



Social Services, Housing, and Public Health Overview & Scrutiny Committee Review Scoping Report

Loneliness and social isolation: *local partnership efforts to mitigate social isolation amongst older residents and people with mental health issues*

1. REVIEW OBJECTIVES

Aim and background to review

With a growing elderly population, Hillingdon has a commitment to working to support its senior residents. Older People who live on their own may have physical or mental health issues (such as difficulty walking or dementia) that can make leaving their home difficult. This can result in a lack of companionship and social isolation, which leads to feelings of loneliness.

This, together with a potential lack of children or spouse, or a feeling that they have no useful role in society, can have a significant impact on their mental and physical wellbeing. Such feelings, in extreme cases of loneliness and isolation, can in turn can lead to depression, substance misuse or suicidal thoughts.

This review could focus on those in Hillingdon feeling isolated or lonely, the causes and impact of this loneliness and isolation on their mental and physical wellbeing, what services are available to prevent isolation of Older People through Hillingdon Council and our partners and the voluntary sector, and the success (or otherwise) of those services in combating such issues, before making recommendations to Cabinet on how these services could be prioritised, improved or promoted.

Terms of Reference

1. To understand Hillingdon's current population demographic and the likely causes of loneliness and social isolation inherent to the local population;
2. To examine how the Council services, health partners and voluntary sector groups identify and support those experiencing social isolation and the resultant impact on residents health, the lessons learnt and the success of any actions or activities undertaken;
3. To examine relevant partnership working to identify opportunities to draw together the different strands of activities between health and social care in support of our wider health and wellbeing agenda and the aims of this review.
4. To make practical, prudent recommendations to Cabinet (and other bodies if applicable) from the Committee's findings to support residents experiencing extreme loneliness and social isolation.

2. INFORMATION AND ANALYSIS

Current context

It is important to consider what the terms 'isolation' and 'loneliness' mean in this context. Isolation is defined as a 'separation from social or familial contact, community involvement, or access to services. Loneliness is the individual's feeling that they lack these things. The two terms are therefore mutually exclusive, i.e. it is possible to feel isolated but not lonely, and vice versa. It is also important to recognise that the extent to which an individual feels they need these things can vary, and in some cases physical separation is a conscious choice. It is also possible to feel lonely in the midst of people, if personal relationships with those people are lacking.

Contributing factors for loneliness and isolation in elderly residents can include physical decline such as the loss of sight or hearing, a reduction in mobility or cognitive degeneration, or the death of a spouse or loved one(s). This can lead to depression, sometimes exacerbated by the side effects of any medication, and can result in substance misuse or suicidal thoughts. Loneliness is more common in people who have no spouse or children, and can be exacerbated by sudden occurrences such as bereavement, or relocation to a care home.

Age UK's most recent review into loneliness in later life (updated July 2014) outlines the following key statistics:

- Over 1 million older people say they are always or often feel lonely
- Nearly half of older people (49% of 65+ UK) say that television or pets are their main form of company

- 86% of over 65s say they are satisfied with their personal relationships. This is the lowest of all age groups.
- Only 46% of over 65s said they spent time together with their family on most or every day, compared to 65-76% for other ages. 12% of over 65s said they never spent time with their family.
- Over 65s also spent less time with friends: only 35% spent time with friends most or every day in the last 2 weeks, and 12% never did
- People who took part in more health-maintaining and independence-maintaining behaviours were less likely to feel isolated and more likely to feel that their community was a good one to grow old in
- Nearly half (49%) of all people aged 75 and over live alone
- 9% of older people feel trapped in their own home
- 6% of older people (nearly 600,000) leave their house once a week or less
- 30% say they would like to go out more often
- According to research for DWP, nearly a quarter (24%) of pensioners do not go out socially at least once a month
- Nearly 200,000 older people in the UK do not receive the help they need to get out of their house or flat
- 17% of older people have less than weekly contact with family, friends and neighbours
- 11% have less than monthly contact
- 41% of people aged 65 and over in the UK feel out of touch with the pace of modern life and 12% say they feel cut off from society

The Leader's Initiative

Every year Cllr Ray Puddifoot MBE, Leader of the Council and Older People's Champion, oversees the delivery of this initiative to improve the access older people have to facilities, activities, and advice and support across the Borough.

The Leader's Initiative was first established in 2005. Funding supported a wide variety of projects including, dining centre improvements, installation of street and park benches, social events and activities, and a series of service schemes to provide greater support to vulnerable older people.

Hillingdon for All (H4All)

H4All is a community interest company made up of five third sector charities funded by Hillingdon's Clinical Commissioning Group. H4All provides a free Health and Wellbeing service for Hillingdon residents aged 65 and over and, among other things, focuses on supporting residents to better manage social isolation and the promotion of greater involvement with the local community.

H4All's partners include Age UK, Dash, Hillingdon Carers, Hillingdon Mind, and Hillingdon Hospice. Services include home visits, befriending, counselling, and transport to services and clubs.

Referrals to the service are taken directly through GP surgeries, Hospital teams, Health & Social, Voluntary/Community organisations and Self-referral for Hillingdon patients through a Single Point of Access via secure NHS referral secure online referral via the H4All website www.h4all.org.uk or direct telephone. Once received referrals receive first contact within 3 working days.

Following assessment, the appropriate action is taken which can include Home Visits with Holistic Assessment, Motivational Interviewing, and Goal Setting, to achieve the best possible outcome for the patient. Patients who are socially isolated will be offered Befriending or regular social contact Care Calls. Once interventions have been completed patients receive an Evaluation & Follow up Review call which would include checking if referrals made have been actioned, services offered have been implemented and the level of general patient satisfaction with service received. Befriending, Care Calling and Follow up Reviews are services are staffed exclusively by Volunteers.

Example case study below:

Case Study

Female patient 78 years of age referred by GP suffering from Diabetes and mobility issues impacted through Arthritis in the spine. Patient lives alone and feeling very lonely and isolated. Patient has continence issues which results in social anxiety. Patient finding day-to-day living activities more strenuous (tasks such as housework, shopping, gardening etc.) which in turn are causing the patient to feel depressed.

Actions:

Home assessment undertaken by H4All to assess needs and identify what patient wanted to change on initial visit. Patient's primary concerns were her inability to maintain her home and social isolation caused due to continence issues. The Officer assisted patient to apply for Attendance Allowance (AA) benefit, referred to Continence Service, provided information and advice on activity groups/social clubs/luncheon clubs etc., accompanied patient to first AUK Active Ageing Group and referred for Telecare.

Outcomes achieved:

- *AA benefit gained and patient now has extra money to help her to pay for a cleaner and gardener.*
- *Patient now has a supply of inco-pads and feels more confident to become socially engaged.*
- *Patient enjoyed the exercise session and the social contact with other people and looks forward to attending social groups.*
- *Telecare service installed and client now feels much more confident in ability to contact someone in emergency.*

Services to support people who are lonely or isolated:

In addition to H4All, the Council and its partners provide a number of services for Older People which include:

- Friends Coffee Mornings, for people living with dementia - <https://www.hillingdon.gov.uk/article/29715/Dementia-friends-coffee-mornings>
- Hillingdon Dementia Action Alliance - <https://www.hillingdon.gov.uk/article/29786/Hillingdon-Dementia-Action-Alliance>
- Older People's Assembly - <https://www.hillingdon.gov.uk/opassembly>
- A range of voluntarily run Dining Centres - <https://www.hillingdon.gov.uk/diningcentres>
- Activities to keep active, including gentle exercise sessions, tea dances, and volunteering and community groups, - <https://www.hillingdon.gov.uk/article/31617/Keeping-active>
- Services for residents with disabilities - <https://www.hillingdon.gov.uk/disabilities>
- Support for social and community groups via the Leader's Initiative - <https://www.hillingdon.gov.uk/leadersinitiative>
- Northwood Live at Home service – <http://www.mha.org.uk/community-support/live-home/northwood>

Responsibilities

The portfolio Cabinet Member responsible is Councillor Philip Corthorne, with the Leader of the Council also the Older People's Champion. The Health and Wellbeing Board, which involved key partners, is also key in drawing together and driving forward any findings.

Current intelligence, best practice and research

Age UK Evidence Review: *Loneliness in Later Life*:

<http://www.ageuk.org.uk/Documents/EN-GB/For-professionals/Research/Age%20UK%20Evidence%20Review%20on%20Loneliness%20July%202014.pdf?epslanguage=en-GB?dtrk=true>

Building Bridges, Breaking Barriers, a review by the Care Quality Commission (CQC) into how well different health and care services work together to support the needs of older people in England. <http://www.cqc.org.uk/buildingbridges>

The LGiU has prepared a policy briefing on the topic:

<http://www.lgiu.org.uk/wp-content/uploads/2016/02/Loneliness-and-social-isolation.pdf>

Further information

Throughout the review, Members will be made aware of publications and studies which will help inform Members during the review.

3. EVIDENCE & ENQUIRY

Lines of Enquiry and Witness testimony

Lines of enquiry and potential witnesses could include:

- Local voluntary groups and charities especially Age UK and relevant referral services
- A review of the data behind LBH's services for older residents including how many and what proportion of older people feel lonely or isolated
- A review of Hillingdon's current contracts for
- A review of what services/initiatives are available through other Local Authorities
- Testimony from carers
- Testimony from LBH Adult Social Care Officers and LBH Event coordinators
- Testimony from local GPs

Emerging conclusions or themes for development

These will emerge and become apparent as the review progresses.

4. REVIEW PLANNING & ASSESSMENT

Proposed timeframe & milestones for the review up to Cabinet and beyond in terms of monitoring:

Meeting Date	Action	Purpose / Outcome
20 July 2017	Agree Scoping Report	Information and analysis
5 September 2017	Witness Session 1 (attendees to be confirmed)	Evidence & enquiry - witness evidence
6 November 2017	Witness Session 2 (attendees to be confirmed)	Evidence & enquiry - witness evidence
2 December 2017	Draft Final Report	Proposals – agree recommendations and final draft report

Resource requirements

None.

Equalities impact

TBC.