Health, Housing and Adult Services Scrutiny Panel
Policy Review 2014 – 2015

Tackling loneliness and social isolation

Draft Report

Contents

1 Foreword

"*When friendship disappears, then there is a space left open to that awful loneliness of the outside world which is like the cold space between the planets. It is an air in which men perish utterly."*

Hilaire Belloc
1870-1953

The Health, Housing and Adult Services Scrutiny Panel have, through this review, taken an in-depth look at loneliness and social isolation. The panel has explored what these terms mean, the main causes of loneliness, the impacts on an individual and some of the many interventions and support mechanisms that exist locally and nationally. The panel were certainly encouraged by the range of services available and were equally pleased to see that these services and schemes were being well used.

The panel also looked at the development of integrated care services and how this might impact on issues of loneliness and social isolation. The panel held a number of discussions with the Clinical Commissioning Group, Sunderland City Council and other key partners which helped to provide a clearer picture of integrated care and what this means for Sunderland residents.

Living alone for some is a personal choice with some people enjoying the solitude and independence that this can bring. However for many it is a catalyst for limited social contact, increasing health issues and diminishing physical, mental and emotional wellbeing. With people living longer and families ever more fragmented the probability that at some time in our lives we will live alone is increasing. It is also not the sole domain of the older generation, loneliness and isolation can impact on anyone, it does not discriminate.

The panel acknowledges that tackling loneliness and social isolation is a monumental task and clearly impossible to eliminate completely. However it is still an extremely worthwhile cause to look to connect those people in society who for one reason or another have become disconnected from their families, neighbours or communities. Hopefully the recommendations that the panel is proposing can help to promote and develop a number of the key themes and initiatives that are emerging in relation to this issue.

Finally the Health, Housing and Adult Services Scrutiny Panel would like to thank the officers, partner organisations and voluntary sector groups who provided their time so willingly to help the panel gather the evidence for this review, this contribution and cooperation is as always invaluable.

Health, Housing and Adult Services Scrutiny Panel
March 2015

2 Introduction

2.1 The Scrutiny Debate provided the usual variety of scrutiny topics for potential review during the coming year. The Health, Housing and Adult Services Scrutiny Panel, commissioned by the Scrutiny Committee, agreed to undertake a spotlight review around the issue of loneliness and social isolation linked to the newly developing community integrated care teams in Sunderland.

3 Aim of the Review

3.1 To look at the issue of loneliness and social isolation across the city, the range of provision available to tackle isolation and loneliness and the extent that the developing community integrated care teams can have on this.

4 Terms of Reference

4.1 The title of the review was agreed as 'Tackling loneliness and social isolation' and its terms of reference were agreed as:

(a) To define and understand the terms loneliness and social isolation in the context of the review;

(b) To investigate the current interventions provided by a range of organisations that look to tackle issues of loneliness and social isolation, including examples from across the region and country;

(c) To gain an understanding of person-centred coordinated care and how the development of community integrated locality teams within Sunderland can be influenced to give consideration to loneliness and social isolation;

(d) To explore how the local authority's social care services in conjunction with health partners will approach evaluating how well they have tackled social isolation in relation to the quality of care provided to individuals.

5 Membership of the Panel

5.1 The membership of the Health, Housing and Adult Services Scrutiny Panel during the Municipal Year is outlined below:

The Late Councillor Christine Shattock (Scrutiny Lead Member for Health, Housing and Adult Services) and Cllrs Rosalind Copeland, Daryl Dixon, Michael Dixon, Alan Emerson, Jill Fletcher, Shirley Leadbitter, Barbara McClennan, and Dorothy Trueman.

6 Methods of Investigation

6.1 The approach to this work included a range of research methods namely:

(a) Desktop Research;
(b) Use of secondary research e.g. surveys, questionnaires;
(c) Evidence presented by key stakeholders;
(d) Evidence from members of the public at meetings or focus groups; and,

(e) Site Visits.

6.2 Throughout the course of the review process the panel gathered evidence from a number of key witnesses including:

(a) Victoria Brown (Age UK);
(b) Lennie Sahota (Sunderland City Council);
(c) Ian Holliday (Sunderland CCG);
(d) Gillian Gibson (Sunderland City Council);
(e) Gillian Robinson (Sunderland City Council);
(f) Graham Burt (Sunderland Carers' Centre);
(g) Marianne Siddorn (Campaign to End Loneliness);
(h) Jacqui Reeves (Washington MIND);
(i) Kay Hunter (Headway Wearside);
(j) Tricia Doyle (Headlight Sunderland);
(k) Helen Tranter (Gentoo Living);
(l) Julie Walker (Gentoo Living);
(m) Margaret Hope (Hetton New Dawn);
(n)

6.3 All statements in this report are made based on information received from more than one source, unless it is clarified in the text that it is an individual view. Opinions held by a small number of people may or may not be representative of others' views but are worthy of consideration nevertheless.

7 Findings of the Review

Findings relate to the main themes raised during the panel's investigations and evidence gathering.

7.1 Loneliness and Social Isolation: Facts and Figures

Loneliness and Social Isolation - are they the same thing?

7.1.1 Loneliness and social isolation are often used to mean the same thing, but they are very distinct concepts. Social isolation refers to the lack of social or familial contact, community involvement or access to services, an objective state. While loneliness is often most widely described as a subjective experience; a negative that is associated with a perceived gap between the quality and quantity of relationships that we have and those we want. Loneliness is very personal and its causes, consequences and existence are impossible to determine without reference to the individual and their own values, needs and feelings.

7.1.2 With this in mind it is therefore possible to be isolated without being lonely and to be lonely without being isolated. A person can be physically isolated (living alone, little contact with other people etc.) without feeling lonely, for some this can even be as a result of their choosing. Also individuals can feel lonely surrounded by people if those relationships are not enough to deter feelings of loneliness.

7.1.3 As such, it is a complex issue to address, and is likely to change over the course of a lifetime. A number of predictors of loneliness have been identified, through research conducted by ELSA[1], including personal circumstances (e.g. widowhood), life events (e.g. bereavement, moving into residential care), poor physical and mental health, or perceptions such as the expectation of declining health and dependency and low socio-economic status.

7.1.4 Social isolation is a serious issue for some older people, but it should not be considered as a predictable by-product of ageing. The majority of older people are not socially isolated and continue to make a considerable personal contribution to society, alleviating loneliness for themselves and others. This contribution is essential in helping communities to develop capacity and resilience and it is something this review will return to later.

The main causes and contributing factors

7.1.5 Loneliness and isolation has many different causes and affects people in different ways. People can often feel lonely because of their personal circumstances. But sometimes loneliness is a deeper, more constant feeling that comes from within. Certain lifestyles and the stresses of daily life can make some people socially isolated and vulnerable to loneliness. There are many situations and factors as people move through life that might make someone feel isolated or lonely. For example:

- Losing a partner or someone close to you
- a relationship break-up
- being a single parent or caring for someone else – you may find it hard to maintain a social life
- retirement and the loss of social contact from working

[1] English Longitudinal Study of Ageing

- are older and find it difficult to go out alone
- moving to a new area without family, friends or community networks
- belonging to a minority ethnic group and live in an area without others from a similar background
- exclusion from social activities – for example, because of mobility problems or a shortage of money
- experience of discrimination and stigma – for example, because of a disability or long-term health condition, or gender, race or sexuality
- victim of sexual or physical abuse and finding it harder to form close relationships with other people.

> *"We seem to live in a society when we have very little time to spend with our family and friends, due to the fact that more of us work full time and juggling children and other responsibilities. This leaves our vulnerable members of society with less family time too, leaving them lonely and isolated".*
>
> Washington MIND (Service User)

The Impacts of Loneliness and Isolation

7.1.6 There is public awareness that loneliness affects a significant proportion of the population and that being lonely is a struggle emotionally. The links between loneliness and poor physical health are well-established, however scientists are still examining the link between mental and physical health and how loneliness affects our bodies.

7.1.7 Isolation has been associated with repeat hospital admissions and increased vulnerability to stroke, heart failure and coronary heart disease. Loneliness can adversely affect cardiovascular health (independent of other factors that may be related, such as smoking) and the immune function.

7.1.8 Members during their research highlighted two studies from 2012 which found that living alone, or just feeling lonely, may increase a person's risk of early death. One study followed nearly 45,000 people aged 45+ who either had heart disease or were at high risk of it. Those living alone, the study found, were more likely to die from heart attacks, strokes or other complications over a four-year period than those living with family or friends or in some other communal arrangement. A second study focused on those 60+ and found that men and women were 45% more likely to die during the study period (six years) if they reported feeling lonely, isolated or left out. But those who reported loneliness, 43% of the study population, weren't necessarily living alone. Researchers said the link between lonely feelings and health problems held even after living situation, depression and other factors were taken into account.

7.1.9 A meta-analysis of 148 longitudinal studies published in 2010 estimated that individuals with strong social ties have a 50 per cent greater likelihood of survival than those with poor social relationships and networks. This effect was compared to smoking 15 cigarettes a day and is greater than other well-established risk factors for mortality such as physical inactivity and obesity. However, in comparison with these more well-known factors, much less is known about the mechanisms through which loneliness affects health. As well as possible physiological mechanisms, such as neuro-endocrine or hormonal effects, health behaviours may also be important. Loneliness makes it harder for people to regulate for example, drinking, smoking

and over-eating, while social relationships have been shown to promote healthy behaviours.

7.1.10 The physical, mental and emotional effects of loneliness discussed above, inevitably have consequences for quality of life and the wider community, as well as costly health and social care service use. A recently developed quality of life measure based on the needs and aspirations of older people, found that most older people ranked social relationships as the key dimension. Engaging in a large number of social activities and feeling supported; good community facilities and infrastructure such as transport; and feeling safe in one's neighbourhood were among the main factors contributing to a good quality of life in older age.

7.1.11 The Panel acknowledged that loneliness and social isolation can encourage fear and distrust as well as fragmenting communities. By contrast, keeping older people connected to their neighbourhoods harnesses economic and social capital and helps to promote social cohesion. Older people's engagement in volunteering and/or caring activities brings benefits, not only to individuals, but to sustaining communities.

7.1.12 In terms of pressure on health and social care services, research has shown that socially isolated and lonely adults are more likely to be admitted earlier to residential or nursing care, are at greater risk of emergency admission and re-admission to hospital, although the impact on consultations with general practitioners (GPs) is less clear. Given the growing understanding about the impacts of loneliness and social isolation and the recognition that it is a serious problem, there is a pressing need to bring the issue to the forefront of national and local policy agendas.

After finishing work I was beginning to feel a little isolated and felt I needed to get out of the house and start doing something with my days. I could feel me mood becoming lower and knew I had to do something.

Since stumbling across The Life House I have attended pottery and thoroughly enjoyed it. I met new friends and it was great to work as a team. We did work to coincide with the 50th anniversary of Washington. The class tutor Mark was exceptional.

I also had a go at Indian Head Massage again it was great and met more new friends, I thoroughly enjoyed it and if it wasn't for The Life House I dare say I wouldn't be able to do either.

The Life House is a great asset to Washington and we are so lucky to have it here.

Washington MIND (Anonymous)

Loneliness and Social Isolation – the numbers

7.1.13 Loneliness is a problem that is present across all age groups in society. In 2014, 7.6 million people in UK households lived alone, of which 4.1 million were aged 16 to 64. The majority of this age group are male possibly due to higher proportions of men never marrying, marrying at older ages or partnerships breaking up leading to

men living alone while women will, generally, live with any children from the relationship.

7.1.14 For those aged 65 and over the picture is an opposite; with the majority of people living alone being female, this can be attributed to women's higher life expectancy. By 65 most women have been married, and husbands are typically older than their wives, which highlights the gap in life expectancy, and means more women are widowed and ultimately living alone.

7.1.15 The baby boom generation of the 1960s having reached the 45 to 64 age group coupled with the rise in divorce and fall in marriage rates has resulted in a statistically significant change to the numbers from this age group living alone. In contrast living alone, in the 25 to 44 age group, has fallen most likely due to the affordability of moving to independence as well as research indicating a shift towards young adults sharing accommodation.

	2014	2015	2016	2017	2018	2020	2025	2030
Males aged 65-74 predicted to live alone	2,600	2,660	2,760	2,820	2,860	2,960	3,080	3,340
Males aged 75 and over predicted to live alone	3,196	3,264	3,298	3,366	3,468	3,638	4,488	5,134
Females aged 65-74 predicted to live alone	4,440	4,500	4,650	4,740	4,800	4,890	4,980	5,370
Females aged 75 and over predicted to live alone	8,418	8,540	8,540	8,601	8,662	9,028	10,553	11,590
Total population aged 65-74 predicted to live alone	7,040	7,160	7,410	7,560	7,660	7,850	8,060	8,710
Total population aged 75 and over predicted to live alone	11,614	11,804	11,838	11,967	12,130	12,666	15,041	16,724
Rates for people living alone are as follows:								
Age range	% males	% females						
65-74	20	30						
75+	34	61						

Figure 1: People in Sunderland aged 65+ living alone, by age and gender, projected to 2030
Source: General Household Survey 2007 (ONS)

7.2 Tackling Loneliness and Isolation: What can help?

7.2.1 There are many types of support and intervention available that can help to reduce loneliness and isolation. These services include, but are not limited to, interventions delivered by both the public and voluntary sectors. The Campaign to End Loneliness has categorised many of these services and below are examples of the main categories that Members have encountered during their evidence gathering.

Information and Signposting Services

7.2.2 There are many opportunities to provide information and signpost people to support services through websites, directories or telephone help-lines that include information about social support services. The use of health and social needs assessments can also help to identify loneliness and social isolation. Current community care assessments address issues related to social support systems through questions linked to connections with family and friends, meeting people and creating friendships. By doing this it is possible to start to evaluate an individual's needs around social contact with services available in their community.

COMMUNITY DIRECTORY

The East Area Committee, recognising social isolation in older people was a major issue, agreed to establish a community directory to highlight services, support and activities available in the area.

In order to set up a directory it was important to understand what was already out there, ward workshops were hosted with elected members and voluntary sector representatives. Over a period of 4 months, 350 services/sessions were identified in the East area; this information was then collated into a database. In addition to completing the mapping exercise, officers liaised with other departments who managed databases (CORA, Family Information Services, Active Sunderland, etc.) and received copies of their information. Three people were employed from SWITCH to pull all the information together, and collectively over 4,000 services had been identified. Unfortunately the decision was made to remove all the information relating to ages 0-50, and only services for the 50+ age group were transferred onto the online directory.

The directory was launched on a small scale, as this was regarded as an interim directory, but Sunderland City Council Call Centre and others have started to use it. In its first month it had received over 10,000 hits, however figures have dropped, possibly attributable to the weakness within the search engine. It has, though, served a useful purpose in highlighting many of the services and organisations available within a given area. Currently a new directory is being designed and built which will have a search engine similar to that employed by leading web search engines. It is hoped that this new directory will be launched in April 2015.

Support for Individuals

7.2.3 There are again many forms of support for individuals including befriending services where volunteers make weekly visits or phone calls, providing social interaction to help alleviate the feelings of loneliness. Mentoring can also provide a useful short-term support intervention that can help individuals to achieve a particular goal. Age UK Sunderland also offer a new innovative service called LIFEstyle which provides trained, supportive staff to enable people to go out shopping, enjoy social events or help with tasks around the house.

7.2.4 Members also noted that Age UK offer befriending / home visiting services targeted at the most vulnerable older people, who are unable to access other services due to health or mobility. A volunteer befriender visits an individual for approximately an hour each week or as required, to provide conversation or social activities depending on the individual's needs. These types of services can be a starting point and used in conjunction with other services such as supported group

activity; it aims to support those who can, to move away from befriending and reconnect with the local community.

7.2.5 As public resources continue to reduce, despite the ever increasing demand, many current and traditional delivery methods are no longer affordable and also not meeting the outcomes of local people. At the same time, there is also a growing recognition of existing but often untapped assets and potential within communities that can enhance and complement the public sector offer. The challenge is to develop these new ways of working, encompassing and utilising all the resources available locally to achieve the best outcomes possible.

7.2.6 Wayfinders or Community Connectors are usually volunteers who provide “hard to reach” or vulnerable people with emotional, practical and social support. They can act as “connectors” between the community and public services facilitating access to services. Where these services have been developed in the UK, they have built on a model first developed and evaluated in the USA. The key feature of these services is the training of ‘non-traditional’ referral sources to reach out to otherwise hard-to-reach groups. These services have been subject to robust independent evaluation in the USA and have shown positive results in terms of their ability to effectively identify and engage with older people who might otherwise not access services. Buddying or partnering can also help people to re-engage with past social networks, following a major life change e.g. bereavement, divorce etc.

7.2.7 In Leeds the Seniors Network aims to work with and enhance these natural linkages by up-skilling local people to be even more effective at making connections, and supporting networks and groups. The overall aim is to support older people to live longer at home, have an active social life and remain integrated in their local community. Three third sector Neighbourhood Network Schemes have been commissioned to act as Community Builders to recruit volunteer ‘Community Connectors’ to identify and connect with people who are not already engaged with groups and activities, supporting them to turn their ideas into actions. Individuals come from a wide range of backgrounds but were selected because of their strong networks in the community and their willingness to help make things happen. Each area has a small amount of seed funding (Small Sparks Fund), to help develop actions.

7.2.8 In Sunderland a Community Connector scheme was launched in April 2014 to enable self-care in the community as far as possible, supported by local people who act as informal connectors to information / local activities and self-care messages. The level of help varies from person to person dependent on ability, with some people requiring only a small amount of help or assistance such as being signposted to an activity or support service to enable them to get out and about, whereas others may need much more help and support which could include help from the integrated care teams or outreach help. Currently area arrangements are exploring issues related to community support within the city and it will be crucial to any development going forward that issues of ownership, recruitment and training are thoroughly explored to ensure that any community connector model employed is clear in its aims and purposes. It was also noted by Members it would be important to look at specific groups such as young people, people leaving the armed forces etc. to ensure the city and its connectors are prepared. There are also other voluntary and community sector organisations that are well placed within the city to support the community connector model. This includes

Sunderland Carers' Centre, who are willing to work collaboratively to offer a community connector function providing information and advice to carers.

7.2.9 It will continue to be important to value community connectors as a rich source of information and ensure that mechanisms are in place for them to connect with each other and access up-to-date information. This could be achieved through the use of newsletters, monthly meetings etc. that provide a 2-way dialogue between connectors and the key statutory bodies. It will also be important to build the connector role into job roles and organisational culture and training. The inclusion of such a role within community integrated teams will be a positive contribution to help people regain or stay connected to a community, reducing the risk of social isolation and achieving person centred outcomes. There can also be varying levels of connector from 'Informal Connectors' performing a good citizen role to 'Formal Connectors' such as health professionals, housing officers etc.

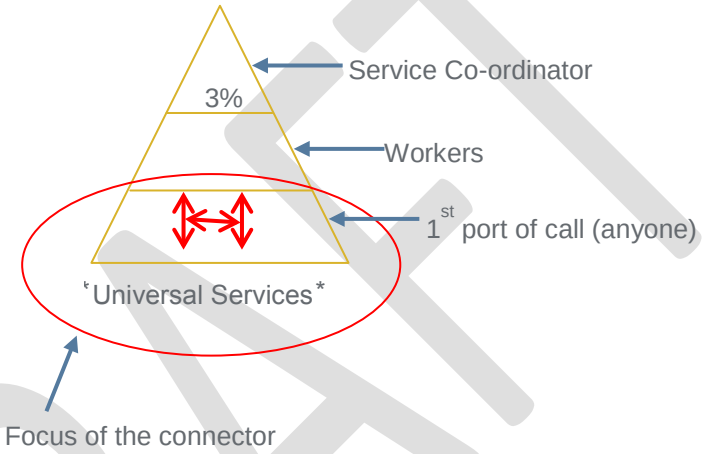


Figure 2: Focus for Community Connectors
Source: Delivering Better Health & Wellbeing in Sunderland

Group Interventions

7.2.10 Group interventions include day centre type activities such as lunch clubs and social group themes. The number and extent of group interventions is very wide. Those interventions within 'social group schemes' incorporate self-help and self-support groups that cover a number of areas (e.g. bereavement, friendship, creative and social activities, health promotion). Such structures and ways of working depend on the needs of the population to whom the intervention is addressed. They can be open to all or more limited and focused in their membership. They can have specific aims or depend on the group as a whole to develop activities that the group requires. They can be peer led or led by specialists or volunteers.

7.2.11 Age UK in Sunderland provide a variety of support and encouragement to local people over the age of 50, who are experiencing blocks or barriers to health, wellbeing and independence. Tackling social isolation is a key element of many of these services and many of the people accessing support have become isolated, depressed or anxious.

7.2.12 There are a range of services that can meet individual needs in an holistic way through supported group activity for people who lack confidence or are having difficulty in engaging in social activities. This may involve supporting individuals on a one-to-one basis to begin attending local group activities or

introducing them to some of Age UK's group programmes that provide a range of activities.

HETTON NEW DAWN

Hetton New Dawn is a project that works with members of the local community to plan and organise activities for elderly people who are socially isolated within the community and surrounding areas. The Project activities provided include indoor bowls, lunch club, befriending service, bingo and Hetton Local History Group. These activities are to help maintain independent living, build self-esteem, promote the development of friendships and companionship and to promote a healthy lifestyle.

The lunch club, which currently has a membership base of approx. 42 members, offers a 2-course hot meal and, importantly, subsidised transport, through a community bus, to group members if needed. In speaking to the group Members noted that for many people this, in the main, was their only form of social interaction or leaving the house for a social experience. Most people arrived at the centre at approx. 10.30am which provided that important time for chatting, catching up with friends and social activities (e.g. bingo) before lunch at noon.

An important outcome of the lunch club was that some of the group had gone on to form their own friendships, resulting in their own organised social activities outside those of Hetton New Dawn. It was highlighted how much people clearly benefitted from attendance at the lunch club and recognised the change in people over the months as they grew in confidence and developed friendships.

Hetton New Dawn like many similar organisations worked in partnership with other key providers across the city including the Council, Gentoo, Age UK and Sunderland Volunteer Centre and will signpost people to these organisations were appropriate.

7.2.13 Members also visited Swan Lodge - Life House, Sunderland which supports and offers accommodation for local people who are homeless who may experience various problems and complex needs, including mental health, alcohol and substance misuse. It was an opportunity to understand the role of Swan Lodge and the services provided to its users. The Life House consisted of 65 rooms across five floors (nine of which were exclusively to support women) to support people aged 18-80yrs. In addition to the 65 rooms, there were also two sofa beds for emergency purposes when the lodge is full.

7.2.14 Members of the panel met a former resident of Swan Lodge, who following a variety of issues including relationship breakdowns, mental health problems and alcoholism, had become a volunteer and then a paid member of staff. Members were also informed of how these experiences have helped him to help others

through his own knowledge, background, and empathy for the situation that many people within Swan Lodge find themselves in.

7.2.15 Staff at Swan Lodge emphasised to the Members the importance of time in allowing residents to gain confidence and develop relationships that, in time, will allow them to move on. However, one size does not fit all and it is important that each resident is supported in the appropriate way through their own support plan. The majority of issues for residents have a root cause in relationship breakdowns which often lead to issues such as mental health, alcohol and drug misuse. The Life House has, over the last three years, seen an increase in the numbers of young people, age 18-25yrs, requiring support. Some of the contributing factors could include the current economic climate, bedroom tax, availability of cheap alcohol, drugs and legal highs.

7.2.16 Swan Lodge also holds a number of sessions to address social isolation which included; a soup and sandwich drop-in at a number of locations and a breakfast drop-in at the Salvation Army, Southwick on a Friday. It was noted that the sessions were very popular and that through the provision of a meal had created an opportunity of social contact for a number of people who could be classed as lonely or socially isolated.

7.2.17 There is also a current 'Early Intervention' scheme which ensures that new residents are 'buddied' with a worker providing that link, individual support and relationship which allows the worker to gradually introduce the resident to useful places in the City including the Job Centre, Igneous (training provider), Volunteer Services etc. This gentle approach is important in giving individuals the time to adjust and settle into the Lodge.

7.2.18 In talking with staff from the Lodge it was clear that there is a need to reduce the stigma attached to residents of Swan Lodge and how the Lodge can become more present within the community through increased understanding, awareness and building on the skills of the residents.

Wider Community Engagement

7.2.19 Wider engagement is aimed at promoting projects that are designed to support individuals to increase their participation in existing activities such as sport, libraries, museums etc. from within their existing communities. Time Banks are also examples of effective wider community engagement at a local level benefiting not only the recipient of the service but also the provider of the service.

7.2.20 Members in conversation with Gentoo noted that the housing group have seven purpose built housing schemes consisting of self-contained apartments providing secure accommodation with dedicated care managers for independent living. These are located across the City:

- Central Area – Gillhurst House & High Grindon House
- Washington – Roseberry Court and Peacehaven Court
- South Area - Tom Urwin House
- North Area – Albany House.

7.2.21 All the accommodation have communal areas that deliver activities including luncheon clubs, bingo, and coffee mornings etc. for both residents and importantly the local community. Gentoo recognises the use of these venues as community

hubs so people living within the schemes still feel and remain part of their local community. These schemes are very popular and Gentoo operate a waiting list and any vacant properties are advertised through the choice based lettings scheme with no priority or assessments made.

7.2.22 Gentoo operate a range of activities and events for all ages across the City to engage with the community and currently offer:

- Facilitated Citywide Events;
- Intergenerational Working with schools to help break down barriers between the young and old;
- Supported Housing;
- Community Groups;
- Reduce Social Isolation.

Members enquired how the activities and events were advertised and it was noted that all services were advertised within the residential accommodation through the care mangers along with newsletters, websites, mailing lists and through other partners.

7.2.23 Gentoo reported that there were three main strands to their service improvement and ensuring that the services provided were what people really wanted:

Customer Feedback – this helps influence services both formally and informally and includes community events, tenants meetings and
Customer Improvement – feedback received from customers helps to re-shape services.
Activities – various activities delivered across the city to including coffee mornings, bingo, Remembrance & VE Day celebrations, watching TV together, gardening and fishing clubs etc.

7.2.24 Sunderland City Council's Area Committees are also very proactive in funding and supporting projects and community initiatives that look to tackle issues of loneliness and social isolation. The Washington Area Committee has funded the Easington Lane Community Access Point to provide support to 22 residents in Washington to become involved in activities in and around Washington. It is positive to recognise that once the project comes to an end the group will continue to meet independently.

7.2.25 The East Area Committee has also awarded 25 organisations with grant funding to enable such groups to purchase more equipment, i.e. table and chairs to deliver a luncheon club, to funding bouncy castles, hand massages, etc. to cross generational community events day.

7.2.26 Similarly the North Area Committee has approved funding to support local VCS organisations to address social isolation in the North. Activities included:

- Groundworks have utilised local amenities including the coast, allotments and green spaces to introduce older people in the North to 'Active Green Living activities'.
- The Salvation Army are identifying and engaging with individuals at risk of social isolation, and supporting them to attend activities in Austin House. The centre has seen an increase in people attending activities such as the

60's befriending sessions, the ICT suite, activities aimed at preventing social isolation for older people and the community café.

- Local Community Associations were awarded funding to deliver services and activities in the area and encourage take up of those activities from socially isolated members of the community.

7.2.27 One of the key issues for people who feel lonely and socially isolated is around the issue of transport to activities and events, this is recognised by many providers and organisations as a big barrier to tackling loneliness and isolation. A number of organisations use community transport e.g. Age UK, Hetton New Dawn, and a number of funded projects also ensure transportation is factored into the project remit.

7.3 Integrated Care

7.3.1 Integration of health and social care services within Sunderland is based on a vision that has been formed through consultation with the people of Sunderland outlining their needs from health and social care services. Sunderland CCG recognises that there is enthusiasm amongst people in Sunderland for a safe, integrated, effective and timely response that meets their individual needs. At the heart of the vision is the ambition to deliver the right care and support, at the right time, in the right location with the right people to meet the needs of the individuals, their carers and families living within Sunderland[2].

7.3.2 People want choice and control, support to continue living in their own homes and communities with services that are co-ordinated to meet their individual needs at times which they require. At the heart of the vision is the ambition to deliver the right care and support, at the right time, in the right location with the right people to meet the needs of the individuals, their carers and families living within Sunderland. The Sunderland vision for integration identifies 5 priority elements within the Integration programme:

- An overall integrated operating model;
- Locality integrated teams across health and social care;
- Integrated commissioning processes;
- Shared intelligence processes;
- Enhanced user focus both in terms of engagement and influencing behaviour to manage demand.

7.3.3 The CCG's vision for integrated services is built around bringing together social care and primary/community health resources into co-located, community focused, multi-disciplinary teams that link seamlessly into hospital based services. The teams will consist of GP's, nurses, specialist health professionals and Social Workers etc. and will target specific patient needs. With those who require services receiving the right care and support in their own homes and communities through the development of community integrated locality teams organised around GP practices ensuring:

- co-ordinated services around individuals targeted to meet specific needs;
- improved outcomes for individuals;
- improved experiences of care by individuals, families and carers;

[2] A modern model of integrated care. Sunderland CCG. July 2014

- enhanced independence through the provision of the right support in a timely manner, focusing on a re-ablement approach;
- high quality, tailored support which focuses on keeping people out of hospital;
- care is co-ordinated and managed, with the GP at the centre of organising the care, avoiding unnecessary admissions to hospital and care homes allowing people the ability to regain independence following ill health or injury. **Appendix 1** illustrates the emerging Sunderland model for out of hospital care.

7.3.4 In June 2014, the CCG and local authority took the lead in working with partner organisations across health, local government and the voluntary sector to further develop the health and social care integration agenda and create a shared understanding and commitment to how the agenda will be delivered. This was undertaken via an Accelerated Solutions Event with over 100 attendees from all partners including Healthwatch and the Voluntary sector. The objectives set for the event were:

- Reaffirm the vision and outcomes for Sunderland and the financial context in which this needs to be delivered;
- Understand and define HOW the health and social care integration agenda will support the achievement of these outcomes over the next 2 years
- Discuss and shape a tangible plan that will take us forward in the short, medium and long term including agreement on how to measure our success;
- Engage all key stakeholders in the programme to gain feedback on proposed service changes and identify how we will work together to drive greater quality, value and sustainability.

7.3.5 The aim being to enable self-care in the community as far as possible, supported by local people who act as informal connectors to information and local activities. While at the other end of the spectrum it is to ensure only those who really need acute / specialist intervention access this level of support. Also along the range of the spectrum it is to make sure that those with long term conditions or complex needs are identified and receive proactive person centred care from formal connectors and care coordinators who consider their overall health and wellbeing rather than only the 'illness' aspect of their lives.

7.3.6 Citywide intermediate services will provide the support to locality based teams, ensuring a rapid response to emergency issues and supporting both a step-up and step-down care approach. The focus for the integrated teams will be on the top 3% of the population who currently account for 50% of the health and care spend. This focus will, over the course of this plan, start to impact on the next 12% of patients with long term conditions who account for 36% of the spend. More detailed work was also undertaken on the commonly agreed key aspects of the model which will inform and refine current plans including the following areas:

- Prevention, early intervention and self help
- Engagement and Communication
- Culture & Behaviours
- Joint Commissioning or Making the whole model work
- Shared information and data insight
- Connectors
- Integrated Teams – Roles & Skills

- Service Co-ordinator

7.3.7 These key aspects from the city wide model will be informed and supported by some of the current CCG transformation programmes over the next 2 years including:

- Improving healthcare in care homes for all localities;
- Implementation of end of life 'deciding right' initiatives in practices;
- Extension of the intermediate care hub;
- Development of Dementia friendly communities.

7.3.8 The panel reported that the CCG needed, within this model, to address issues of loneliness and social isolation. It was noted as important that colleagues in Public Health needed to engage with locality teams across the Council to ensure indicators and triggers related to loneliness and social isolation are not missed. Simple interventions can make the biggest of differences but because services operate in isolation from each other many of these opportunities are not being picked up. Members referenced the CCG funded Essence Service based in the former Doxford Park library, which opened on 10th November 2014, and it was noted that it was services such as this that should be included in the model as since September, over 60 referrals have been made to the Essence Service.

AGE UK – ESSENCE SERVICE

People access Age UK's Essence Service via a referral route principally from the memory protection service although it was noted that referrals would be accepted from any route. The service also works closely with the Carers' Centre, contributing to the development of individual support plans.

It was also interesting to note that the Essence service links in with a number of other similar or complimentary services such as Hetton New Dawn, Housing 21, Alzheimer's Society and Gentoo developing a closer partnership working. This increased coordination is a positive in making access to support much easier; in so much as through a coordinated network of providers someone will be able to provide the appropriate support for an individual.

One of the key attributes of the service, when panel members spoke to users, was its informal nature. It was also noted that many people were able to learn and share their own experiences with other people which was a huge benefit.

7.3.9 Age UK has also developed a proposal for the Living Well Link Service which is based on services delivered by Age UK in other parts of the country. The service looks to complement health and social care support and put people in control of their health and well-being and as a result promoting independence. Living Well link workers will look to re-connect patients that have become disconnected with their

local communities, social connections and the opportunities that these connections afford. This type of provision can help to reduce loneliness and isolation and being based within the voluntary and community sector can ensure that local community connectors are established and maintained.

7.3.10 This is supported by Headlight in that any coordinated care approach that looks to address loneliness and isolation should involve professionals from the statutory and voluntary sectors working together and recognising each other's skills to enable service users to get the best package of care available. These multi-agency attitudes are fundamental to recognising issues associated with loneliness, isolation and other factors that can trigger crisis situations. The effectiveness of person centred approaches is the focus on the individual and through support and motivation will come the confidence and skills to move on through positive change. Also feeling part of the process and being listened to and signposted to help and support can see also help to reduce the feeling of loneliness and social isolation.

7.4 Community Capital

7.4.1 Communities can play a significant role in protecting people from, or increasing, loneliness. Neighbourhood action is a crucial tool in building and harnessing communities' own capacity to tackle loneliness. There are also practical benefits to a neighbourhood approach in that it breaks down into manageable pieces and allows for more effective targeting of initiatives and outreach efforts.

7.4.2 It was noted during the research that activity at a neighbourhood level should flow from an authority-wide strategy, and should involve a tailored approach which supports neighbourhoods to build resilience to loneliness, dependent on local circumstances and not forgetting to recognise assets and challenges that are present in individual communities.

7.4.3 In developing or creating 'age friendly communities' there needs to be a number of actions including:

On Places: including improving the availability of public meeting places and green spaces; providing public seating, improving pavements to reduce the risk of falls; and improving street safety with measures such as street lighting and other community safety initiatives.
For people: including facilitating local social activities; encouraging intergenerational contact; ensuring local people have a voice in local decision making, for example through ward assemblies; and encouraging volunteering and neighbourliness.
On Services: including ensuring local bus services and community transport go to the places older people and younger people want, at times they want to travel, improving parking, particularly for those with restricted mobility; and providing local sources of information and advice.

7.4.4 There are many approaches that have been shown to be successful in supporting communities to develop their capacity and resilience to loneliness, in particular:

Establishment of a community navigator scheme – whereby a network of navigators, connectors, agents, or facilitators provide support to individuals on the ground to make the most of community opportunities, but also help to identify gaps in services or ways services could be improved.

Identifying new opportunities for joint commissioning – drawing on the opportunities created by the move to GP-led commissioning, and the lessons of the Total Place pilots, to maximise the potential impact of finite resources. This would be a sensible area of focus for new health and wellbeing boards.

Moving beyond consultation to coproduction – involving people and communities not just in commissioning, but also delivering services, and ensuring that the potential contributions of older people as supporters, advocates, workers and volunteers is maximised.

Establishing timebanks etc – so that older people can not only benefit from volunteer provided services, but also make their own contribution, fostering a culture of reciprocity and giving people back a sense of purpose within their own communities. Timebanking naturally builds connections between people in local communities and addresses the sense of a lack of purpose which is a key feature of loneliness.

Supporting community events – through small grants, or support in kind of staff time or resources, to help to build up the community's confidence and capacity, and these are a number of examples of this in the report.

Identifying and empowering community leaders – drawing on existing assets in the community to communicate and drive forward shared objectives.

7.5 Evaluating Social Care Services

7.5.1 Numerous research has been undertaken to determine what interventions are most effective in tackling loneliness, and it is difficult to find consistent evidence of impact across all types of loneliness intervention and there are some common interventions, such as befriending, which are not well researched at all. The Campaign to End Loneliness (CtEL) found that a number of organisations were not measuring the impact of their services on tackling loneliness. The prime reasons cited were not knowing how to measure such impact or not being required by the funder to measure these. The research also highlighted that amongst those who were measuring their impact on loneliness a range of methods were in use, the most popular being:

(a) Questionnaires;
(b) Surveys;
(c) Meetings – e.g. user groups etc.;
(d) Reports from staff / volunteers.

7.5.2 In conversations with those organisations that had looked to measure the impacts of their services on loneliness and isolation the CtEL research found some common themes as follows:

(a) Organisations had not been able to draw on any particular guidance or expertise in choosing how to measure impact on loneliness. They had had to carry out their own research and/or develop their own measures.

(b) Awareness of the academically developed was low.

(c) There was concern around the sensitivity of loneliness as an issue, and a sense of the need for caution in asking questions about loneliness, especially with new clients or service users.

(d) The need to demonstrate impact to commissioning bodies was a key driver of the decision to measure impact and of the choices made as to exactly how to do it. With questions specifically designed to elicit information to directly map to local authority strategic priorities.

7.5.3 If one of the key drivers was to demonstrate impact to commissioners of services it is worth understanding their perspective. Again the CtEL have undertaken research with individuals from national and local government, health and well-being boards and civil servants. Common themes were as follows:

(a) There was a clear emphasis on the need for impact measures to allow loneliness interventions to "compete" against other projects and interventions. In other words commissioners placed a significant emphasis on the need for statistical information, and ideally information which linked impact on loneliness directly to cost savings.

(b) A strong sense that whilst measuring reductions in loneliness was helpful, what was even more compelling was linking reductions in loneliness to the key measures of interest to the authority – e.g. GP visits or emergency readmissions to hospital, or admission to residential care.

(c) Unlike many of the service providers commissioners had a greater interest in drawing on academic models of measurement. Awareness of the multi item scales was higher among commissioners and they were keen to ensure that measures used were robust, but recognised some of the constraints on using complex measurement tools in a service delivery environment.

(d) Whilst statistical information was important, commissioners also recognised the need for "richer" information, for example from case studies, in order to tell a local story, and to bring issues to life. This still remains a powerful tool for understanding service impact in a local area.

7.5.4 It is clear from the research conducted that commissioners and service providers need to look at the future development of measuring the impacts their services on loneliness and social isolation. The CtEL is currently developing a new diagnostic or measurement tool that will help to measure how successful a service is in reducing loneliness.

7.5.5 The CtEL is working to have this tool ready for use in spring 2015, hopefully providing a more standard method of evaluating the impact of services on levels of loneliness. The tool will aim to be:

Simple, Flexible, produce comparable results, sensitive, practical, empowering and valid.

7.6 Assets Based Approach

7.6.1 An asset based approach is seen by many experts as perhaps the best way to deliver results in tackling loneliness. Such an approach is based on identifying and rallying individual and community 'assets', rather than the usual approach of

focusing on the problem or issue. Taking such an approach can create effective results as the approach is most likely to deliver a range of services that are:

- What people want
- Involves people
- Being sustainable.

7.6.2 The evidence base to support such approaches, and their impact on loneliness specifically, is in its infancy. However an approach that is based around local people's involvement and assets would result in the development of the kind of groups, activities and services which have been shown to be effective in tackling loneliness. Also the potential for intergenerational contact in such an approach is highlighted by the Joseph Rowntree Foundation programme, Neighbourhood approaches to loneliness, which noted that when loneliness was addressed at a neighbourhood level without reference to age, it naturally brought about services with an intergenerational element.

LinkAge Bristol – Involve, Inspire, Enjoy

LinkAge is a local charity that works with people aged 55+ and local communities to facilitate inspiring social activities that enrich lives, reduce isolation and loneliness and promote active participation and positive ageing.

It is run, and funded, by a partnership of Bristol City Council, St Monica Trust, the Anchor Society, Bristol and Anchor Almshouse Trust and Redcliffe Care. The organisation takes a community development approach to its work, raising the profile of what is already taking place within communities and helping to make it successful and sustainable, as well as operating as a broker and a catalyst to fill gaps in provision.

LinkAge works through community hubs, each of which has a local Advisory Group of people aged over 55 who decide on what activities to develop, informed by feedback from the wider community at open days and wellbeing days where people can contribute their ideas and suggestions. LinkAge will provide support in getting new groups off the ground, negotiating deals on venues etc, but aims for activities to become self-sustaining with participants taking on organisation and contributing to costs.

Throughout the city, hubs offer a wide range of activities including archery, choirs, cooking, holistic therapies, golf, IT, ping pong, walking football, and yoga. Local What's On guides are used to show people what is available in their community. LinkAge also supports the development of more friendly, cohesive and empathetic communities through its intergenerational work, by celebrating cultural diversity and by challenging age stereotypes. Volunteers are the keystone of the organisation and LinkAge has seen 'virtuous circles of volunteering' where people start by attending activities, but later become volunteers.

8 Conclusions

The Committee made the following overall conclusions:-

8.1 Loneliness is part of the human condition and it can affect all ages, with older people being particularly vulnerable. Experiences commonly associated with ageing, such as loss of family and friends, poor health, decreased mobility and income; as well as trends in wider society, such as greater geographical mobility of the population, reduced inter-generational living and less cohesive communities, mean that many people are becoming more socially isolated, potentially leading to increased loneliness.

8.2 Social isolation can be a serious issue for some people, but it should not be regarded as an inevitable by-product of ageing. Many older people continue to make a considerable personal contribution to society, alleviating loneliness for themselves and others. This contribution is essential in helping communities to develop capacity and resilience and the council and its partners are rightly continuing to develop services and support in this area. The best way to tackle loneliness is to understand an individual's situation, perhaps rooted in physical or mental decline, inaccessible housing, bereavement or a combination of other factors. Understanding individual cases involves specific contact and support. This can only be delivered by partnerships between the council, the CCG and other organisations supporting people and communities.

8.3 The importance of knowing what is taking place in the local area and where support, advice and help can be accessed is crucial in looking to empower individuals to tackle their own loneliness and isolation. The community directory is an ideal tool for facilitating such actions and the importance of a positive launch of the new version of the directory will be paramount to its success. Individuals, families, friends and key professionals need to be aware of its existence and only through widespread awareness will a directory of this type succeed. A continued promotion of the directory through such mediums as the Community News will help to keep it in the public eye. This could even act as impetus for the development of a 'What's On' style feature within Community News to publicise groups and activities taking place in the various areas across the city.

8.4 External factors can act as a barrier to social engagement. Lack of access to appropriate and easily accessible public transport is consistently identified by older people as a key barrier to social engagement. The Panel heard that older people were often afraid to use public transport, or were put off by unreliable provision, lengthy waiting times for connections and many do not have the confidence to plan connections for indirect journeys. Cold weather, icy conditions and dark nights often intensive the above issues, and as a result older people reported missing medical appointments as well as foregoing social activities.

8.5 The ethos behind community connectors focuses on asset based community development and that the only way to truly improve health, social and economic issues is by enlisting the very people who are now classified as 'clients' and 'customers'. Anyone can become a community connector and with suitable training can help to address issues of health, education and social isolation by building those resilient communities that are so important for supporting the most vulnerable members of our society. The key to the success of any initiative of this type is to ensure that there are clear aims for everyone involved from a clear definition of

what is expected of community connectors through to who is operating and taking ownership for the connector network across the city. A recruitment drive could also help to bring in the desired local people who can be trained and help to ensure that communities, families and individuals receive the help they need from within their locality. Ultimately it doesn't matter if people are working, unemployed or a stay at home parent, as long as they are willing to share their knowledge by signposting others in their communities to local services, then they could potentially become a Community Connector.

8.6 Group interventions appear to be effective in improving health and wellbeing but a variety of research findings prove inconclusive in terms of combatting loneliness; although a number of studies have reported positive outcomes from group interventions including improved physical health, a reduction in falls and improved survival rates. Importantly it is these types of interventions that have also been found to have a positive impact on health service use, such as GP visits, hospital bed days and out-patient attendance. The panel acknowledged that services varied widely, including lunch clubs and social support circles, but recognised that these types of interventions are particularly successful in reaching large numbers of socially isolated people.

8.7 There are numerous schemes and initiatives operating across Sunderland and the panel are keen to acknowledge the excellent work that is being undertaken by both the public and voluntary sector. These range from large scale projects to schemes that operate on a much smaller scale, but all are of equal merit in helping to tackle loneliness and social isolation. The panel is also keen to ensure that activities are co-ordinated in order to minimise the potential for duplication and more importantly to provide a forum for the sharing of learning and good practice.

8.8 As more and more people live with long-term conditions like diabetes and heart disease, the vast majority of their treatment will take the form of self-care at home. Therefore in moving towards integrated care there will be a need to focus on delivering flexible care that can tackle issues like loneliness as well as medical needs. In discussions with the CCG the Panel noted the need, within this model, to address social isolation and how colleagues in Public Health need to engage with locality teams across the Council to ensure indicators related to loneliness and social isolation are not missed. There is a wealth of data and information that is collected from a variety of sources and integration of care could see this information harnessed and used to develop and target services. Simple interventions can make the biggest of differences but because services operate in isolation from each other many of these opportunities are not being picked up.

8.9 Evaluation of services and their impact on issues of loneliness and isolation are very important to ensure that organisations delivering services to lonely individuals are making a difference. The statutory, voluntary and private sectors are facing ever increasing financial pressures and therefore need to be assured that there is clear evidence that their interventions deliver real outcomes for the individuals they serve. The issue is how to measure the effectiveness of an intervention against something so personnel as loneliness or isolation. The Campaign to End Loneliness has recognised this and is currently undertaking work to develop a measurement tool to aide both commissioners and service providers. This could be an extremely useful tool and could be something worth exploring once it has been released.

8.10 Throughout the review Members have continually recognised the importance of local communities and the need to develop the assets that already exist within communities. Clearly the development of integrated care teams, the move to community connectors and the work of area committees in funding projects and activities supports this view. Loneliness is something that can affect anyone of us but it is also in everyone's gift to prevent it, only through a concentrated community spirit, desire and effort will we ever truly be able to tackle loneliness and isolation.

9. Draft Recommendations

9.1 The Health and Wellbeing Scrutiny Panel has taken evidence from a variety of sources to assist in the formulation of a balanced range of recommendations. The Panel's key recommendations to the Cabinet are as outlined below:-

a) To ensure that there is an effective launch and continued promotion of the community directory to local people, key stakeholders and providers;

b) To explore and understand with key partners how a community connector scheme would operate in the city including issues of promotion, recruitment and training that enables anyone who wishes to take part the opportunity to do so;

c) To look at how to develop arrangements to ensure that activities / initiatives are co-ordinated in order to minimise the potential for duplication and to provide a forum for sharing, learning and good practice;

d) To ensure that a measure of loneliness and/or social isolation is included in the Joint Strategic Needs Assessment;

e) To look at through integrated care the development of shared intelligence and how to ensure the use of all intelligence to help predict the softer issues within communities such as loneliness etc.;

f) To explore the potential of an employee volunteer scheme within the council to provide opportunities for employees to volunteer their help to a local organisations, communities and projects;

g) To explore the potential for adoption of the Campaign to End Loneliness evaluation tool on the effectiveness of interventions on loneliness once it is released.

10. Acknowledgements

10.1 The Committee is grateful to all those who have presented evidence during the course of our review. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named individuals and organisations:-

(a) Neil Revely – Executive Director – People Directorate;
(b) Victoria Brown (Age UK);
(c) Lennie Sahota (Sunderland City Council);
(d) Ian Holliday (Sunderland CCG);
(e) Gillian Gibson (Sunderland City Council);

(f) Gillian Robinson (Sunderland City Council);
(g) Graham Burt (Sunderland Carers' Centre);
(h) Marianne Siddorn (Campaign to End Loneliness);
(i) Jacqui Reeves (Washington MIND);
(j) Kay Hunter (Headway Wearside);
(k) Tricia Doyle (Headlight Sunderland);
(l) Helen Tranter (Gentoo Living);
(m) Julie Walker (Gentoo Living);
(n) Hetton New Dawn;
(o) Sunderland City Council Area Arrangements.

11. Background Papers

11.1 The following background papers were consulted or referred to in the preparation of this report:

Promising approaches to reducing loneliness and isolation in later life – The Campaign to End Loneliness and Age UK (January 2015);

Later life in the United Kingdom – Age UK (June 2014);

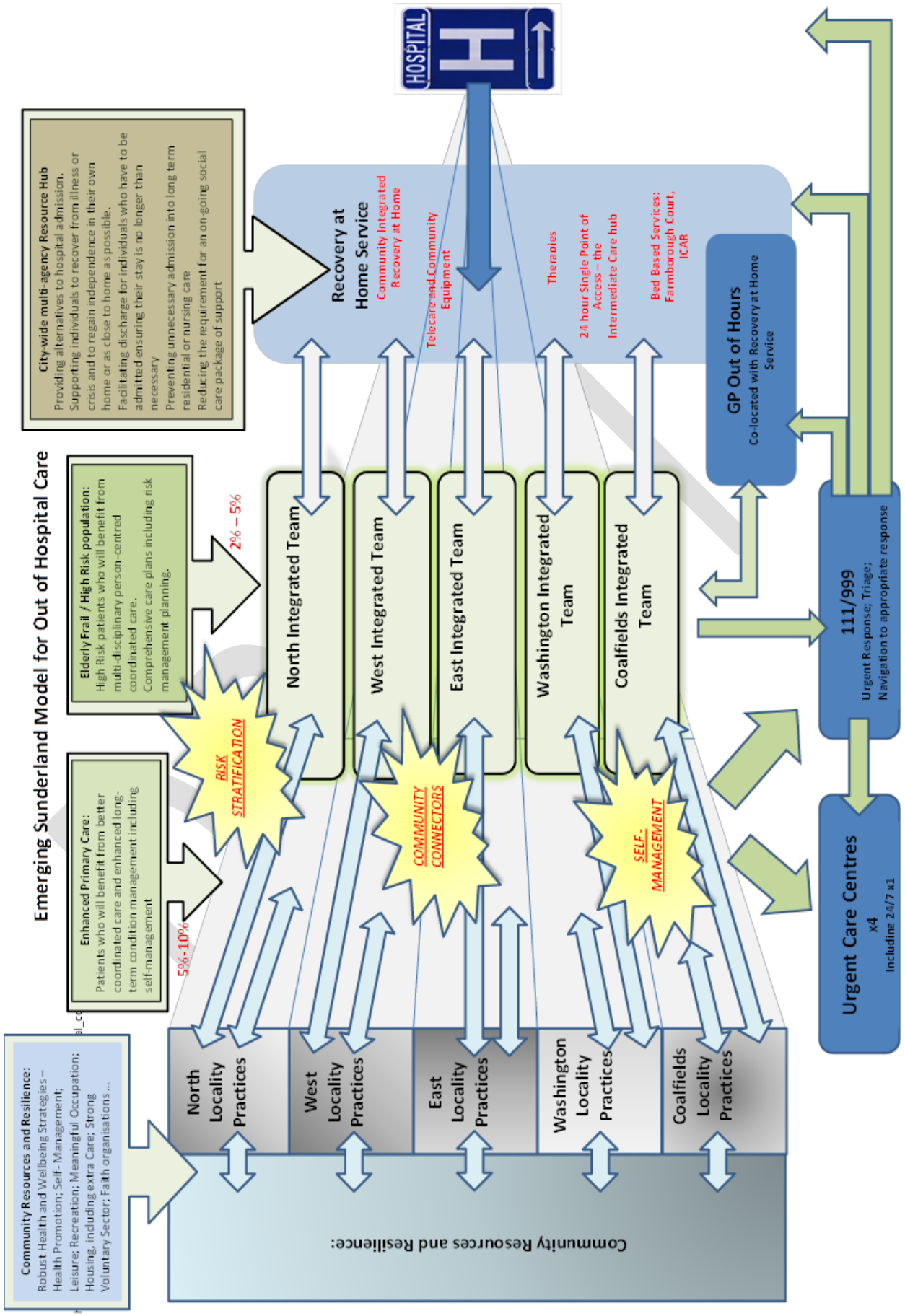
Loneliness and social isolation: A special JSNA topic paper – Alan Dawkes and Stephen Simpkin (January 2013);

Loneliness and social isolation among older people in North Yorkshire – The University of York (April 2013);

Measuring the impact of services on loneliness – Kate Jopling (July 2013);

Integrated care and partnership working: reading list – The Kings Fund (January 2013);

Appendix 1



Source: Sunderland CCG