Governance Risk and Best Value

10am Tuesday 3 November 2020

Impact of Sheltered Housing Support in reducing loneliness and isolation

Executive/routine	Routine
Wards	All
Council Commitments	

1.   Recommendations

It is recommended that the Governance, Risk and Best Value Committee:

1. Note the content of this report and the progress made to reduce loneliness and isolation for citizen's in City-wide Sheltered Housing communities.

2. Note that despite restrictions imposed by Covid-19, a programme of involvement and ongoing engagement with citizens continues to see improvement for people whilst informing ongoing service development, for continually improving outcomes for people.

3. Note the briefing paper included as appendix 1 to this report, highlighting specific preventative activity during Covid-19 for those with dementia and their carers.

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Report

Impact of Sheltered Housing Support in reducing loneliness and isolation

2. Executive Summary

2.1   This report provides information on improvements made to tackle loneliness and isolation experienced by citizens living in sheltered housing managed by the Edinburgh Health and Social Care Partnership, and how this will continually develop.

2.2   The report also covers the partnerships approach to supporting other vulnerable citizens during the pandemic.

3. Background

3.1   At the GRBV in October 2019, an overview of sheltered housing support service (SHSS), managed by the Edinburgh Health and social Care Partnership (the Partnership) was provided. Further information was sought, to report back in November 2020 about measures taken to reduce loneliness and isolation for this group of citizens.

3.2   Sheltered Housing communities across the city combine both supported and adapted dwellings, underpinned by an enabling focus on social activity and inclusion for citizens.

3.3   Management of these communities is a joint approach by the Council's Place Directorate, who are responsible for the housing management, capital investment, repair and maintenance aspect, and the Partnership's Assistive Technology Enabled Care 24 service, taking responsibility for the delivery and improvement of support and social activity.

3.4   Traditionally, the model was designed to support older people who wished to live independently, with a direct connection with an on-site Support Officer living in tied accommodation, to assist with day to day living on an ongoing basis or in emergency situations.

3.5   That model has transitioned in recent years, through service improvement and as a result of outcomes approved by elected members on 1 April 2014 after an independent consultation, of which Tied Accommodation would be a reducing aspect of the provision through natural employee changes. The service was aligned to the Partnership in April 2018, after a period of time of being aligned to the Council's Safer and Stronger Communities.

3.6   This report focusses on the internal 31 Sheltered Housing communities citywide, supporting circa 1,100 citizens, to live independently by adopting a short-term and planned outcome focussed approach. Citizens are encouraged to develop tenant groups in their communities, under the guidance of Support Officers and links with the Edinburgh Tenants Federation, (ETF).

3.7   Support Officers are grouped in small teams (clusters) in 6 different geographical patches citywide, to ensure consistency of support and coordination of activity across the city.

3.8   All citizens receive a Telecare service to access emergency support on a 24/7 basis.

3.9   In 2018, the ETF and Sheltered Housing Liaison Group undertook a [survey](#) of sheltered housing residents, which found that 93% of respondents said they felt safe where they live and just over 84% that their homes met their needs. Further surveys carried out by ETF and SHSS in 2018 indicated that 39% of residents did not feel involved in the community where they live, and 42% advised not enough social activities were provided in their area they live. Work has been underway to address and improve upon these elements.

3.10   In April 2019, the SHSS management team set up tenant communication groups inviting all tenants to participate, who until March 2020 met regularly with Sheltered Housing citizens to review the support provision, SH survey results, community room facilities, and where citizens and tenant groups identified support was required in facilitating social activities.

3.11   SHSS will continue to work with citizens, tenant groups, ETF and housing colleagues, to ensure future change in services improve outcomes for people, through making best use of resources and is aligned with the Health and Social Care Partnership's strategic outcomes, and the Strategic Commissioning Plan for Older People, indicated in the Strategic Plan.

4.   Main report

Sheltered Housing – Edinburgh Health and Social Care Partnership

4.1   Planned housing support available is predominantly for older people, some with disabilities and/or mental health needs, to sustain independent living in a

supported environment. All citizens are assessed for housing support and, where identified, this is provided according to their needs.

4.2   As highlighted above, surveys carried out by ETF and SHSS in 2018 indicated that 39% of residents did not feel involved in the community where they live, and 42% advised not enough social activities were provided in the area they live. Throughout 2019, the SHSS engaged further with tenants, with citizens living in the 31 sheltered housing schemes throughout the city being invited to participate and share their views. The SHSS survey found that 75% of citizens felt they had been kept informed of changes within the Sheltered Housing (SH) service and 96% agreed or strongly agreed, they enjoy living independently in their home.

4.3   By way of continually improving the experience of tenants, SH support officers continue to provide additional independent planned support and have been working to increase social activity in community rooms to improve the general wellbeing of all citizens. Of the 13 SH schemes that have community rooms on site, all have had regular activities arranged through partnership working with the third sector, tenant groups, and where required assistance from SHSS. Planned activities have been promoted through an activity flyer and notices. Citizens with similar needs living within the local communities are encouraged to participate, and similarly tenants have been encouraged to join local community groups.

4.4   From March 2020 and following government advice, to reduce the spread of covid-19, all community rooms were closed, and social activities cancelled. Similarly, many of the tenants were shielding and the majority of tenants took government advice to only go out if absolutely necessary. This has impacted the vast majority of tenants in SH.

4.5   The provision of planned support has been amended to weekly telephone wellbeing calls to all sheltered housing citizens, which have been welcomed, and, where essential support has been required, this has been provided throughout the Covid-19 pandemic. All citizens in sheltered housing received written communication outlining changes and were provided with details of how they could contact the service or request support in between the planned calls.

4.6   Following the government announcement on the 24 March regarding COVID-19 restrictions. ATEC24's Sheltered Housing and Community Alarm services commenced a programme of support which included outbound wellbeing calls to support c9,000 vulnerable citizens who use the alarm service across the city, not just those who live in our sheltered accommodation.

4.7   This ambitious programme was used to identify citizens who may be self-isolating or experiencing a change to the support they received from friends, family or other services. These calls provided an opportunity to identify any support required and to provide, signpost / connect / refer for assistance, when necessary. It also provided an opportunity to undertake routine maintenance checks on telecare equipment, and to update any changes to citizen's information.

ATEC24 work undertaken between 24ᵗʰ March – 30ᵗʰ September.

- Over 34,000 telephone wellbeing calls to citizens
- Over 200,000 incoming alarm calls
- Over 3,712 emergency responses that required a visit
- Over 1,500 visits for sheltered housing tenants were carried out including collecting shopping and prescriptions
- Over 12,000 citizen records were updated
- Over 160 referrals to other services were made

4.8   During the wellbeing calls, ATEC24 made contact and identified citizens who felt lonely and isolated. In partnership with the third sector, additional wellbeing calls were provided when required or requested. In addition, to support individuals to maintain psychological wellbeing, hints and tips on how to keep physically active and prevent falls was provided during the calls, and where required written communication was supplied as well. Ongoing connections with the third sector are now well established and will continue to grow, to ensure those who feel lonely and isolated have good opportunities to be connected to their wider communities.

4.9   In addition, 457 calls were made to people with a diagnosis of dementia, who did not require any formal service provision, to ensure they received information and reassurance. A briefing paper submitted to the Partnership's Executive Management Team is detailed in Appendix 1 of this report. Through dealing with some of the challenges experienced, this has provided valuable learning for ongoing improvements.

4.10   Looking to the future, in partnership with citizens, tenant groups, colleagues in Housing Property Services, Tenant and Resident Services, Housing Development, and locality Housing teams, the SHSS has initiated, and engaged in joint working to secure capital investment to plan and improve facilities within all sheltered housing schemes.

4.11   The improvements for each SH scheme are based on engagement and involvement of tenants, who have identified what is important to them, and will include, installing notice boards to support good communication, replacing laundry facilities, redecoration and replacement of furniture and white goods in community rooms, creating outside seating areas, accessible entrance/exits, creating mobility scooter huts with electrical points, and the upgrade of outside environments. The development of outdoor space is all the more important, to encourage people to safely socialise, particularly where there is no common room, as we remobilise through the pandemic, and beyond.

4.12   In collaboration with housing development and third sector organisations, work is also underway to increase access to superfast broadband internet connections to all sheltered housing schemes, to improve access for all tenants, as well as

pursuing funding sources to have WIFI installed in all community rooms. Staff are currently identifying citizens who are interested in digital technology or who feel digitally excluded. Where identified, citizens are provided with technology devices and supported to use the devices to engage with friends, family and other interests. Online support from voluntary groups is being delivered to enable citizens to use technology to shop independently online, and improve their wellbeing, further reducing loneliness and isolation felt by some of our vulnerable citizens.

4.13 Despite the pandemic restrictions, the SHHS team has made appreciated efforts to maintain contact with and meet needs of tenants.

5. Next Steps

5.1 SHSS will continue to work with citizens, third sector, internal departments and the care inspectorate to work with citizens in SH tenancies to optimise ways in which they can become more involved in their communities and associated activities to reduce loneliness and isolation. The remobilisation efforts, while following government guidelines, will include enabling the safe opening of community rooms, and use of outside space following appropriate risk assessments.

5.2 Senior officers from Housing and the Partnership will continue to attend tenant groups.

5.3 EHSCP, SHSS will continue to work with stakeholders, citizens and tenant groups to develop event guidelines for citizens and wider members of the community using the sheltered housing community rooms.

6. Financial impact

6.1 There are no adverse financial impacts arising from this report. Innovative approaches to improving quality of living, reduce loneliness and isolation will help to ensure best value and outcomes for citizens

7. Stakeholder/Community Impact

7.1 This report highlights attempts to reduce adverse stakeholder/community impact implications arising from general and prolonged isolation. Work will continue towards encouraging citizens to contribute to and engage within their communities to improve their quality of living.

8. Background reading/external references

8.1 Tied Accommodation within Sheltered Housing Update, Health, Social Care and Housing Committee, 16 June 2015

9.   Appendices

Appendix 1 – Wellbeing phone calls to people with dementia diagnosis

Appendix 1 –
Well-being phone calls to People with Dementia Diagnosis
During Covid Lockdown - Summary and outcomes

Date: 27 August 2020

Situation

During Covid-19, a high risk group was identified of people living at home who have a dementia diagnosis, specifically, people not necessarily shielding and not allocated to a team or service, and, who may vulnerable and require outreach support during lockdown.

In response, and before the Scottish Government instigated wellbeing calls for those designated as clinically higher risk, and shielding, a programme of outbound well-being calls was implemented using a targeted approach.

The framing of outbound contact was based on learning from the shielded and vulnerable groups Local Assistance Centre for in-coming calls, related on ward pathway for support services, as well as the ATEC 24 and Sheltered Housing well-being activity that occurred simultaneously.

This briefing note is to inform the Executive Management Team of activity, outcomes and lessons learned.

Background

During Covid- 9 pandemic lockdown there was considerable activity in the early stages of humanitarian assistance to ensure people were safe, well, and received food parcels, if they were identified as clinically at higher risk of contracting Covid-19, and asked to shield.

The early form of the Local Assistance Centre was commissioned by the Strategic Programme Manager, Older People, Dementia and Carers, who had the Edinburgh Health and Social Care Partnership (EHSCP) lead working with the City of Edinburgh (CEC) colleagues on the Shielding Programme, and who worked with the Sheltered Housing manager in setting up the parameters for the Local Assistance Centre.

As lock down occurred, simultaneous wellbeing calls were being made to sheltered housing tenants, and this significant activity has been reported through the Edinburgh Integration Joint Board (EIJB) briefings.

Through the connection of the sheltered housing manager and planning and commissioning officer, and the recognition that at 2020, in Edinburgh, it is estimated around 8,180 people are living with dementia, diagnosed and undiagnosed (includes 287 people under 65 years old), it was considered that although many with a diagnosis would be in receipt of care and support, many, particularly in the early and moderate stages of the disease, may not.

It was considered by the small EHSCP group that people living with dementia are considered potentially vulnerable during Covid Lockdown due to:

- supports and respite opportunities closed or reduced i.e. day services/care at home services
- people living alone with no family or friends and may not proactively seek support
- unpaid carers needing to provide more support, with increased stress potentially occurring
- clinical features of dementia already impact on every day abilities such as independence in daily living activities, judgement of situations; disorientation, and may be exacerbated during a lock down situation
- Scottish Government Covid guidance subsequently identifying people living with dementia as a vulnerable group.

It was decided that an out bound calls programme should be established to ensure the wellbeing of this group of people. This was taken through the Shielding Programme from a governance perspective.

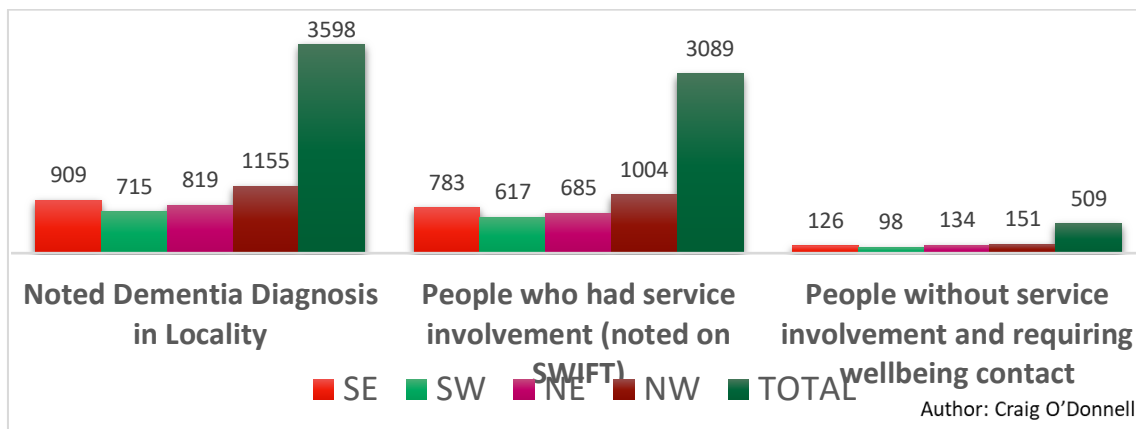**Outbound calls programme summary**

- Objective: Well-being calls to people living in own homes with no service involvement (people living in care homes/hospital not included as receiving regular support).
- Appropriate DPIA and Caldicott Guardian processes adhered to
- Focus on well-being including; food/medication/shopping check, daily living activities, general well-being, carer support required with offers of support/onward referrals/advice as required.
- Implemented phased approach across all 4 localities - 11 May 2020 to 26 June 2020 beginning in South East locality and concluding in North East.
- Call Handling Team already in place to respond to incoming Local Assistance Centre Shielding Calls, and this remit was extended to make calls/follow up actions.
- Data obtained from NHS Lothian TRAK to identify who had a formal dementia diagnosis – **3,598** people identified (at April 2020).
- Data cross-checked by Citywide and locality-based services - **509 people identified** for well-being calls.
- **457** people called. **25** people referred to locality hubs for further welfare follow up as unable to contact. Further **24** people identified by call handlers as died/moved out of area/long term care arrangement.

Assessment

The tables below highlight the breakdown of the 3,598 people identified with dementia, across the localities, and the breakdown of the 509 people who received no formal service involvement, who would benefit form a wellbeing call,
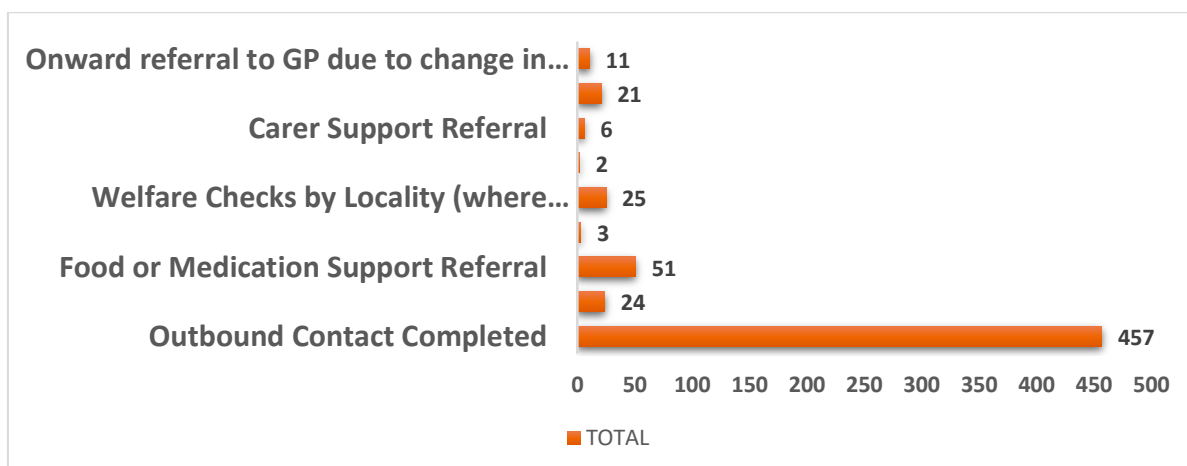
and the outcome of the calls made.

Table 1 – **Numbers of people with dementia and requiring calls per locality**

Chart data:

Category	SE	SW	NE	NW	TOTAL
Noted Dementia Diagnosis in Locality	909	715	819	1155	3598
People who had service involvement (noted on SWIFT)	783	617	685	1004	3089
People without service involvement and requiring wellbeing contact	126	98	134	151	509

Author: Craig O'Donnell

Outcomes of calls

It was important for the call handlers to be aware first hand of the range Advice and Information to provide on first contact, as well as being familiar with how to connect people for additional needs identified. The range in the table below is testament to this overarching knowledge and expertise.

Table 2 – **Outcome of Contacts**

Chart data (TOTAL):

Outcome	Value
Onward referral to GP due to change in…	11
	21
Carer Support Referral	6
	2
Welfare Checks by Locality (where…	25
	3
Food or Medication Support Referral	51
	24
Outbound Contact Completed	457

Feedback from people called, and staff

People were extremely grateful for the contacted, with not only verbal praise and

feedback being received, but email feedback too expressing satisfaction at this proactive approach. A sample of the reflections from the small team of call handlers, and people reciving the calls are noted below:

Carer I called was "super impressed" that we had phoned to check if his mum and him are managing and whilst they did not require support he was "extremely grateful for the phone call." (via call handler)

"Thank you and all the best with the project – great idea" (GP)

"Helpful about what can be offered - good to get the information" (person called)

"It was great…EHSC are addressing the 'great big elephant in the room'. My team have been kind of worrying about since this all started" (staff member - older people's community mental health team)

"Very helpful call" (person called)

Critical success factors

- **Co-ordinated citywide and locality-based data cross-checking** essential.
- **Small Core Group for Implementation** – key expertise gathered and worked remotely, and swiftly to get this up and running
- **Locality based implementation** – support from locality based operational staff to assist with data cross checking
- **Expert Call Handling** - the Well-being Call Handling Team formed from experienced social workers, occupational therapists and community care assistants, and were capable of connecting to the right supports available
- **Shielded and Vulnerable Groups direction from Scottish Government, and operational wellbeing activity** also underway across ATEC 24 and Sheltered Housing Support, assisted the framing of the project.
- **Governance** – **process more streamlined due to Covid lockdown** - DPIA Lite completed and Caldicott Guardian approval in place by April 2020. Governance through the Shielding Programme, and direct link with the work underway for Local Assistance Centre.

Challenges and Lessons Learned

Situation	Lessons Learned
Data cross checking by each individual locality using guidance note provided – issues with consistency and robustness may have impacted on accuracy and numbers of people identified requiring calls.	If further calls programme required: One staff group to do data checking for all 4 localities and review guidance notes. Cross checking with South East shielding list evidenced that few people with dementia were on this list which influenced decision

	not to cross-check with shielding lists in other 3 locality areas due to need for calls to happen timeously.
Improved data quality required to inform operations and strategic planning activity. TRAK data: 3598 (43.9%) people identified with dementia diagnosis from possible 8,180 estimated to be living with dementia in Edinburgh (diagnosed/undiagnosed). Accuracy issues - 24 people identified from outbound calls died/in long term care setting/moved out-with Edinburgh. This not recorded on data received from TRAK.	Further analysis of expected and actual numbers of people diagnosed in Edinburgh required for strategic and operational applications. Skilled data analytics staff resource required to progress/apply including: • inform Joint Strategic Needs Assessment • improve data accuracy on diagnosis recording, dates of death between TRAK/Swift AIS as part of business as usual through development of standard operating procedure. This would be subject to further information governance approvals including Caldicott Guardian.
457 people identified with no active service input and called – is there a need for designing easy access for people to call for advice and information as required, who may not necessarily require a statutory service assessment, but may benefit from wider third sector and/or volunteer provision?	• Use learning to inform Transformation Programme Edinburgh Pact, and Phase 2 - Older People's Mental Health Pathway work. • Potential links to any future developments with other services i.e. ATEC 24 and sheltered housing
Food package referrals	Potential need for locality-based teams to follow up if further functional assessment and longer-term support required.

Recommendations

That the Executive Management Team note:

1. Dementia well-being calls worked and excellent support from locality-based staff to implement.
2. Consider challenges, lessons learned and opportunity for future activity/applications outlined above.
3. Include in the annual performance report for 2020/2021.

Contact

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