

Scrutiny Inquiry Panel - Combating Loneliness in Southampton

Meeting 1: Presentations

Thursday, 8th September, 2016
at 5.30 pm

Contacts

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ADDITIONAL INFORMATION

7 INTRODUCTION TO THE INQUIRY (Pages 1 - 30)

- Campaign to End Loneliness presentation
- Southampton – Loneliness presentation

Friday, 2 September 2016

SERVICE DIRECTOR, LEGAL AND GOVERNANCE

Marcus Rand

OUR
THIRD AGE
CAN BE OUR
BEST AGE

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Campaign to
EndLoneliness
CONNECTIONS IN OLDER AGE

Agenda Item 7

The Campaign to End Loneliness ...

- Five years old this year
- Campaigning body to promote a major shift in thinking about loneliness
- Drive increased awareness of loneliness as a major health and economic problem
- Campaign for positive policies and plans on the ground
- Promote sharing of knowledge and best practice
- Over 1000 organisations in our learning and research network



Lil's Story – loneliness from a urban perspective



DEFINING LONELINESS



LONELINESS: IS SUBJECTIVE

the unwelcome feeling of a gap between the social connections we want and the ones we have

It can be

- Social or emotional
- Transient, situational or chronic

ISOLATION: IS OBJECTIVE

a measure of the number of contacts or interactions

“Language... has created the word ‘loneliness; to express the pain of being alone. And it has created the word ‘solitude’ to express the glory of being alone.”

Paul Johannes Tillich

LONELINESS IN THE UK



10%

of the population aged over 65 are often or always lonely



65+

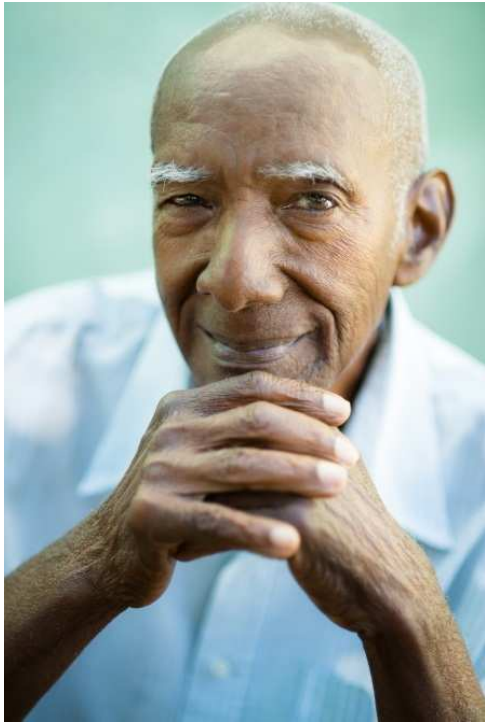
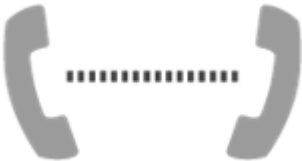
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Of all older people (over 5 million) say television is their main company

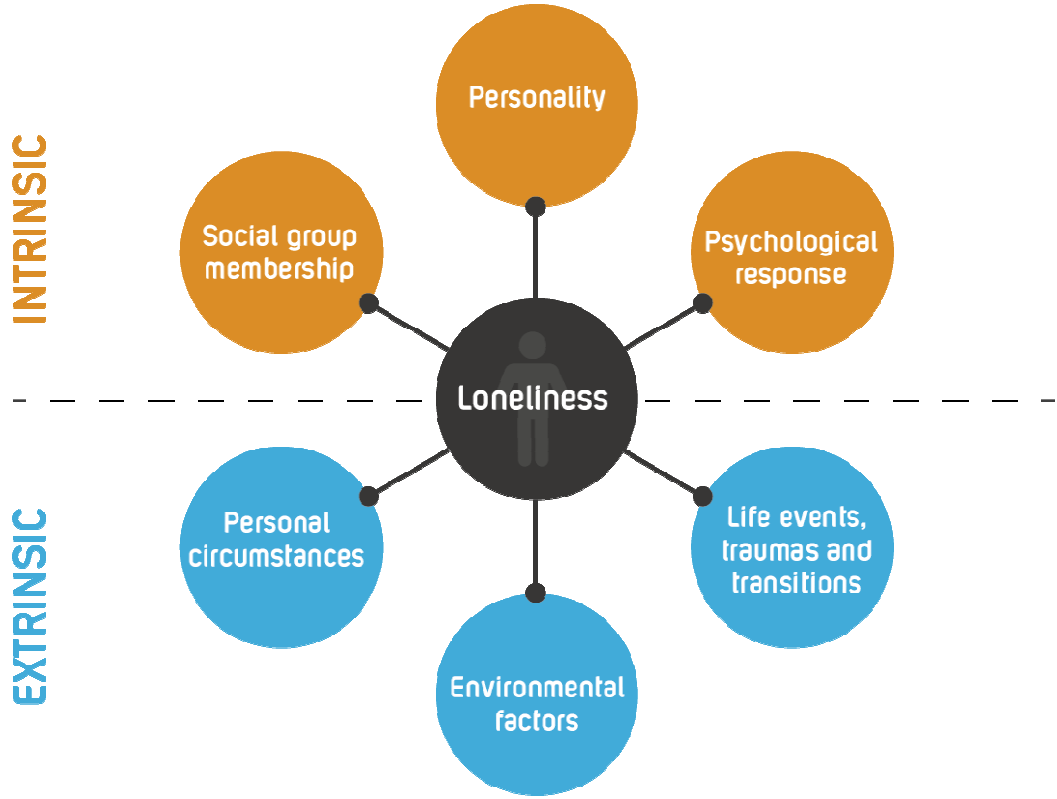


17%

of older people are in contact with friends, family and neighbours less than once a week,



RISK FACTORS FOR LONELINESS



Risk factors converge and increase, and our resilience may reduce, as we age

LONELINESS HARMS PHYSICAL HEALTH

Loneliness:

- ⊙ Poses an equivalent risk for early death as smoking 15 cigarettes a day
- ⊙ Increases the risk of high blood pressure
- ⊙ Increases risk of cardiovascular disease
- ⊙ Increases risk of dementia

Lonely people are:

- ⊙ More likely to smoke and drink alcohol
- ⊙ More likely to be overweight and have poor diets
- ⊙ More likely to skip medication

LONELINESS HARMS MENTAL HEALTH



Loneliness:

- ⊙ Is linked to development of depression
- ⊙ Can delay recovery time from illness
- ⊙ Correlated with self-reported poor health and psychological distress
- ⊙ Can predict suicidal behaviours in older age

COSTLY TO HEALTH AND SOCIAL CARE



What we know:

- ⊙ Preventing and alleviating loneliness helps older people to remain more independent
- ⊙ 76% GPs report 1-5 patients a day come to their surgery because they are lonely
- ⊙ The cost of being chronically lonely to the public sector on average is around £12,000 per person based on costs associated with GP and A&E visits
- ⊙ Research in Cornwall and Devon found a third of patients admitted to A&E had very infrequent meaningful social interactions– less than once a month, or never

COSTLY TO HEALTH AND SOCIAL CARE



Reducing loneliness can boost independence and reduce costs by resulting in:

- ⊙ Fewer GP visits
- ⊙ Lower use of medication
- ⊙ Fewer days in hospital
- ⊙ Improved ability to cope after returning from hospital
- ⊙ Reduced inappropriate admission to care homes
- ⊙ Increased contribution of older people to society: sharing skills, knowledge and experience

ADDRESSING LONELINESS



**Foundation
Services**



Reach

Understand

Support



**Direct
Interventions**



**Support existing
relationships**

**Help make new
connections**

Change thinking

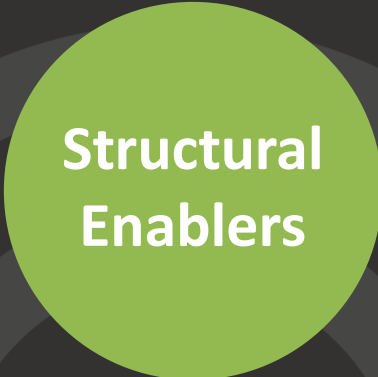


**Gateway
Services**



Transport

Technology



**Structural
Enablers**



Community

Volunteering

Positive ageing

FOUNDATION SERVICES



These are services that:

- Reach lonely individuals
- Understand and respond to the specific circumstances of an individual's loneliness
- Support individuals to take up the services that would help them make meaningful connections



FOUNDATION SERVICES: REACH



- 1) Use data to target action (using risk factors to map risk of loneliness by neighbourhood)
- 2) Eyes and feet on the ground
 - agent based referral schemes
 - agency based referral schemes
- 3) Forming partnerships with multiple organisations and professionals across the community is essential. Create one referral form to support your reach:

“So private care agencies, water companies, we’ve got fire and rescue, health services, absolutely everybody can get their hands on those forms. It’s about lots of people knowing about it and it’s about drip, drip, drip, continually reminding people that you’re there and what you can do.”

FOUNDATION SERVICES

PRACTICAL WAYS TO IDENTIFY THE MOST LONELY



1. Community resource directories
2. Social prescribing
3. Bereavement
4. Coproducing community
5. Technology
6. Libraries



FOUNDATION SERVICES: UNDERSTAND & RESPOND



Specific needs must be understood to ensure interventions are personalised and appropriate

- ⦿ Guided conversation

Specific issues might be around:

- ⦿ Stigma
- ⦿ Accessibility
 - sight/hearing loss
 - mobility issues
- ⦿ Confidence and willingness to engage

Case Study – Halton Wellbeing Services



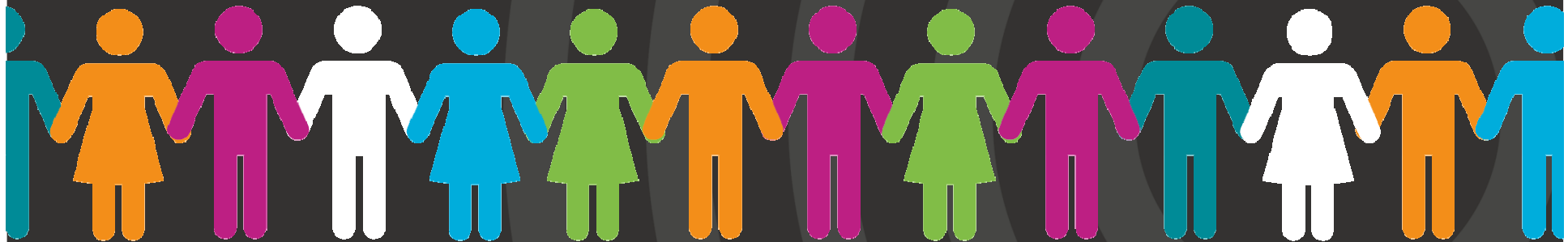
Find out more

www.campaigntoendloneliness.org

020 7012 1409

info@campaigntoendloneliness.org.uk

[@EndLonelinessUK](https://twitter.com/EndLonelinessUK)



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Better Care Southampton
Joining up your care



Loneliness Scrutiny Inquiry

Adrian Littlemore
Senior Commissioner
Integrated Commissioning Unit

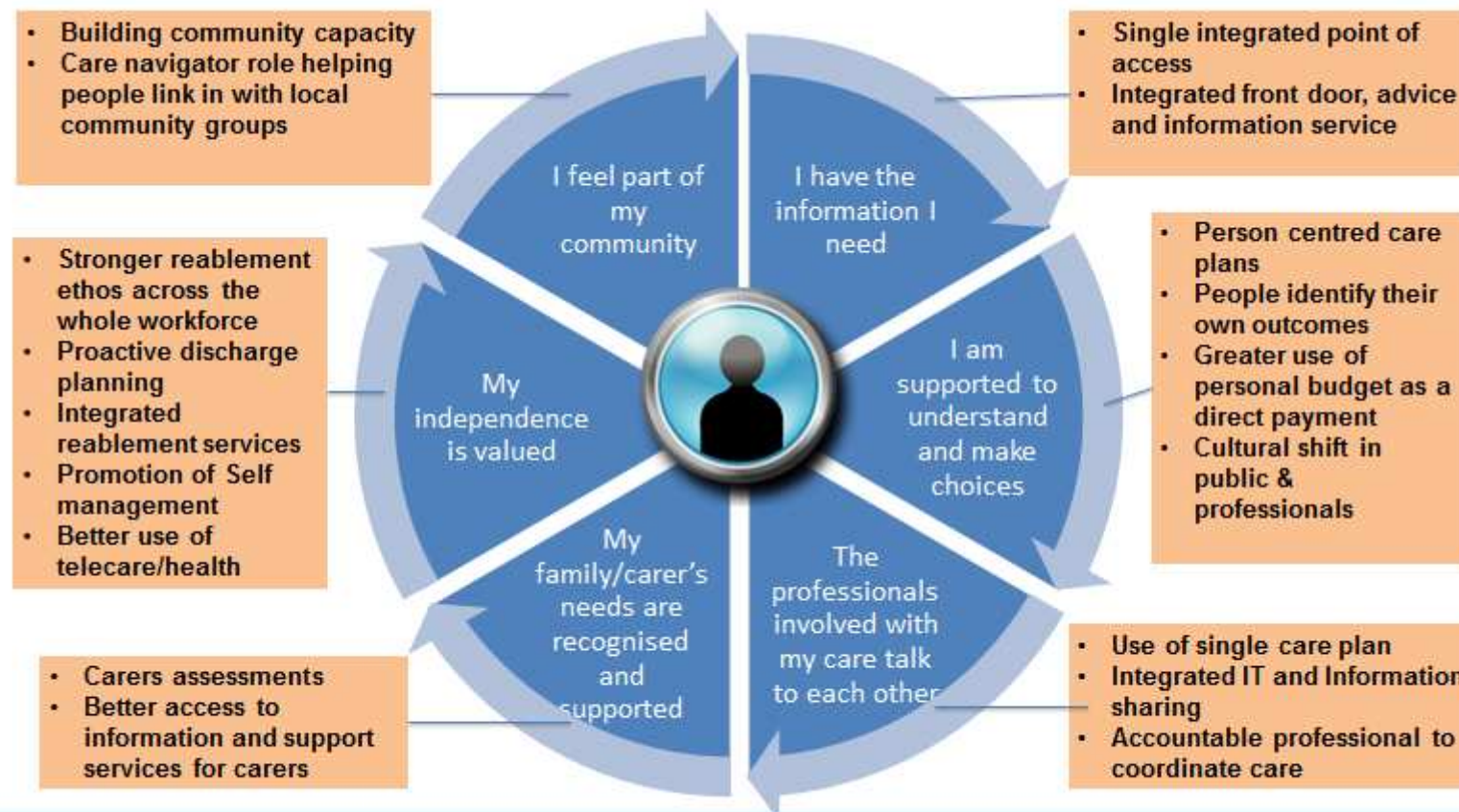


Better Care Southampton
Joining up your care



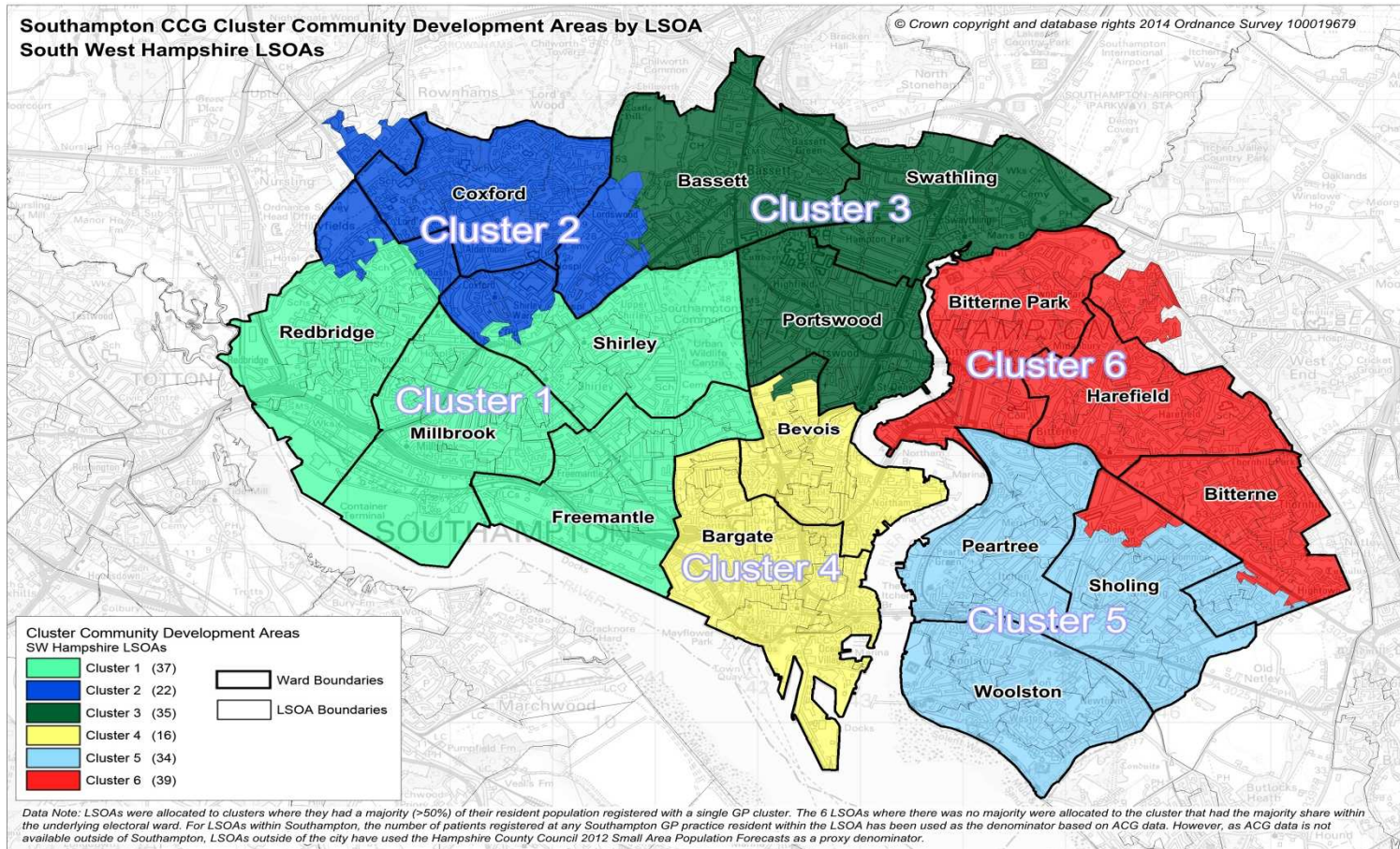
- What we have been doing in Southampton?
- How we structure our Enquiry?

Better Care





Better Care Southampton
Joining up your care





Better Care Southampton
Joining up your care

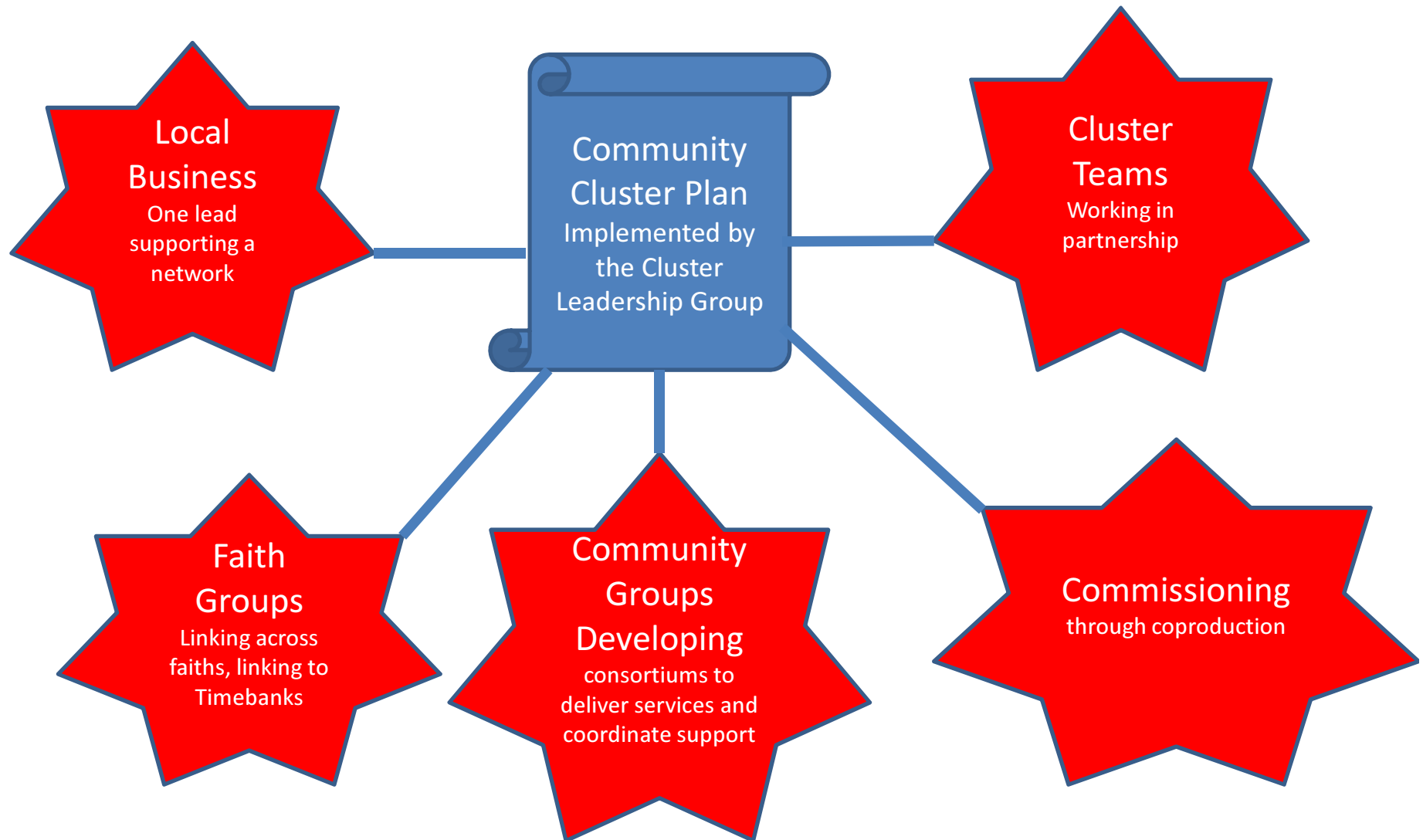


Community Solutions

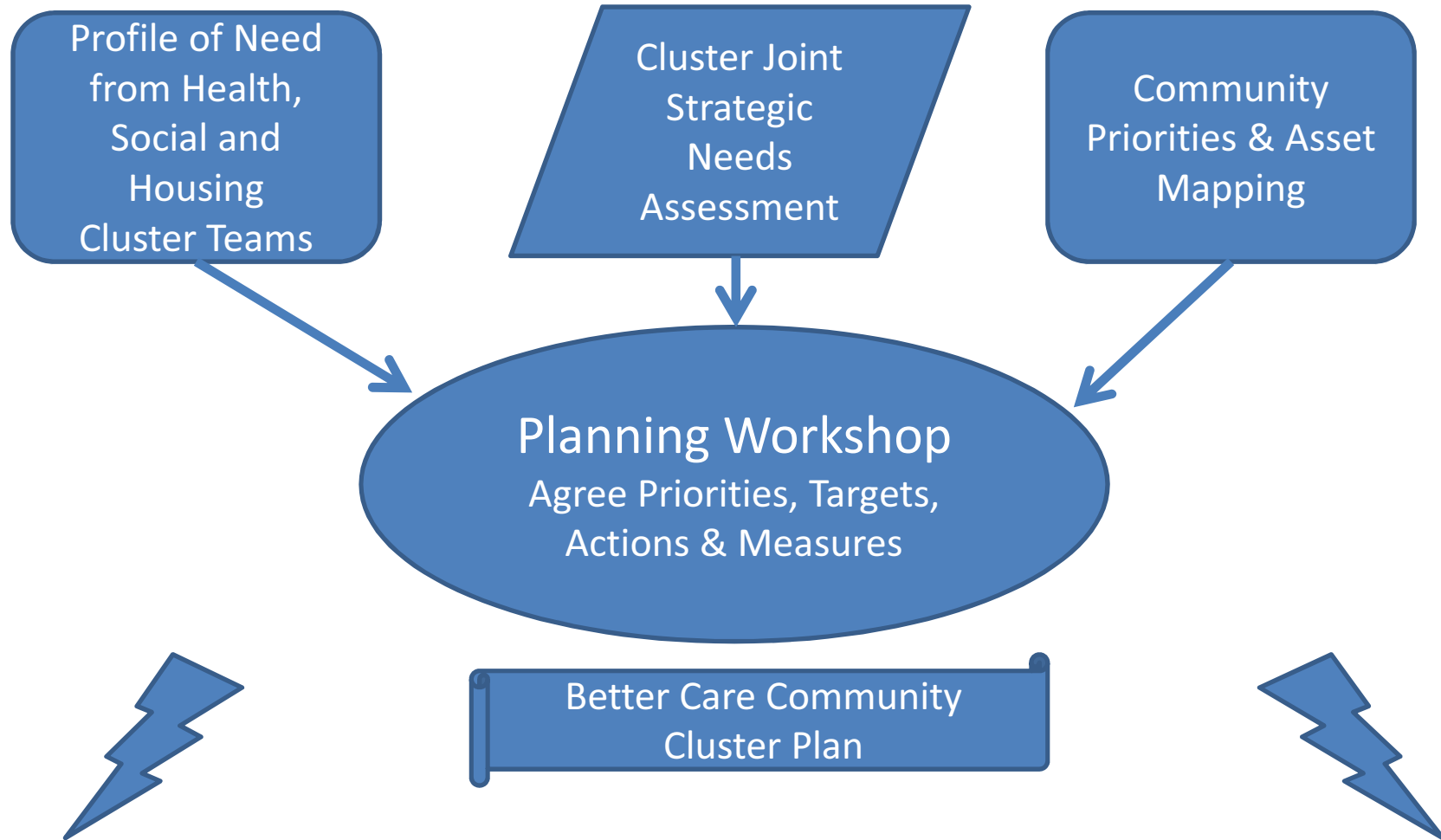
The role of the Community Solutions Group is to:

- ✓ **Bring together** voluntary, community groups, not for profit organisations, faith groups and local business to support Better Care.
- ✓ To **engage the community** in Better Care identifying the priorities of the community and maximise use of community resources, so people have **access to tools and support** that enables them to **manage their own health and live healthy lives.**
- ✓ To identify overlaps in community provision, **gaps and develop solutions** to identified need.

Delivered together with



Better Care Community Cluster Action Planning



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Priorities identified & being worked on:

- Loneliness and Social Isolation
- Access and Support to use available information
- Access to community transport for people unable to use public transport



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Loneliness & Social Isolation

Supported by National Campaign to End Loneliness

- ✓ Workshop help on 31st May to explore with wide group of stakeholders
(Children/young people, mental health, people with disabilities, ethnic minorities, older people and carers)
 - Raising the profile of Loneliness,
 - How we might identify people,
 - How can we support people
- ✓ National Campaign helping us run an event to engage Local Business leaders (4th October 16)
- ✓ Supporting neighbourliness: building support between services and community leaders, workshop (6th October)
- ✓ Exploring with group to develop Men in Sheds scheme in the City
- ✓ Implementing and further researching use of GENIE with Southampton University and community organisations



Access and Support to use Information

Local Solutions Groups (e.g. Itchen to Bridge the Gap)

- ✓ Mapping - What's in our communities
- ✓ To identify overlaps in community provision, gaps and develop solutions to identified need.
- ✓ Building trust and relationships between community and voluntary groups and statutory services.
- ✓ Piloted Community Navigation (CCG funded Spectrum) in two Clusters
 - Workshop planned to learn and plan for the future across Southampton
- ✓ Prevention and Early Intervention Programme: review of Advice & Information services, review of Behaviour Change Services, review of housing related support, redesigning how we support communities
- ✓ Developing Southampton Information Directory (SID)



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Community Transport

The role of the Community Solutions Group is to:

- ✓ Bring together voluntary, community groups, and statutory services to explore how we could support people better together.
- ✓ To better map the needs and issues experienced by users, carers and services.
- ✓ To develop an options paper for cross sector support
- ✓ Communicate working with bus companies to explore potential of having volunteer conductors to help people maintain and get back to using buses.



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Structure of the Enquiry?

- Follow the National Campaign Framework
- Sessions on Older People, Mental Health & Disability, Carers and Minority Groups
- Session on Enablers and Infrastructure
- Report to help shape our plans as a City

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