

## Health and Wellbeing Board

31 January 2017

### Progress update of Director of Public Health Annual Report 2014 - All the Lonely People



---

## Report of Gill O'Neill, Interim Director of Public Health, Adult and Health Services, Durham County Council

---

### Purpose of the Report

- 1 The 2014 Annual Report of the Director of Public Health entitled '*All the lonely People*' focused on social isolation and loneliness and its effects on health and wellbeing. The purpose of this paper is to update the Health and Wellbeing Board on the response in tackling social isolation and how to have a more coordinated response. The focus of this paper is on older people.

### Background

- 2 'All the lonely People' outlined the causes and consequences of social isolation and loneliness and set a challenge for partners to take action to address the issues highlighted therein.
- 3 Taking action to reduce social isolation and loneliness in local communities can reduce the impact and cost on local health and care services, whilst improving the health and wellbeing of the population. The detrimental impacts on physical and psychological health are well documented.
- 4 The challenges are therefore:
  - To identify those who are, or who are at risk of, becoming isolated or lonely and may often be hidden in plain sight
  - To give appropriate support that helps to build and improve social connections in communities, working across partnerships, in order to protect those most at risk of isolation and loneliness
  - To create an environment through co-production where people can connect with their neighbours, communities or people of the same interest.
  - To develop programmes and interventions that actively identify through, a brief intervention approach, those who are at risk and to ensure programmes are working to the current evidence base.

## Definitions

- 5 Social isolation and loneliness are not the same thing, but are often used interchangeably. People can feel lonely without being isolated and isolated without being lonely. Whilst there is a strong and complex relationship between social isolation and loneliness, one does not necessarily follow the other, although many of the risks or triggers are shared and there is a large overlap between the two.

## Loneliness prevalence in County Durham

- 6 To highlight the scale of the issue, *'All the Lonely People'* estimated the prevalence of loneliness to be around 19,000 people aged 65+.
- 7 Public Health England (PHE) estimates that 7% of the 18-64 population is socially isolated. For County Durham this would mean around 22,000 people aged 18-64 being socially isolated.
- 8 Across the age groups and the two areas of concern this amounts to 41,000 people in County Durham that could be affected by loneliness, that's about 9% of the County Durham population over 18yrs.

## Effects on health and the National Health Service

- 9 The links between isolation and loneliness and poor physical and mental health are strong. Effects can include depression, decreased immunity and longer recovery from illness, poor nutrition, increased anxiety, fatigue, social stigma and ultimately increased morbidity and (premature) mortality. Recent studies suggest isolation:
  - Has a more negative effect on wellbeing than physical inactivity, obesity or smoking 15 cigarettes a day;
  - Can increase an older person's chances of premature death by 14%;
  - Increases the likelihood of admission into residential or nursing care; and
  - Increases morbidity, depression and suicide as well as health service use.

## The Director of Public Health Report recommendations

- 10 The Annual Report *'All the lonely People'* made a number of recommendations, which would start to address the challenges identified previously in this report. These are:
  - **Identification:** Partner organisations should identify those who are, or who are at potential risk of becoming socially isolated. There is a role for communities and individuals to support isolated people at a local level, and to build resilience and social capital in their communities.
  - **Signposting:** Front-line professionals and community members should consider the impact of social isolation on their patients/clients and signpost or support them to sources of help.

- **Networking:** Organisations should support the building of local connectedness in communities, working across partnerships in order to protect those most at risk of social isolation.
- **Local Connectivity:** Organisations, including the voluntary and community sector and Action Area Partnerships (AAPs) should work towards creating an environment where people can connect with their neighbours, communities or people of the same interest.
- **Policy and Training:** Appropriate policies and training should be in place to support volunteers in County Durham communities to understand, recognise and identify those at risk.
- **Future Developments:** Service developments, new commissions and contract specifications should consider the impact of social isolation on client / patient groups.

The next few sections of the report we will use the above recommendations to show how the Council and its partners have responded and intend to move this subject forward in the future.

## Responses to Recommendations

### Identification and professional signposting:

- 11 The key to start addressing the issues of social isolation and loneliness is to identify those residents who are, or could be 'at risk'. Frontline services are recognising the need to work more closely to enable residents to be identified sooner rather than later. For example Housing Associations, Fire and Emergency and Police come into contact with older, vulnerable residents on a day to day basis and they have started to identify, signpost and support those residents to access the services they need.

### Vulnerability

- 12 Potentially anyone can be or become socially isolated or lonely. Key factors, especially in older people can be:
  - Bereavement;
  - Reduced mobility and long term health conditions;
  - Lack of social participation;
  - Loss of useful role;
  - Sensory impairment;
  - Limited income;
  - Loss of contact with family members and children.

### First Contact Schemes – eyes and feet on the ground

- 13 First contact schemes train individuals who are most likely to come into contact with people experiencing social isolation and loneliness and in turn can make appropriate referrals. First contact programmes are based on making every contact count (MECC). These programmes can be general or targeted at a certain population.

14 There are a number of first contact schemes which are currently running in the county:

- **Agency Based Referral** - County Durham and Darlington Fire and Rescue Service (FRS) have recently implemented a safe and wellbeing visits (S&WBV) programme across the county. This is based on the idea of MECC or the '3 As' – **Ask, Advise, Assist**, and can include one or more of the following; giving individuals information, directing them where to go for further help, raising awareness of risks and providing encouragement and support for change.
- The MECC approach focuses on a number of health issues such as alcohol, smoking, dementia, social isolation, winter warmth and slips, trips and falls. These are health issues identified in the Joint Strategic Needs Assessment. Between 15th February (when the visits were first introduced) and 31<sup>st</sup> August a total of 9,255 visits were carried out. 3,506 people agreed to answer the lifestyle related questions. 1352 referrals were made to partner agencies. The highest numbers of referrals made were regarding loneliness and isolation.
- Agent based referral - 'community' or 'village' agents are paid staff or volunteers working to identify the individual needs of excluded/vulnerable people in a local area. The Area Action Partnerships working with a variety of partners including Pioneering Care Partnership, Cornforth House, East Durham Trust, Durham Community Action and local Housing Associations have piloted various schemes which either befriend, signpost or provide additional support to vulnerable older residents. All of these schemes use a mix of local knowledge and partner referrals to identify potential residents.

### **Social isolation indicators**

15 Measuring social isolation and loneliness is important in being able to properly identify older people to participate in programmes and for agencies to be able to accurately identify those individuals who would benefit. In the past there were only a few programmes that have made use of scales/questionnaires to identify and respond to the needs of older people. However, this is beginning to change with a validated questionnaire built into the safe and wellbeing visits being undertaken by the FRS in County Durham as well as similar scales being used by the various agent based referral schemes previously highlighted.

16 There is a need to be mindful that this area is somewhat fraught by the number of related wellbeing, quality of life and social isolation scales, some of which may elicit a negative or defensive response from older people. Nevertheless, there are a few extremely valuable scales that are constructed in a sensitive and useful fashion.

### **Information and signposting services**

17 Durham County Council has developed its own system through LOCATE, that aids with signposting around support services, care packages and local services.

- 18 LOCATE is being adopted by other services with GP surgeries currently piloting the use of the system closely linked to the work of the 'Wellbeing for Life' team and its volunteers. A variety of service partners have been trained to use LOCATE in 'one to one' situations to help signpost residents into relevant services to meet their needs.
- 19 There is still a great deal of potential with regard to improving the identification and signposting process. Work with services which have direct contact with older residents who may suffer from social isolation and/or loneliness (NHS, GPs, Social Care, Care Connect, Age UK) needs to progress further to develop a stronger referral and/or signposting process.

## **Networking and local connectivity**

### **Arenas for joined up working**

- 20 The County Durham Health and Wellbeing Board brings partners together to improve the health and wellbeing of the people of County Durham and to reduce health inequalities. Its key aim is to establish closer working between partners to enable the above to take place effectively. Social isolation and loneliness are just part of a much wider agenda for the Board but are key priorities in the Joint Health and Wellbeing Strategy.
- 21 As part of the Health and Wellbeing Board joint working arrangements structure, the creation of a Community Wellbeing Partnership has seen the development of a number of new programmes. The initial development of the FRS safe and wellbeing visits came through the Safe Durham Partnership; however, through cross partnership working and the ability to MECC the Community Wellbeing Partnership recognised the opportunity to look at health and wellbeing factors whilst conducting visits. Building on from this cross partnership working the Community Wellbeing Partnership have supported the development of a Health and Housing working group and again social isolation is a key part of their discussions.

### **Wellbeing for Life / targeted wellbeing**

- 22 Another focus for the Community Wellbeing Partnership has been the development and monitoring of the Wellbeing for Life service. The service is operating in the 30% most deprived areas as well as providing outreach support to individuals and communities with specific needs outside of these geographical boundaries. The service is managed and delivered by a consortium of voluntary sector and public sector organisations. It provides 'one to one' support, group activities, volunteering opportunities and community development approaches. One of the main outcomes of the wellbeing for life programme is to reduce social isolation and work to enable people to connect with others in their communities.

## Using links to health services

- 23 As previously highlighted health professionals have regular contact with older people at risk of experiencing social isolation and loneliness and systems could be established to identify and refer individuals into services and support. Initiatives that are already starting to do this include:
- Social Prescribing. Primary care services refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary/community sector.
  - Home from hospital schemes. Hospital staff identify older people who may be experiencing/are at risk of loneliness because of an illness and introduce them to services. The Royal Voluntary Service's 'Hospital 2 Home', Care Connects 'Home from Hospital' and the Durham Christian Partnership's 'Homeward Bound' services support vulnerable older adults during and after hospital discharge and offer short-term support.

## Social Prescribing

- 24 The social prescribing service began in June following on from the previous Arts on Prescription programme; *Colour Your Life*. Again the service is another programme managed and delivered by a consortium of voluntary sector organisations. It aims to provide access to social prescribing interventions for the improvement of mental health and the development of emotional resilience amongst participants. The service aims to act as a "social prescription" for the management of mental health and wellbeing. The service aims to provide access to social prescribing interventions via a hub and outreach model.
- 25 Social prescribing is a mechanism for linking people with non-medical sources of support from within the community. Individuals experiencing significant life changes or living a chaotic lifestyle can benefit from a constant and regular engagement which can help to stabilize their life. In addition doing something creative, learning a new skill, having time for oneself and developing friendships are all recognised to contribute significantly to mental wellbeing.

## Community based approaches

- 26 The evidence is very clear that communities with high levels of social capital have better outcomes in health and can enjoy greater levels of social cohesion. For these reasons (among others), reducing social isolation needs to be a key priority for a range of organisations.
- 27 Only through engaging local communities in co-producing local solutions can the issues relating to social isolation be addressed. Work in partnership with community groups, local faith groups, the voluntary and private sectors is needed to build community cohesion and to offer the personal and integrated approach that supports those suffering from social isolation.

- 28 The Health and Wellbeing Board recognises the value of communities working together to reduce isolation and increase resilience and the benefits that a well-connected society can bring.

### **Area Action Partnerships**

- 29 AAPs and partners are playing a major role in helping to address social isolation through engagement and community focused programmes. Many AAPs have prioritised work with older people around reducing social isolation and improving health and wellbeing.
- 30 The AAPs and partners have supported and/or developed numerous community based projects which tackle social isolation and loneliness whilst working with a variety of targeted groups and ages. Examples are provided below which provide support for older isolated residents:
- Flexible Emergency Packs Provision - Woodhouse Close Church (BASH)
  - Flexible emergency provision and crisis intervention - Shildon Alive (BASH)
  - Advice in County Durham – Chester-le-Street Advice Hub Pilot (Ch le St)
  - Derwent Valley Diners – Age UK CD (D/went)
  - Centre of Excellence linked to Dementia support (E Durham)
  - Neighbourhood Networks – Durham Community Action (M Durham)
  - Teesdale Retired Farmers Lunches/Socials – Upper Teesdale Agricultural Support Services Limited (T/dale)
  - Silver Talk – Derwentside Homes (M Durham)
  - Keeping in touch in Teesdale – Leap in Teesdale (T/dale)
  - Wheels to Meal's – W/dale Community Transport (W/dale)
  - B Network – Cornforth P/ship (Spennymoor)
  - Buddies Befriending Service – Pioneering Care Trust (GAMP)
  - 'Open Art' Surgery - RT Projects designs (Durham)
  - The County Durham Stroke Club (Durham)
  - Dementia Action Alliance Coordinator – Alzheimer's Society (M Durham)
  - Various Cree Projects across several AAP areas.
- 31 The AAPs try to work closely with partners to address social isolation by not only developing and sustaining projects but by promoting community based projects with key statutory health and wellbeing providers in an attempt to provide low cost, preventative and supportive services. The AAPs work closely with the Wellbeing for Life service and in turn help them to recognise and use these projects too. Recent work between these two and the County Durham Partnership has seen the recognition of how the local faith community can also have a positive impact upon addressing social isolation and loneliness.

## **Faith and wellbeing**

- 32 A Breakfast seminar held on the 23 September 2015 brought together elected members, officers, partners and faith communities in a roundtable conversation: “Loneliness in County Durham ....Private Problem or Public Issue?”

Some key points came from this conversation including:

- Role of the Voluntary Sector – providing innovative solutions;
  - Need to recapture a culture of ‘taking care of each other’;
  - Good Neighbour Schemes and Crees;
  - Keep in mind the isolation of young people as well as old.
- 33 Following on from this conversation there have been three ‘Faith & Wellbeing’ events held during 2015/16 which have brought together churches and faith groups in three AAPs to share their experiences of the links between faith and wellbeing and reflect on what they are doing locally. A key aim was to facilitate engagement between faith groups, the Wellbeing for Life Service and AAPs and to start looking practically at some of the key points coming out of the breakfast meeting.
- 34 A key outcome from these 3 events has been the funding secured for community projects run by faith groups, many of which will assist in helping to reduce social isolation e.g;
- St Elizabeth’s Woodham Community Hall – to encourage social activity
  - St Claire’s Newton Aycliffe Community Hall – to encourage social activity
  - St Elizabeth’s Newton Aycliffe - ‘Knit & natter’
  - St Catherine’s Church New Brancepeth – Luncheon and coffee morning sessions
  - St John’s Church Hall Meadowfield - rebuild the church hall for social purposes

Key to the delivery of a lot of the services mentioned in the last few sections is the access to local community buildings.

## **Community Buildings**

- 35 The County Council has supported many community buildings in the county, through the asset transfer programme over the past four years. Most of these buildings have been able to strengthen the level of activity that they provide as a result of a greater level of control, better finances, improved volunteer numbers and stronger management committees.

- 36 Services and activities provided by community buildings are often aimed at more isolated members of the community such as the elderly, young mums, older men or those with health issues (both mental and physical). Examples of activities provided include:
- Activities aimed at those who are isolated and those with dementia who can reminisce by looking at pictures and listening to music such as the 'forget me not' friends group at Citizens House in Consett and dementia clubs at Shotton (who include residents from the local care home nearby)
  - Men's Crees projects in Trimdon Station Shotton, Wheatley Hill and Annfield Plain
  - Tea dances, coffee mornings, art clubs and bridge clubs, sewing clubs and 'knit and natter' in various locations
  - Disability Parliament group at Newton Hall and Disabled Club at Wheatley House.
- 37 Durham Community Action and East Durham Trust are supporting our community venues to keep open and thrive through advice, support and guidance. They are developing building networks and consortia to deliver health and wellbeing activity and with the AAP's and county councillors helping to contribute funding and advice too it is hoped that we can sustain most, if not all of these local physical assets.

### **Transport and access to services**

- 38 Gaining access to the previously mentioned community based provision as well as health services has been seen as an issue for many residents with transportation cited as the main problem. Statutory services and AAPs have recognised this and there have been, and are, several commissioned and funded transport schemes across the county which are trying to address this:
- There are several CCG/NHS and public health commissioned transport services which focus upon getting residents to and from their healthcare appointments.
  - There are three volunteer car driver schemes supported through their associated AAPs (4 Together, Stanley and Mid Durham) which enable people and their carers to access healthcare appointments in hospitals as well as local social activities.
  - Weardale AAP have used their public health grant to support a 'Meals to Wheels' project that enables older people to access other services in particular a meal.
- 39 This section has highlighted numerous examples of community led provision which will help to address social isolation across our county. The need to connect the community led services with those of our statutory health and wellbeing providers has begun, but there is still a great deal more to do. There is a need for all partners to examine this further, so that a connected, quality care/support package can be offered to all our older residents in the future.

## **Policy and Training**

### **Strategy and Policy**

- 40 The County Durham Joint Health and Wellbeing Strategy has identified and put in place targets and actions to start to identify and support people at a local level who are, or could be affected from social isolation and loneliness. Alongside this they will be seeking to build resilience and social capital in local communities to further address these needs.
- 41 The Clinical Commissioning Groups' Frail Elderly model incorporates a whole system review that cuts across health, housing, social care and the third sector providing safe, high quality seven day integrated services; delivering person centred care, and places early identification, timely intervention and prevention at its core.
- 42 The Better Care Fund has tackling social isolation as one of its work programmes with increasing community capacity and resilience to provide local low level services as one of its actions.
- 43 Durham Community Action has put in place policies, procedures and accreditation to support the recognition and delivery of volunteer led services across County Durham. They, along with other community based providers of befriending, support and signposting services have developed policies and procedures alongside specific training packages to enable volunteers to identify, support and signpost people suffering from social isolation.

### **Training**

- 44 As previously highlighted there are a number of services delivering a wide variety of training that will enable front line staff and volunteers to identify, support and signpost older residents. Programmes that offer befriending, mentoring, buddying or navigating have seen a great investment of both time and resources into training programmes for their volunteers.

### **Commissioning**

- 45 A number of councils are recognising the importance of addressing loneliness and building small but important steps into contracts.
- 46 As a result Birmingham Council is now requiring the voluntary organisations it commissions to provide preventative services that reduce social isolation, to use the following measures:
  - Percentage of individuals using the service reporting that they feel they have adequate social contact
  - Training of staff to ask, advise and assist and use local signposting for those who may be lonely
  - Percentage of individuals using the service reporting that they feel less lonely and depressed

- Percentage of service users reporting that their lifestyle has improved for the better

## Way forward

- 47 Clearly there is a considerable amount of work from numerous partners taking place across the county that is starting to address the recommendations made in the *'All the Lonely People'* report. As our population continues to grow and resident's lifespans increase, it is highly probable that the number of older residents who are affected by social isolation and loneliness will continue to grow unless we sustain and develop services to address these issues.
- 48 There is a need to examine and measure the impacts these existing services are making on our older residents so that we are sure that the services are making positive differences. There is a need to provide health and wellbeing practitioners and volunteers with clear 'pathways' of services which could support those identified that are affected by social isolation and loneliness. As indicated this has already started with an emphasis on 'local' pathways, but there is still a need to draw this together so that all practitioners, volunteers and residents across the county have access to good quality service provision to meet their needs.
- 49 As previously highlighted in this report the Community Wellbeing Partnership have sought to discuss, develop and monitor a number of programmes which impact upon social isolation and loneliness; however, this has not been carried out with a wider view on addressing social isolation as a whole. The Partnership has discussed recently the idea of having a 12 to 18 month key area of focus, with social isolation being one of those possible areas.

## Recommendations

- 50 The Health and Wellbeing Board is asked to note the contents of the report and support the specific recommendations that:
- Organisations and partners who prioritise reducing social isolation and loneliness should develop interventions that are based on the current evidence of what works: befriending services, community navigator programmes and group activities;
  - That commissions, where relevant should continue to consider 'building in' indicators which will tackle social isolation and loneliness;
  - That a basic common training package on how to engage and identify social isolated individuals and groups should be developed;
  - The Community Wellbeing Partnership will design and develop an evaluation framework to support organisations to be able to capture a range of outcome measures to demonstrate value and contribute to learning;
  - Given the numbers of older people in County Durham with one or more long term conditions, work to reduce social isolation and loneliness, will need to integrate with the proposed CCG integrated community hubs model;

- On the back of recommendation that contact schemes should train individuals in using making every contact count (MECC) and undertake some brief and sensitive questionnaires to identify and appropriately refer people to local programmes using Locate;
- The Community Wellbeing Partnership should consider placing social isolation and loneliness as a key focus of work for the foreseeable future to support, steer and enable the above recommendations to take place.

---

**Contact: Graeme Greig, Public Health Specialist**

**Tel: 03000 267682**

**Andy Coulthard, Area Action Partnerships Coordinator**

**01205 529085**

---

---

## **Appendix 1: Implications**

---

**Finance** – There are financial implications of the ageing population with long term conditions.

**Staffing** – There are workforce issues relating to the training and development of staff including using MECC and screening tools.

**Risk** – There are risks to the physical and psychological health of lonely and isolated people.

**Equality and Diversity / Public Sector Equality Duty** – This relates to reducing health inequalities and narrowing the gap in health outcomes

**Accommodation** - None

**Crime and Disorder** - None

**Human Rights** - None

**Consultation** – None

**Procurement** - None

**Disability Issues** – Considerable numbers of older socially isolated people will have a long term condition

**Legal Implications** – None