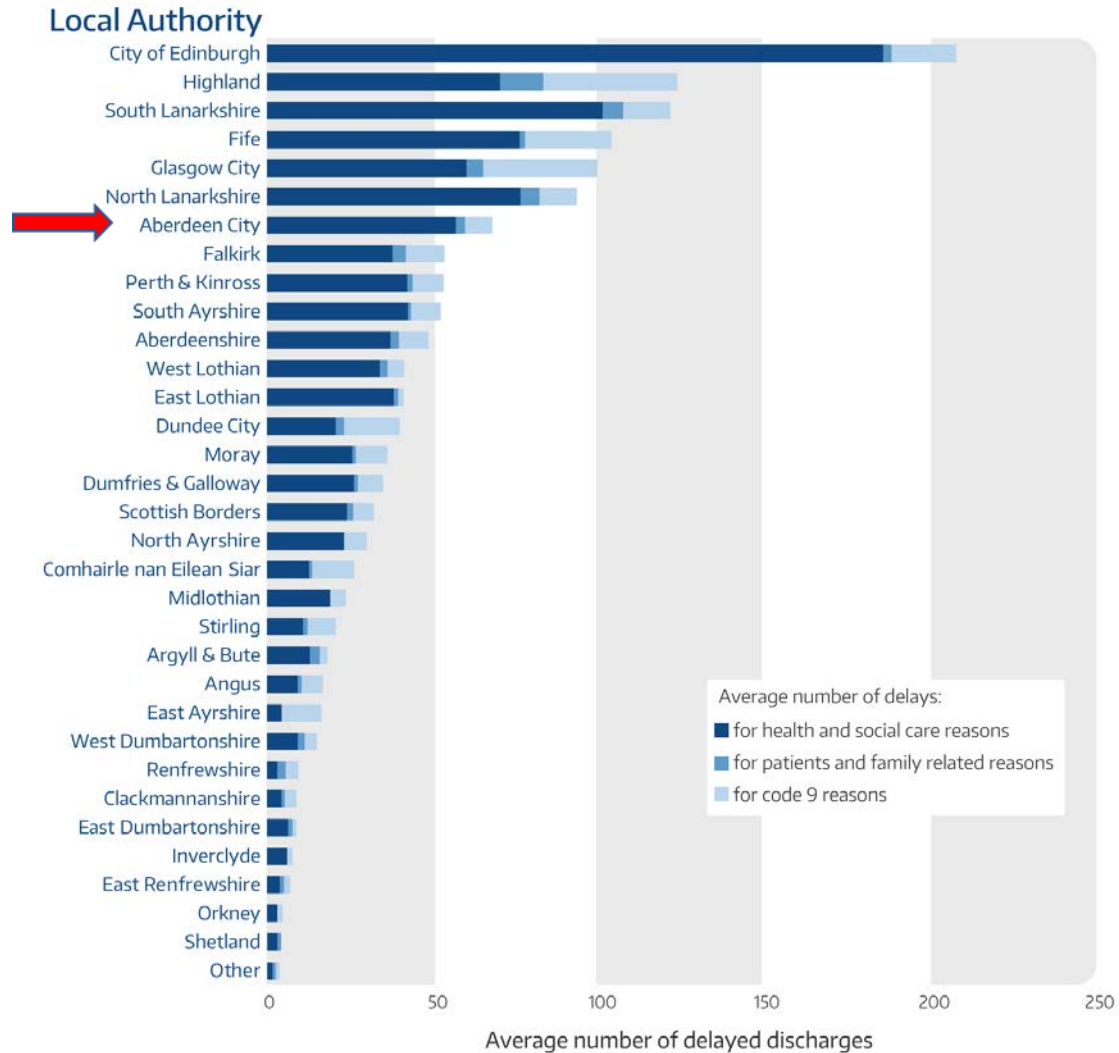
- Available online
- Agreed to by all the partners involved – OT/Housing Provider/Technical Agent/Tenant/Contractor
- Streamlines the process and builds in communication from the provider to the service user
- The requirement for OT to check plans is made clear

# Delayed Discharge 2016/17





# Delayed Discharge 2016/17



# Delayed Discharge Video




[https://www.youtube.com/watch?v=HMOr\\_-4cXAk&feature=youtu.be](https://www.youtube.com/watch?v=HMOr_-4cXAk&feature=youtu.be)

# Impact on Delayed Discharge


- The housing contribution to delays has been clearly identified and recognised by all partners
- Specialist Housing advice is now routinely included in discharge hub meetings at the hospitals
- Reductions in the numbers of people delayed in hospital where housing is a factor – from around 20 to approx. 3
- Revisions have been made to the Council's Housing allocation policy to avoid the need for admission to hospital or reduce the length of stays
- Positive risk taking to being discharged to make do
- Interim housing solutions

# Technology Enabled Care



**bon accord  
care**

## Telecare in Aberdeen



### Keeping you safe at home

Enabling you to return home from hospital earlier  
Peace of mind and reassurance for you and your family

**3,000 people in Aberdeen are supported to live in their own home with Telecare**

**Dementia**  
"It gives us great peace of mind knowing we will be alerted if mum leaves the house during the night"

*Community alarm*

**Falls**  
"I dread to think how long I would have been on the floor had I not been wearing a fall detector"

*Fall detector*

**Elderly and frail**  
"Telecare saved my life"

*Pendant*

**Vulnerable and learning disability**  
"Without Telecare I would still be living in hospital. I now have my own home and independence"

**Children and young people**  
"I feel great when mum and dad had a night out - safe in the knowledge I could get help through Telecare"


*Epilepsy sensor*

**How to access TELECARE**

Your doctor, care manager, occupational therapist, nurse or other health professional can refer you for an assessment for Telecare. Alternatively YOU can contact the service direct to discuss your requirements.

Contact details:  
Bon Accord Care Telecare Service  
Community Equipment Store  
Units 3-4 Whittemyres Avenue  
Aberdeen  
AB16 6HQ  
Tel: 01224 788616

**Equipment:**  
Alarm pendant (fall detector)/  
Epilepsy /Smoke detector/  
Door sensors/GPS device/  
Automatic monitoring



**What is Telecare?**

- Telecare is an adaptable range of technology used in the home to help you to live independently, safely and with confidence
- For ANYONE of ANY age following an individual assessment
- Can link with smartphones
- Can be available as soon as you come home from hospital
- Reassures you and your family that help can be called at anytime
- Monitoring of equipment can be by a family member or a 24 hour monitoring centre

**Bon Accord Telecare Team**

- Dedicated team of professionals with expert knowledge of Telecare
- We work with you to ensure you receive the appropriate equipment and response
- We install and maintain equipment
- We can devise individual solutions tailored to meet your needs
- There is a nominal charge for this service

# Objectives in applying for funding

- To raise awareness of telecare in community settings
- Increase the number of people utilizing technology to support them to live independently and manage risks effectively.
- Ensure TEC forms an integral part of the assessment process for discharge from acute hospital.
- Expand housing sector knowledge of how technology can support people to live safely in their own homes.
- Expand the use of technology within sheltered housing settings.
- Link with the Adapting for Change Joint Demonstrator sites Technology Enable Care programme

# What we did

- Employed two OT's working with Housing and acute sectors
- Development of a screening tool for all staff to use
- Pilots with Housing
  - Private Sheltered Housing - Over 50% of tenants using telecare
  - RSL Pilot covering one complex.
- Training provided Housing staff and tenants from all areas.
- Development of Training framework and BAC offering PDA in Telehealthcare
- 2 Day Housing Event attended by over 90 people.
- Learning Disabilities pilot using Just Checking and telecare
- Sheltered Housing Redesign – Systems upgraded in 42 complexes. Pilot and roll out of Housing Services Portal.
- I-Pad project

# Screening Tool



## TELECARE SCREENING – Housing

Name			Date of Birth		
Home Address					
Home Telephone Number					
		YES		NO	
Do you have a community alarm?					
Do you have any telecare equipment?					
Do you live alone?					
Do you feel safe in your home?					
Have you fallen before?					
If YES – How many falls have you had in the last 6 months?					
Have you ever left a tap on and forgotten about it?					
Have you ever left a pan on the hob and forgotten about it?					
Do you have a gas fire and/or gas cooker?					
If YES – Have you ever put it on and forgotten about it?					
Do you ever smoke in bed?					
Do you ever forget to take your medication?					
Have you ever gotten lost, or are you worried about getting lost, when out and about?					
Do you have problems with your memory?					
Would you agree to an assessment for telecare equipment?					
Completed by (print name)					
Designation					
Signature			Date		

To arrange an assessment please contact Rachel Taylor (Telecare OT) on 01224 788616, 07775912302 or [rataylor@bonaccordcare.org](mailto:rataylor@bonaccordcare.org)

F.A.O. Rachel Taylor, Telecare OT, Community Equipment Service, Units 3 & 4 Whitemyres Avenue, ABERDEEN, AB16 6HQ



# Challenges

- Ever changing workforce.
- Staff not accepting that this is their role.
- Getting the correct people on board.
- Housing staff are signposting not referring
- Difficulty sourcing accurate stats





# What worked well

- Having dedicated time to concentrate on the project.
- Staff had named contacts within service
- Upgrade of systems in ACC and RSL sheltered housing.
- Having support from team engineers.
- Raising awareness
- Themed event days



# Achievements

- Successful project with private over 50's housing
- Care and Repair are using screening tool widely
- Excellent use of technology in Intermediate Care
- Training provide to 533, staff and tenants across all Housing areas.
- Good examples of Joint working
  - Care and Repair
  - ACC Housing
- Awareness of , and referrals to Technology Enabled Care has increased.
  - Average 1336 a year over last 3 years. 149% increase in last 5 years.
- Demonstrator wards have been developed and strong links made with wards.
- Evidence of beneficial outcomes from TEC provision has been gathered
- 428 screening tools completed from Housing sectors
- Pilot of Housing Portal –awaiting roll out



# Disabled Persons Housing Service (DPHS) The Challenges

- Difficulty getting started – back to day job of providing housing information and advice to people with disability.
- Relied too much on other care services to begin the process and sat in the wings.
- Lack of staff knowledge on TEC and Adaption processes – unsure how much we needed to know.
- Already had a process in place for referrals from local hospitals to visit DD patients for housing advice. Not broken didn't need fixing (we thought)

# Disabled Persons Housing Service (DPHS)

## The Achievements

- DPHS staff attended awareness visits to new TEC centre in Aberdeen at Hillylands and visited TEC ward in ARI to see equipment available.
- Shadowing of relevant staff in Bon Accord Care and hospital OT staff.
- Shared information and better communication amongst partners
- Regular DD meetings chaired by local authority and attended by hospital delayed discharge co-ordinators, social work, housing assessment staff and DPHS Aberdeen.
- Introduction of a Bon Accord telecare screening (housing) questionnaire DPHS used with new clients and forwarded to OTs.

# Disabled Persons Housing Service (DPHS)

## The Results

- Through regular multi disciplinary meetings the process came together – OT's, Housing staff, DPHS, SW
- Reduction in EDISON referrals to DPHS – due to referrals at earlier stage in process.
- Hospital staff/OT's make referrals to DPHS as soon as a housing need is identified not always at DD stage.
- The timescale through housing application process has increased and clients are given priority for rehousing at an earlier stage. ACC agreed to prioritise DD applicants to reduce time waiting in hospital.
- Better joined up working / sharing of information

# The work continues.....

- Minor Adaptations without delay
- Interim Housing
- Delayed Discharge focus
- The links made will continue and inform the Integration and Housing Group
- Continuing to promote TEC and how it can benefit service users and staff

# Key Messages

- Have the right people around the discussion from those with strategic responsibilities, those with operational responsibilities and your Service Users
- Get the evidence
- Partnership working
- Streamline process
- Don't be afraid to ask



# What can you do?



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“  
*Alone we  
can do so  
little; together  
we can do  
so much.*”

Helen Keller

