

# **Social Services, Housing and Public Health Policy Overview Committee - Major Review 2017/18 - Loneliness and Isolation in Older Residents**

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## **REASON FOR ITEM**

The Committee is asked to give consideration to the evidence given during the review, and to consider the proposed recommendations to Cabinet.

## **OPTIONS OPEN TO THE COMMITTEE**

**The Committee is asked to agree the proposed recommendations, and to delegate authority for the drafting of the Committee's final report to the clerk, under consultation with the Chairman.**

## **INFORMATION**

1. For Members information, the evidence presented at the meetings on 5 September, 2 October and 6 November 2017, has been set out below. A further document will be circulated prior to the meeting which will outline the suggested recommendations, for Members to discuss.

## **AIM OF REVIEW**

2. The following Terms of Reference were agreed at the outset of the review:
  - a) To understand Hillingdon's current population demographic and the likely causes of loneliness and social isolation inherent to the local population;
  - b) 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 mental health, the lessons learnt and the success of any actions or activities undertaken;
  - c) 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.
  - d) 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.

The Committee was provided with information at a number of witness sessions:

## MEETING HELD ON 5 SEPTEMBER

3. Gary Collier - Health & Social Care Integration Manager, supported by Nina Durnford - Assistant Director, Older People & Physical Disabilities, and Kevin Byrne - Head of Health Integration and Voluntary Sector Partnerships, advised the Committee of the strategic context of the review, which included the Health and Wellbeing Strategy and the Better Care Fund (BCF), subsequently presented at the meeting held on 6 November. The Health and Wellbeing Strategy 2018/21 was to be brought to the Health and Wellbeing Board in September, and once approved, would be put into effect. The Strategy would implement the Hillingdon aspect of the North West London Sustainability and Transformation Plan and has three key aims:
  - Improving health & wellbeing;
  - Improving care & quality; and
  - Improving productivity & closing the financial gap.
5. Reducing social isolation was listed as one of the priorities within the Strategy. Hillingdon's Better Care Fund Plan (BCF), which was a government scheme intended to deliver better health and care outcomes for residents through integration between health and social care, included actions that would contribute to meeting this priority. The 2017/19 BCF plan included six schemes but scheme 1, entitled 'Early intervention and prevention', included actions that were relevant to the Committee's review and these included:
  - Improving access to information and advice to enable residents to help themselves;
  - Risk stratification to identify people at risk of escalated needs earlier;
  - Developing the third sector preventative role; and
  - Keeping older people physically active, therefore supporting both physical and mental wellbeing
6. Early intervention was felt to be key to reducing instances or mitigating the effects of social isolation, and work was ongoing about how best to ensure residents were able to find the services available to them. It was likely that partnership working with the voluntary sector would be important.
7. The role of adult social care in identifying social isolation, and the process for residents to access care and support, was outlined. The Committee was informed that social care assessments included a review of the resident's needs, their family circumstances, what pastimes they enjoyed, and activities that interested them. Care plans for people with eligible social care needs could include referrals to partners such as Age UK or other community based organisations and support to access locally run activities. Personal budgets for people with eligible social care needs can be used creatively to support with external trips, such as fishing or the cinema, depending on their needs and preferences. There was also the opportunity to refer older residents to services provided by Age UK Hillingdon, such as their befriending services, and also to other locally run activities.
8. In order to support the safety of older residents, the Council provided free access to the TelecareLine for residents aged 80+. This service was also available to people aged under 80 for a weekly charge.

9. The Committee was informed about the Leader's Initiative. This had been established by the Leader of the Council in his capacity as Hillingdon's Older People's Champion, and was intended to address practical issues identified by older residents that will help to improve their quality of life.
10. Projects run through the Leader's Initiative had included free installation of burglar alarms for older residents, as well as various group activities. This year, activities had included the Barnhill Community summer trip and the Bell Farm Christian Centre coach trip. Additionally, smaller activities such as fish and chip suppers were run to help residents come together and socialise. The cost of such activities was less than £1,000 per activity.
11. Dr Anil Raj of St Martin's Medical Centre advised the Committee from the perspective of a General Practitioner.
12. Dr Raj confirmed that he had been a General Practitioner for approximately 5 years, and in those 5 years he had seen significant change within GP practices. Previously, GPs worked predominantly in isolation to other support services, and were often only made aware of a patient's circumstances when that patient was admitted to hospital. However, this was changing in Hillingdon due to the new development of integrated care which allowed GP's to proactively share information and foster closer ties with community care programmes and activities. A patient who was now considered to be socially isolated and/or lonely could be referred directly to nearby community programmes or services.
13. Care Connection Teams had been formed and piloted in the north of the Borough and were being extended to the rest of the Borough. There would be a total of 15 teams, once fully operational. The teams included a community matron who saw patients with chronic illnesses such as asthma, diabetes and dementia, and who was being trained to be able to proactively prescribe medication and care solutions, under consultation with the GP. In addition, the teams included a care coordinator who was involved in care planning and administration.
14. The teams met weekly, and patients deemed to be at risk were highlighted through practice intelligence from GP surgeries, together with dashboard tools and a risk identification system which incorporated data such as hospital admissions and medication, together with a frailty index tool. From these meetings, patients deemed to be risk are offered proactive care management in order to prevent escalated needs. Prevention can include a referral to the H4All Wellbeing Service.
15. The caseload for a single Care Connection team was approximately 50 patients, across several practices, and 15 teams, covering 44 practices, had signed up to the Care Connection scheme. New matrons and care coordinators had been recruited, and the teams would now be a key point of call for GPs. Although this initiative remained a work in progress, testimony from GP's showed that they were enthused at helping to better support patients suffering from poor health or depression due to loneliness and isolation.
16. Julian Lloyd, CEO Age UK - Hillingdon, and Steve Curry, Hillingdon 4 All (H4All), addressed the Committee on the work of H4All, a collaboration between 5 third sector charities: Age UK, DASH, Hillingdon Carers, Hillingdon Mind, and Harlington Hospice, funded by Hillingdon's Clinical Commissioning Group (CCG).

17. H4All was delivering an enhanced provision of the former Primary Care Navigator Service (PCN) that was previously provided by Age UK Hillingdon. This included a free service working with local GP surgeries to support Hillingdon patients aged 65 and over with long term health conditions, including supporting people experiencing social isolation and/or loneliness.

18. The Committee was provided with some key statistics relating to social isolation and loneliness taken from several reports commissioned by groups such as Age UK and DWP:

19. Isolation

- 3.5 million people aged 65+ live alone
- Over 2 million, or 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

20. Loneliness

- A 2015 study has indicated that loneliness can increase your risk of premature death by up to a quarter.
- Loneliness can be as harmful for our health as smoking 15 cigarettes a day.
- People with a high degree of loneliness are twice as likely to develop Alzheimer's than people with a low degree of loneliness.
- 1.7% or 200,000 older people (65 and over) have not had a conversation with friends or family for a month.
- 3.1% or 360,000 older people (65 and over) have not had a conversation with friends or family for over a week.
- 12.04% or 1.2 million older people (65 and over in England) are persistently/chronically lonely.

21. Academic research had determined that the impact of loneliness on health was the equivalent of smoking 15 cigarettes per day. Preventing and alleviating loneliness was therefore vital to enabling older people to remain as independent as possible, and therefore reduce the need, and cost, for health and social care services.

22. Referral routes open to partners included:

- Self referral
- Relative or friend
- Statutory provider
- Neighbour
- Voluntary sector provider
- GP

23. The number of referrals was seen to be lowest through self referrals, and somewhat higher through relatives or friends or well recognised brands such as Age UK. New referral pathways through the Care Connections team and GPs, as outlined above, would help to bring new people into the system and enable better identification, assessment, and triage. This was helped by H4All having a shared record system to enable easy, efficient sharing of information.

24. For those older residents referred, sector interventions included:

- Information, Advice & Support
- Practical support e.g. welfare benefits, falls prevention, counselling, home help, transport
- Befriending, Just to Talk, Good Neighbours
- Wide range of support, activity and social groups
- Individual Motivational Interviewing, Goal Setting and ongoing support to manage long term conditions
- Transport to Clubs & Groups (limited)
- Access to wider Voluntary & Statutory Services

25. The aim was to refer residents to 'doorstop' services to preclude the need for personal transport and enable greater attendance. Libraries were often used as a meeting point for activities due to their location and ease of access for a majority of residents. The impact of these services was being measured in a variety of ways, including motivational interviewing and goal setting, an Outcomes Framework, and the Campaign to End Loneliness Outcomes Measurement Tool.

26. Looking forward, H4All was reviewing how other groups were run, to identify and implement new models of working. For example, more traditional befriending services, while valuable, were often on a one to one basis and designed to support the achievement of a particular goal. As such, these were difficult to scale within existing models. Previous questionnaires issued by the Wellbeing service had found that traditional models were often focussed on people already engaged with services, and so new thinking was being employed to find and work with people who had a lower level of activation. Work was also being undertaken to identify new, more cost effect and self-sustaining working models.

27. Regarding why GP's were previously only aware of a patient's circumstances upon that patient being admitted to hospital, and why GPs were not aware of what voluntary or community services were available to their patients, Dr Raj confirmed that while new GPs underwent lengthy training to prepare themselves for the role, they would only be made aware of patient circumstances and the services available to patients if they were proactive in engaging with the local community. Work was now being undertaken to develop GPs who had a specialist interest or a willingness to engage further. It was also recognised that the prevalence of locum GP's, who were only present at practices for a short time, did not allow for the continuity of care that a more long term GP could provide. However, GP's were more likely to stay for longer, if provided more detailed training. In addition, the fact that all 44 surgeries had signed up to the Care Connection, reporting to H4All as a single point of access, would result in a more efficient use of GP time and a better level of information sharing that would ultimately benefit patients.

28. The issue of engaging with those residents for whom English was not their first language was raised. In response, the Committee was informed that further outreach was needed, to ensure people were made aware of the benefits of the services. For those without English, faith groups were often useful in helping this message to be spread. However it was recognised that languages were an issue and attempts had therefore been made to recruit multilingual staff. On the suggestion that literature be provided to religious locations such as mosques, for in-house translation, it was agreed that literature could be made available upon request. It was agreed that Mr Kevin Byrne would forward a selection of booklets, detailing all available services, to Councillor Ahmad-Wallana for dissemination.
29. The Committee raised the question of counselling, and whether elderly residents who had experienced a significant event, such as the bereavement of a spouse, were spoken to. Members were informed that several counselling services existed, such as through Hillingdon Mind. In addition, volunteers at service groups were often elderly, and it was recognised that their participation was not only beneficial for themselves, but their presence and word of mouth could help to draw in other attendees.

## **MEETING HELD ON 2 OCTOBER**

30. Sarah Durner - Senior Officer, Sport and Physical Activity, informed the Committee that the current Wellbeing events model began in 2012, with tea dances held at the Civic Centre. Feedback to the dance was good, and efforts were then made to look for creative ways to further engage with older people. Following focussed promotion within sheltered housing, care homes, social care and local organisations such as Age UK and Hillingdon Carers, the programme of events was expanded and a database of older people was compiled, to enable residents to be invited to future events. The database was maintained and added to, and currently held details of over 300 people, of whom approximately 180 regularly attended events each month.
31. The aim of such events was to promote local opportunities and provide access to try new things in a fun, safe, and socially engaging way, to offer information and advice about other services available, and to develop new locally based activities such as chair exercise and dementia coffee mornings. A more targeted approach included events for the housebound, the Ghurka community, and for residents living with dementia or Alzheimer's. Attendees were often invited via referrals from partners and agencies such as social care, and if necessary, transport to the venue was included. Venues included libraries, community centres, and the Civic Centre.
32. Events included:
- Tea dances
  - Day of the Older Person
  - Dance for the over 65's
  - Art Workshops
  - Drumming sessions
  - Coffee mornings
  - Healthy walks
  - Intergenerational reminiscence
  - Music and flower festivals

Variety of events was felt to be key.

33. From experience running the events, and feedback from attendees, officers had learned that older people wanted a regular, safe, local and fun activity, where they got to know people, and where they were not asked too many questions. In addition, it was requested that older residents receive assistance when they wanted it, and when they needed it, with particular reference to receiving help with booking event attendance, arranging transport, inviting friends, being referred, or obtaining information on other available services. Continuity of attendance was key, as it was important for the older people to see the same faces and forge lasting relationships.
34. Flexible booking systems were of paramount importance, and while online booking forms were available, it was understood that older people may not have access to a computer, or have the confidence in using online tools. Additional telephone booking was therefore available, whilst officers would also accommodate verbal requests in person, which was useful in building rapport and trust between the Council and its residents.
35. Officers had noted that transport was not always needed, for example transport provision had been made available for a number of tea dances, but the uptake was small. However, for events targeted at housebound residents, transport was required. Officers recognised that once someone had made the initial step to come to one activity, it was likely that they would come to more activities, and that making an attendee feel welcome was most important. The Council was actively promoting opportunities to those residents who were the most isolated, for example through GP navigators, social care referrals, or word of mouth. It was important that older people had something to look forward to.
36. The Committee was shown feedback from a number of older people, including video testimony, all of which was very positive. Highlights showed that attendees valued laughter, physical exercise, meeting former friends, and making new friends. The events were particularly valued in instances where attendees had experienced the loss of a partner. Feedback to activities such as intergenerational reminiscence had shown that the older people liked to feel valued, and to feel that their knowledge and experience was useful in helping younger people to learn skills.
37. Targeted events had been developed within the last five years, with the aim of reaching the lonely, early. Engagement was now in place with bereavement services, GP's, Hillingdon 4 All, and via newspapers, leaflets, flyers, and transport services. School engagement was felt to be a big opportunity for further improvements, and schools were interested in engaging with the Council with a view to increasing intergenerational events. However, this needed more promotion.
38. The Safer Neighbourhoods team was helping to engage with communities, such as the Somali Community. In Hayes, the Somali community was approached and invited to coffee mornings, whilst contact had been made with Asian women's groups. In addition, targeted events were being promoted to appeal to specific cultural groups, such as Bollywood Dances as an alternative to the tea dances. Groups who had limited English language were challenging to engage with, and it was recognised that further work to engage with these communities was required.

39. Jackie Westbrook - Manager, Yiewsley and West Drayton Community Centre (YWDCC) addressed the Committee, and confirmed that her presentation was supplemental to the comprehensive information provided by Sarah Durner, and would therefore focus on YWDCC.
40. Members were advised that community centres were important social hubs for older residents. Attendees would often promote the Centres via word of mouth, for example when speaking to people they had met on public transport. In the last two months, YWDCC had registered 4 new members.
41. Brunel University had recently supplied four student volunteers who had attended one of the tea dances held at TWDC. The older people had enjoyed the students' company, and had encouraged them to dance. In instances where the students did not know how to dance, the older people had taught them. Feedback from the older people was that this had made them feel useful, and that their contribution was valued.
42. Daniel Waller, Senior Library Services Manager, advised the Committee on Hillingdon's Library services, which comprised 17 Libraries, a Mobile Library, and a Home Library Service. The libraries contain free computer use and wi-fi, together with a wide range of stock including large print, talking books, e-books, newspapers and magazines. Libraries were open 6 days a week, for long hours. Two libraries were open on Sundays, and many online services were accessible from home.
43. Library usage was not specific to age or communities. General usage figures showed total visits of 1.6 million per year, with an active membership of 67,000 (22% of population). Over 5,000 events were hosted by Libraries per annum, attended by over 100,000 people (many of whom were older people.) Data on the ethnic diversity of attendees was not available, though it had been recognised that events were appealing to a wide variety of residents.
44. Libraries were popular due to being a safe, trusted, accessible space, that promoted a sense of community and belonging that often became a community hub. Staff would get to know and forge relationships with regular attendees. Staff were provided with training to ensure an awareness of mental health and dementia, in order to better help residents.
45. Over the last 12 months, the number of 60+ year olds who were active members of Hillingdon libraries was 8,902. The number of library members in total was 68,616. Therefore, 13% of active library users were over 60 years old. This compared to 13% of the population being over 65, and so the level of library usage was proportionate to the resident population. The figures above were based on people borrowing a library book in the last year, so whilst indicative they will not capture those library users that come into libraries but use them for purposes other than borrowing books.
46. Partners using libraries to hold events included:
  - Adult Learning
  - Sport and Physical Activity Team
  - Green Spaces
  - Hillingdon Dementia Alliance



- Mind
- Dash
- Alzheimer's Society
- Other council services needing to meet residents

47. Events held at libraries included:

- Coffee mornings
- Knit and Natter groups
- Chairbics
- Zumba
- IT for older people
- Reading Groups
- Writing Groups
- Author talks – including Culture Bite
- Reminiscence sessions
- Local History Talks
- Healthy heart month

48. The Silver Sunday, held at Botwell Green library, was part of a national campaign to combat social isolation in older people and celebrate their contribution to society. Held on the first Sunday in October, a group of 30 older residents from Age Link were invited. Children made cards for the older people which were gratefully received. The event included singing, refreshments and health checks from a local pharmacy.

49. IT for Older People was a free session held at Northwood Hills library, to help older people become proficient with computers. Run by volunteers, users were helped with hand and eye co-ordination (vital to use a tablet or computer mouse), before being helped to use the internet to explore their particular interests or hobbies. Information was provided to help guard against cyber-crime which may help to allay any fears that a newcomer might have about use of the internet. The sessions helped to create an opportunity for interaction between the participants, as well as the staff. Similarly, the Uxbridge Digital Drop-In Session provided informal help with computing and technology via volunteer students from Brunel University.

50. The Sow and Grow cross-generational scheme had been operating out of Yeading Library for the last 9 months, and allowed residents to grow their own fruit and vegetables. Public consultations were often held on library site, which gave older residents a chance to engage with their community, have their voice be heard, and make a contribution to the workings of the town.

51. Specialised library services, aiming to mitigate loneliness and isolation, included the Mobile Library, which delivered to 23 roadside sites every week, as well as schools, nurseries, day centres and residential and sheltered homes.

52. The home library service visited 150 housebound users, with visits every 4 weeks. The services provided vital social contact for the most isolated residents, and helps people to continue to live at home and maintain independent living.

53. Members suggested that more libraries be open on Sundays. Mr Waller confirmed that limited Sunday openings were due to budgetary reasons. If further sites were opened on Sunday, it was likely that operating hours on the other days of the week would have to be reduced.
54. Vivian Ellis, Arts and Health Researcher, addressed the Committee on the topic of 'Singing for Social Connection'.
55. Ms Ellis had been commissioned by the Director of Imperial College GP Training to run an education in arts for health for Hillingdon GP's. Originally trialled, the training was repeated for 48 student GPs in years 1, 2 and 3 at Guys & St Thomas (Nov 2016), as well as via workshops in arts for health with GP trainers from South London (Sept 2016) and South West London (June 2017).
56. Two monthly singing groups for health were being run in Northwood: 'Singing for the Soul' (singing for wellbeing) and 'Memory Matters' (for people with dementia living at home) both at Northwood and Pinner Liberal Synagogue.
57. A free, weekly drop-in singing group for mental health at The Dragon Cafe, is held in St George the Martyr Church in Southwark. The Dragon Cafe was user-led, and delivered by a small paid team plus volunteers, with the aim of providing a relaxed, social, non-medical, diverse, multi-generational setting.
58. The groups provided singing, dancing, and chatting, as well as chair-based yoga which had been seen to increase movement, which in turn allowed individuals to regain their independence. Health benefits of singing groups included fast social bonding and positive experiences, which helped to mitigate against loneliness, isolation, and the resulting depression that this caused.
59. Christopher Geake, Director of Hillingdon Mind, set out mental health in the context of social isolation and loneliness.
60. The Committee was informed that the World Health Organisation defined mental health as:
- A state of complete physical, mental and social well-being,
  - and not merely the absence of disease,
  - in which every individual realizes his or her own potential,
  - can cope with the normal stresses of life,
  - can work productively and fruitfully,
  - and is able to make a contribution to her or his community.
61. According to the Social Care Institute for Excellence (SCIE)'s report from 2016, mental health and emotional well-being were as important in older age as at any other time of life. Most older people had good mental health, but older people were more likely to experience events that affect emotional well-being, such as bereavement or disability.
62. The Department of Health estimated that:
- 40 % of older people seeing their GP  
50 % of older people in general hospitals

60 % of care home residents

have a mental health problem.

63. For the purposes of the review, the mental health issues most commonly seen in older people, due to loneliness and isolation, were depression and anxiety.

64. According to a report titled (*“Look after your mental health in later life” by the Mental Health Foundation: 2016*), helpful approaches to mental and emotional wellbeing included:

- Being prepared for changes
- Talking about problems and concerns
- Asking for help
- Thinking ahead and having a plan
- Caring for others
- Keeping in touch
- Being active and sleeping well
- Eating and drinking sensibly
- Doing things that you enjoy
- Relaxing and have a break

65. 'Connecting' was seen as the fundamental and principle antidote to loneliness, isolation, and mental health issues. This included connecting with the self, connecting with others, and connecting with support.

66. Connecting with self:

Issues	Recommended Action
<ul style="list-style-type: none"><li>• feeling of low esteem and worthlessness</li><li>• loss of family or social role</li><li>• disappointments and disillusionment</li><li>• loss and bereavement</li><li>• physical ill-health</li><li>• addictions</li></ul>	<ul style="list-style-type: none"><li>• reminiscence work</li><li>• dealing with loss and bereavement</li><li>• working through positive and negative experiences and feelings</li><li>• replacing shame and assumptions of guilt with compassionate acceptance</li><li>• counselling and talking therapies</li><li>• volunteering</li></ul>

67. Connecting with others:

Issues	Recommended Action
<ul style="list-style-type: none"><li>• social isolation and emotional isolation</li><li>• isolation through rejection</li><li>• self-isolation as distraction</li></ul>	<ul style="list-style-type: none"><li>• keeping in touch or reconnecting</li><li>• social clubs, recreational activities, learning activities</li></ul>

<ul style="list-style-type: none"> <li>• feeling of inadequacy or low self-esteem</li> <li>• ill-health, disability, abuse addictions, low self-esteem</li> </ul>	<ul style="list-style-type: none"> <li>• befriending</li> <li>• social media – Facebook, Skype</li> <li>• volunteering</li> </ul>
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68. Connecting with support:

Issues	Recommended Action
<ul style="list-style-type: none"> <li>• Independence</li> <li>• not acknowledging need for support</li> <li>• not knowing where to go for support</li> <li>• not being physically or emotionally able to engage</li> </ul>	<ul style="list-style-type: none"> <li>• motivational work</li> <li>• planning for later life</li> <li>• drawing upon social capital and community networks.</li> </ul>

69. When people with mental health issues were asked where they went for support, feedback showed that the most valued support received was from family members, neighbours, friends, colleagues, local community associations, college classes, libraries, and faith communities. It was important to recognise that whilst there were appropriate medical responses to clinical conditions; most of the issues of loneliness and isolation were not clinical.

70. People say they wanted the following support:

- how to maintain good integrated health and well-being
- support at the right time – the earlier the better
- where to go for the right support
- how to get support quickly
- how to self-manage their health and well-being
- how to address social isolation and its causes
- peer support from other people with “lived experience”
- challenge stigma and discrimination

71. Hillingdon MIND offered the following:

- groups and social clubs
- culturally specific support
- (South Asian, Somali, Afghan, Nepalese, Tamil, LGBT)
- befriending
- counselling and psychotherapy
- information and sign-posting
- mental health awareness
- anger management
- volunteering
- peer-support

- (women's and men's groups, Creative Minds, "Hearing Voices", Creative Writing, walking)
- substance misuse and addictions
- carers

## MEETING HELD ON 6 NOVEMBER

72. At this meeting, Sandra Taylor, Assistant Director Provider & Commissioned Care, provided the Committee with an update on the TeleCareLine (TCL) Services. Ms Taylor was supported by Manesh Patel, OPHS Operations Manager. While the presentation was provided as a general informational item, updating the Committee on developments within the TeleCareLine service since the previous review into Assistive Technology, it was felt that the information could be considered as part of the ongoing review into Loneliness and Isolation.
73. The Committee requested that officers elaborate on the use of TCL to help address the issue of loneliness and isolation in older residents of the Borough. Officers confirmed that the promotion of services and events such as dining centres, or use of community hubs such as Bell Farm Christian Centre, were historically more successful in addressing loneliness and social isolation than use of the TCL in general. However, these services and events were promoted through the TCL, and staff at the Contact Centre referred users of TeleCare to the relevant Council services, such as Social Care, or to other service providers such as Age Concern. Referrals could also be to Hospitals outside of the Borough.
74. The TCL received comparatively fewer calls at night, which allowed staff more time to talk with users. This helped staff to get to know the users in more detail, and forge relationships with regular callers that could help address loneliness. In addition, the time also provided the opportunity to gather information to pass to social workers as part of the referral process.
75. There were 1,335 users aged below 80 years who were currently using TeleCare enabled equipment. There was a large focus on growing users aged 70-80, in an effort to have services in place before an individual's personal circumstances were in 'crisis'.
76. Members suggested that more volunteers at the Contact Centre, and that further promotion of the services via social media platforms or Hillingdon People, would further improve quality of care and uptake of services. It was requested that this be considered as a potential recommendation to Cabinet as part of the current review into loneliness and social isolation in older residents.