

Cabinet

13 September 2018

Report and Recommendations of the Loneliness Advisory Group

Recommendation

That Cabinet considers the report of the Loneliness Advisory Group and approves the following recommendations:

- 1) That in view of the prevalence of loneliness and the impact that it can have on people's health and wellbeing, Warwickshire County Council undertakes to raise awareness of the issue amongst its own staff. In addition the messages regarding loneliness should be extended to the wider public sector via the Warwickshire Health and Wellbeing Board.
- 2) That as part of the decision making process authors be required to consider and where appropriate include in reports specific reference to the impact of proposals on loneliness.
- 3) That from 2019/2020 an additional scoring criterion is considered for inclusion in the Warwickshire County Council Councillors Grant Fund Scheme that relates specifically to the impact of all project applications on reducing loneliness and social isolation.
- 4) That agencies such as Age UK be invited to promote any schemes they operate aimed at reducing loneliness (e.g. befriending schemes) to Warwickshire County Council staff. This will take the form of submissions on the intranet, a presence in Shire Hall and other offices on key dates and articles in staff newsletters etc.
- 5a) That GP practices be targeted to ensure that they are sufficiently aware of the benefits of social prescribing to wish to engage with this initiative. GP learning events should be used to assist in the dissemination of this message.
- 5b) That a member development/briefing session be arranged to relay messages about Social Prescribing. This session will cover those actions that members can undertake to promote Social Prescribing in their communities.
- 6) That during the Year of Wellbeing the impact of loneliness is particularly recognised and projects developed to specifically address this.

- 7a) That the Council recognises the value of arts and culture in addressing issues of loneliness and encourages family centres, GP practices and libraries to promote activities around this.
- 7b) That the Council endorses efforts underway to develop a Creative Health Alliance across Warwickshire, to form a strong partnership between arts and culture organisations and health partners, to include supporting partnership bids for external funding.
- 8) That the County Council continue to manage information on events and activities that people can engage with and that this be shared with GPs, Practice Nurses and Social Workers.
- 9) That EQUIP (the organisation delivering the WCC contract for equalities services within Warwickshire) be requested to raise awareness of, and signpost to, services, support and activities that address loneliness and social isolation for their target groups. (as per Outcome 3, 3a of the service specification).

1. Report of the Advisory Group

- 1.1 At its meeting of 21 September 2017 Council considered a motion on loneliness tabled by Councillor Jerry Roodhouse (Leader of the Liberal Democrat Group). Following a debate in which the significance of loneliness, the efforts being made by various agencies and the positive and negative impact of the way council services are delivered on levels of loneliness were discussed the following resolution was agreed.

“That, in light of the Director of Public Health’s Annual Report 2017, which highlights the impact of loneliness and isolation on people’s health and wellbeing, Council agrees to the establishment of a cross party member group by Cabinet to consider and recommend to Cabinet what steps could be taken to reduce social isolation and loneliness including how we work with partners and the voluntary and community sector on targeted initiatives and the role that public transport plays in this context”
- 1.2 In response to the council resolution Cabinet agreed in November 2017 to the establishment of an Advisory Group.
- 1.3 Throughout the first half of 2018 the Advisory Group gathered evidence initially from officers and then from partners and witnesses to develop a greater sense of the causes and impact of loneliness and to consider ways in which these can be addressed. Details of the evidence considered can be found in the appended report. For this reason and through a desire not to repeat the efforts of others the Advisory Group has focused on areas where it considers it can make a difference.
- 1.4 From the start it was acknowledged that this group was never going to be able to address all the issues surrounding loneliness. It was also recognised that a considerable body of work is being undertaken globally on the issue of loneliness and that it would be inappropriate and ineffective to attempt to repeat that which is being

done elsewhere. Nevertheless members and officers recognised that Warwickshire County Council (WCC) has a responsibility to do whatever it can to help in this area.

2.0 Financial Implications

2.1 Throughout this review members have been mindful that whilst the group's recommendations can be challenging it must be possible to deliver them taking account of budgetary constraints. The recommendations focus more on working smarter than anything requiring major capital or revenue outlay. Where there are financial considerations then these should be taken account of during the Council's budget setting process.

3.0 Action Planning

3.1 The Advisory Group is keen to ensure that its recommendations are implemented where possible. To this end it is expected that following the endorsement of those recommendations an action plan will be prepared.

Background Papers

None

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Cabinet Portfolio Holder: Councillor Caborn

Advisory Group members: Councillors Falp, Rickhards, Dirveiks, Horner, Pandher, Rolfe



Loneliness Advisory Group Report

**“Loneliness and the feeling of being
unwanted is the most terrible
poverty”
(Mother Teresa)**

*Working for
Warwickshire*

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Foreword by Councillor Clive Rickhards – Chair of the Loneliness Advisory Group

People who are not lonely probably do not give the subject of loneliness a great deal of thought. It is perhaps only those who are lonely that fully appreciate what an unhappy place that can be. It is doubtful if anybody wants to feel lonely although we all from time to time want to be alone.

There is a growing awareness of the impact that loneliness can have on peoples' health and wellbeing. Thankfully too there is a growing willingness amongst the lonely and those who can assist them to speak openly about the issue.

This review was set up in the light of observations contained in the 2017 Director of Public Health's Annual Report. Members of the County Council, in approving that report felt that more should be done to understand loneliness in 21st Century Warwickshire and give consideration to what could be done to either reduce loneliness or mitigate against its impacts.

Reassuringly the advisory group has learned that headway is already being made by partner agencies and by the County Council. In developing our recommendations we have been keen to avoid redeploying ideas that are already being implemented or proposing actions that cannot be afforded. We are keen to spread the messages about loneliness and where possible encourage people to work more effectively to address it.

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1.0 Executive Summary

The Loneliness Advisory Group comprising a number of elected members was established in response to messages contained in the 2017 Director of Public Health's Annual Report.

The Group has considered written and oral evidence from a number of sources. Based on what it has learned it has sought to produce a series of recommendations which it considers are realistic and deliverable. The recommendations are:

Recommendation 1

That in view of the prevalence of loneliness and the impact that it can have on people's health and wellbeing, Warwickshire County Council undertakes to raise awareness of the issue amongst its own staff. In addition the messages regarding loneliness should be extended to the wider public sector via the Warwickshire Health and Wellbeing Board.

Recommendation 2

That as part of the decision making process authors be required to consider and where appropriate include in reports specific reference to the impact of proposals on loneliness.

Recommendation 3

That from 2019/2020 an additional scoring criterion is considered for inclusion in the Warwickshire County Council Councillors Grant Fund Scheme that relates specifically to the impact of all project applications on reducing loneliness and social isolation.

Recommendation 4

That agencies such as Age UK be invited to promote any schemes they operate aimed at reducing loneliness (e.g. befriending schemes) to Warwickshire County Council staff. This will take the form of submissions on the intranet, a presence in Shire Hall and other offices on key dates and articles in staff newsletters etc.

Recommendation 5a

That GP practices be targeted to ensure that they are sufficiently aware of the benefits of social prescribing to wish to engage with this initiative. GP learning events should be used to assist in the dissemination of this message.

Recommendation 5b

That a member development/briefing session be arranged to relay messages about Social Prescribing. This session will cover those actions that members can undertake to promote Social Prescribing in their communities.

Recommendation 6

That during the Year of Wellbeing the impact of loneliness is particularly recognised and projects developed to specifically address this.

Recommendation 7a

That the Council recognises the value of arts and culture in addressing issues of loneliness and encourages family centres, GP practices and libraries to promote activities around this.

Recommendation 7b

That the Council endorses efforts underway to develop a Creative Health Alliance across Warwickshire, to form a strong partnership between arts and culture organisations and health partners, to include supporting partnership bids for external funding.

Recommendation 8

That the County Council continue to manage information on events and activities that people can engage with and that this be shared with GPs, Practice Nurses and Social Workers.

Recommendation 9

That EQUIP (the organisation delivering the WCC contract for equalities services within Warwickshire) be requested to raise awareness of, and signpost to, services, support and activities that address loneliness and social isolation for their target groups. (as per Outcome 3, 3a of the service specification).

2.0 Introduction

2.1 Purpose of review

2.2 Loneliness is a psychological state. It is a subjective, negative feeling associated with lack or loss of companionship¹. Loneliness is often associated with increasing age however, both loneliness and social isolation occur across all age groups. Prevention and early intervention is vital to enable people to live well, remain as independent as possible and reduce the demand on health and social care.

2.3 There is now a growing awareness of the factors that can lead to a sense of loneliness. These include personality and cognitive variables, life stages (e.g. retirement, widowhood, diminishing health) social environment, the level and quality of interpersonal engagement and wider social factors such as poverty and access to transport.

2.4 It is important from the start to appreciate that:

a) **Loneliness is linked to social isolation but it is not the same thing. Social isolation relates to imposed isolation from social networks or access to services and can lead to loneliness. One way of describing this distinction is that you can be lonely in a crowded room, but you will not be socially isolated. The title of this report references only “loneliness”. However with loneliness and social isolation (LSI) so closely linked the reader will frequently find them mentioned in the same context.**

Nevertheless the distinction between the two should always be borne in mind.

b) **Loneliness is not limited to adults or the elderly. People of all ages can feel lonely. For example recent [statistics](#) indicate that younger people are reporting higher levels of loneliness. Most research and resulting initiatives to address loneliness does tend to focus on older people. However, as Warwickshire County Council serves the needs of all ages this review is not limited to one group.**

2.5 For most people, feelings of loneliness are short lived. However, long term loneliness can affect health in many ways and can reduce life expectancy. The impact of a lack of social relationships on the risk of mortality is comparable with smoking and alcohol misuse, and exceeds that of physical inactivity and obesity.

- 2.6 Nationally almost 1 in 3 (31%) of the population aged 65 and over are estimated to be lonely 'some of the time' and 7% 'all of the time or often'². In Warwickshire, this equates to over 43,000 people experiencing some degree of loneliness in this age group.
- 2.7 At its meeting of 21 September 2017 Council considered a motion on loneliness tabled by Councillor Jerry Roodhouse (Leader of the Liberal Democrat Group). Following a debate in which the significance of loneliness, the efforts being made by various agencies and the positive and negative impact of the way council services are delivered on levels of loneliness were discussed the following resolution was agreed.
- "That, in light of the Director of Public Health's Annual Report 2017, which highlights the impact of loneliness and isolation on people's health and wellbeing, Council agrees to the establishment of a cross party member group by Cabinet to consider and recommend to Cabinet what steps could be taken to reduce social isolation and loneliness including how we work with partners and the voluntary and community sector on targeted initiatives and the role that public transport plays in this context"
- 2.8 In response to the council resolution an advisory group with terms of reference was set up and has met on a number of occasions to gather evidence and consider future actions.
- 2.9 From the start it was acknowledged that this group was never going to be able to address all the issues surrounding loneliness. It was also recognised that a considerable body of work is being undertaken globally on the issue of loneliness and that it would be inappropriate and ineffective to attempt to repeat that which is being done elsewhere.
- 2.10 Nevertheless members and officers recognised that they do have a responsibility to ensure that Warwickshire County Council (WCC) does whatever it can to help in this area. For this reason and through a desire not to repeat the efforts of others the advisory group has focused on a few areas where it considers it can make a difference.

2.11 Members and Contributors

The members of the advisory group were:

- Councillor Neil Dirveiks
- Councillor Judy Falp
- Councillor John Horner
- Councillor Bhagwant Pandher
- Councillor Clive Rickhards (Chair)

The Group has been supported by the following officers from Warwickshire County Council:

- Paula Mawson - Commissioning Lead, Public Health
- Catherine Shuttleworth – Public Health Officer
- Jane Coates – Projects Co-ordinator, Community Capacity
- Hannah Cramp – Community Capacity Project Coordinator
- Jenny Murray – Localities and Partnerships Manager
- Paul Williams – Democratic Services Team Leader

2.11 Evidence

The Group held a number of information gathering sessions and engaged with a range of expert officers from Warwickshire County Council. As well as hearing from individuals the group considered a body of written evidence including:

[Loneliness and social Isolation Needs assessment 2015](#)

[Jo Cox Loneliness](#)

[Loneliness and Isolation Evidence Review - Age UK](#)

[Warwickshire DPH Annual Report 2017](#)

[Campaign to End Loneliness](#)

2.12 Dates and Timescales

21 September 2017	Motion to Council
9 November 2017	Approval by Cabinet of terms of reference for the advisory group
11 January 2018	Inaugural meeting of group. Consolidation of terms of reference and evidence gathering
16 February 2018	Evidence gathering
27 April 2018	Evidence gathering
21 June 2018	Summary and consideration of recommendations
13 September 2018	Report to Cabinet

3.0 Overview

3.1 Loneliness

3.2 The causes of loneliness and its impact on people's health and wellbeing are well documented. These have been summarised above. However, in order to appreciate how this report's recommendations can help make a difference it is necessary to have a more detailed understanding of the matter at hand. As has already been noted, a considerable body of work has been published into the area of loneliness. One example is the Warwickshire Joint Strategic Needs Assessment and much of the following is taken from that document.

3.3 Loneliness is associated with harm to mental and physical health, as well as having broader social, financial and community implications. Loneliness harms physical and mental health by increasing the risk of depression, high blood pressure, sleep problems, reduced immunity and dementia. It has a greater impact than other risk factors such as physical inactivity and obesity. A notable study found that loneliness has an equivalent risk factor for early mortality to smoking 15 cigarettes per day³.

On a more positive note, people are able to 'recover' from loneliness. A number of effective interventions have been identified, which are often low cost and taking action to address loneliness can reduce future need for health and care services.

3.4 Definition of Loneliness

3.5 Loneliness can be defined as a subjective, unwelcome feeling of lack or loss of companionship (Perlman and Peplau, 1981). It can be a transient feeling that comes and goes but can also be chronic; meaning that it is experienced all or most of the time. Emotional loneliness is felt when we miss the companionship of one particular person (often a spouse, sibling or best friend) whereas social loneliness is experienced when we lack a wider social network or group of friends.

3.6 Policy – National Picture

3.7 Loneliness and social isolation are emerging issues in the national health and social care agenda. Marmot's 2011 Review: Fair Society, Healthy Lives, included 'reduc(ing) social isolation across the social gradient' as a priority objective whilst the Care and Support White Paper recognises loneliness and social isolation as a large problem for society as a whole. Age UK and The Campaign to End Loneliness have subsequently published reports highlighting the issue of loneliness and methods to support and engage with lonely individuals. More recently the Jo Cox Commission Call to Action report highlights three key areas for action from national Government: national leadership; measuring progress; and catalysing action. Following this report, in January 2018 a new Minister

for Loneliness was appointed in order to continue Jo Cox's work on loneliness. The minister will work with the commission, businesses and charities to create a strategy for dealing with loneliness. The commission's report also highlights the fact that loneliness does not just affect older people but other groups including new mothers, refugees, those experiencing significant life transitions and disabled people. Furthermore, the Government has also announced a £20million fund for charities and community groups to bid for to help isolated people and those experiencing loneliness.

3.8 Policy – Local Picture

- The **Warwickshire Health and Wellbeing Strategy** has specific outcome measures related to loneliness and social isolation.
- **Warwickshire's Joint Strategic Needs Assessment (JSNA)** has priorities around mental health, dementia, carers and maintaining independence, which are all issues and groups associated with being impacted by loneliness and social isolation.
- **Warwickshire Cares, Better Together** incorporates Warwickshire's **Better Care Fund** plans, including work streams around promoting independence and community resilience, which both have outcome measures around reducing loneliness and social isolation. It also includes work streams in relation to the **Care Act**; focusing on prevention and wellbeing, in terms of preventing and delaying needs for care and support in vulnerable and older people.
- **The Director of Public Health Annual Report 2017** focussed on vulnerable groups and highlighted loneliness and social isolation as a key area with a number of recommendations. These include: encouraging residents to take an active part in their communities; recognising and using existing assets, including volunteers, to support communities; raising awareness of loneliness and social isolation and the services available for support.

3.9 Impact on Health and Wellbeing

3.10 For most people feelings of loneliness and social isolation are short lived. However, long term loneliness and social isolation can affect health in many ways and can reduce life expectancy. The diagram below highlights the impact of loneliness and social isolation on physical, mental and social health.

Physical Health

- Increased likelihood of poor lifestyle choices (e.g. smoking, overeating, increased alcohol consumption)
- Increased risk of dementia
- Earlier onset of disability
- Increased risk of high blood pressure and cardiovascular disease
- Higher incidence of falls

Mental Health

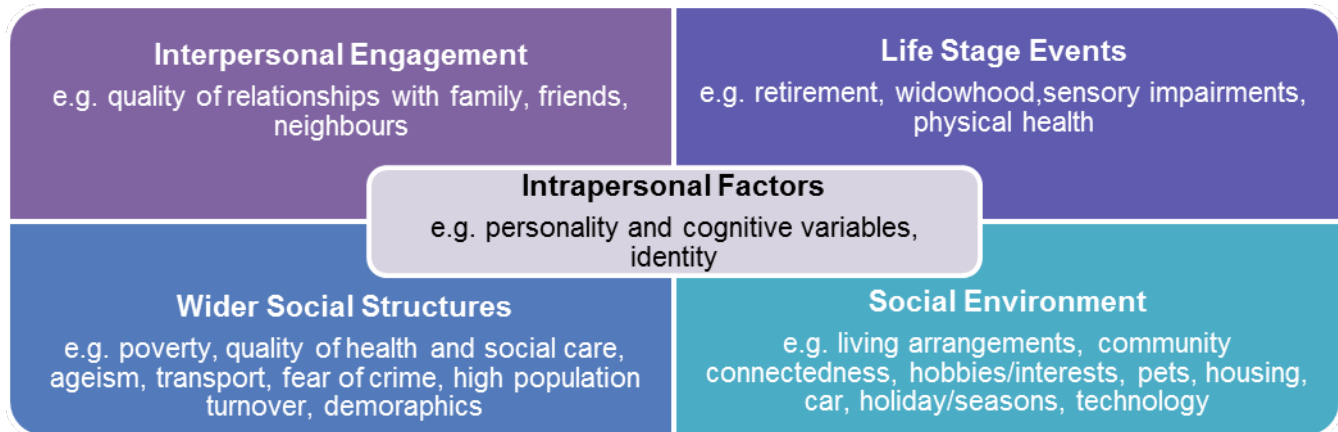
- Increased risk of anxiety and depression
- Increased risk of suicide

Social Health

- Increased risk of needing long term care
- Enter into residential or nursing care early

3.11 Risk factors

3.12 The relationship between loneliness and social isolation is complex and can change over the life course. There are a number of predictors of loneliness and social isolation and these are outlined below.



In addition, loneliness is more common in older people among:

- Males
- Widows/widowers
- People with limited contact with family and friends
- People with low self esteem
- People on a low income
- Informal carers

3.13 Measuring Loneliness and Social Isolation

3.14 Unlike other physical or mental health conditions, data on the prevalence and incidence of loneliness and social isolation are not routinely collected. Therefore, identifying individuals who are lonely or socially isolated, or are at risk of being so, is a challenge. Public Health Warwickshire has developed a 'Loneliness and Social Isolation Index' using Mosaic customer profiling data, based on work undertaken by Essex County Council. The aim of this is to ascertain an estimate of the number of households in Warwickshire that are at an above average risk of experiencing loneliness and social isolation.

3.15 The index identifies a number of groups who are at a higher than average risk of being lonely or socially isolated. These groups vary in age, ethnicity, and family and social status but all have a level of deprivation across various domains (e.g. income, housing, health, employment).

3.16 National Incidence and Prevalence

3.17 Loneliness is a common experience with those aged under 25 years and those aged over 55 years demonstrating the highest levels of loneliness. A 2005 study examined the prevalence of loneliness amongst older people in Great Britain, finding the following:

- 61% of people aged 65 and over reported 'never' being lonely
- 31% rated themselves as being 'sometimes' lonely
- 7% reported feeling lonely 'often' or 'always'

3.18 Applying these percentages to ONS population data, it can be suggested that in 2001 there may have been 2,329,650 people living in England who would rate themselves as being 'sometimes' lonely and 526,050 people who reported being lonely 'often' or 'always'.

3.19 Living alone is one of the factors contributing to a sense of social isolation; higher numbers of people aged 45 – 65 are living alone than ever before. There is the suggestion that loneliness tends to be higher amongst older people who live in socially disadvantaged urban communities. A study of deprived neighbourhoods of three English cities identified 16% of older people as being severely lonely (Scharf et al., 2002).

3.20 Warwickshire

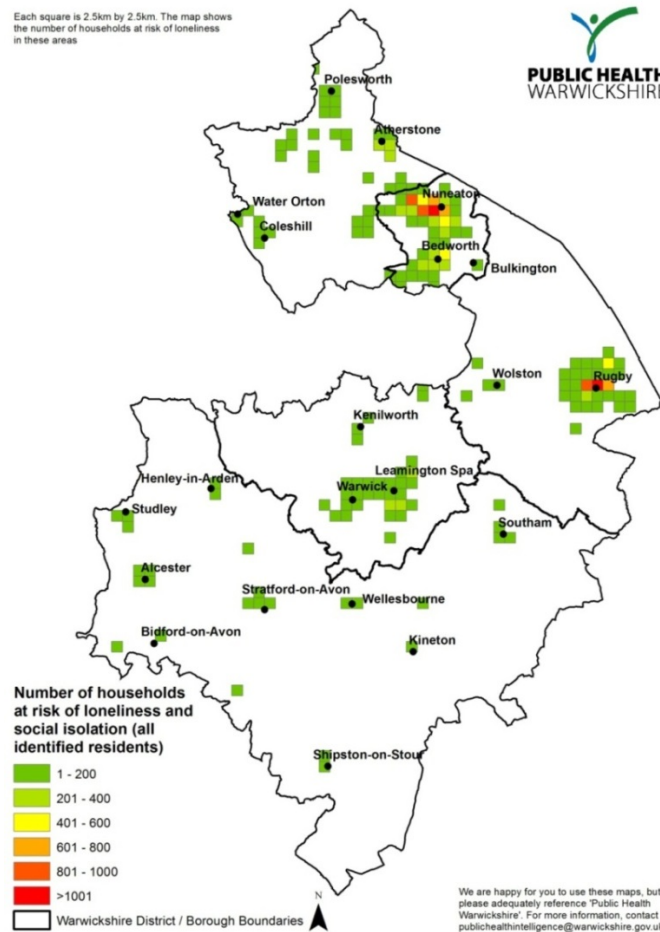
Almost 1 in 3 (31%) of the population aged 65 and over are estimated to be lonely 'some of the time' and 7% 'all of the time or often'. In Warwickshire, this equates to over 43,000 people experiencing some degree of loneliness and social isolation in this age group.

	Total Population	Lonely 'all of the time or often'	Lonely 'some of the time'
North Warwickshire	13,531	947	4,195
Nuneaton and Bedworth	24,098	1,687	7,470
Rugby	19,847	1,389	6,153
Stratford-on-Avon	31,136	2,180	9,652
Warwick	25,885	1,812	8,024
Warwickshire	114,497	8,015	35,494

Table 1. Estimates of the number of lonely people in Warwickshire (over the age of 65)

3.21 Index of Loneliness and Social Isolation

3.22 The index has allowed the identification of small areas of Warwickshire where individuals are at a higher than average risk of being lonely or socially isolated. Local heat maps have been produced using this data.



Map 1: Number of households at risk of loneliness and social isolation, Warwickshire (2015)

Map 1 shows that, in terms of gross numbers, households at ‘above average’ (Level 1-2) or ‘high’ (Level 3-4) risk of loneliness and social isolation according to the Mosaic Types are clustered around the more densely populated urbanised areas of the county. The greatest number of households at risk of loneliness are located in Nuneaton and Rugby, with significant numbers also seen in Warwick, Leamington and Bedworth. There are also clusters in Stratford-on-Avon, Polesworth, Atherstone, Coleshill, Studley, Alcester, Kenilworth and Henley-in-Arden. The distribution is similar for those at above average risk and high risk.

3.23 Services in Warwickshire

3.24 There are many services, projects and initiatives across Warwickshire that address (either directly or indirectly) loneliness and social isolation. These can be specific e.g. befriending services or indirect e.g. book clubs. A notable example is the Age UK Befriending Service which supports adults over 55 to live independently by providing regular contact to help them reduce any loneliness and social isolation.

3.25 There are a number of services and initiatives that Warwickshire County Council commission that also address loneliness and social isolation.

- **Making Every Contact Count** – this programme encourages frontline practitioners to identify customer’s potential health and wellbeing issues and offer advice and signposting. Loneliness and social isolation is highlighted as a key issue that practitioners should be aware of. Further information can be found here: <http://publichealth.warwickshire.gov.uk/making-every-contact-count/>
- **Big White Wall** – this is an anonymous online community, free to people living in Warwickshire, available 24/7. This can be accessed from the Council website: <https://www.warwickshire.gov.uk/social-care-and-health/health-and-wellbeing/mental-health/mental-health-and-wellbeing-online-services>
- **Warwickshire Wellbeing hubs** – Warwickshire residents can attend hubs for free one to one support, workshops and drop-in sessions. Further information can be found here: <https://www.cwmind.org.uk/wbw>
- **Five Ways to Wellbeing** – this initiative encourages both staff and residents to build wellbeing into daily life. The five ways to wellbeing are: give; connect; take notice; keep learning; and be active. The website can be accessed here: <https://www.warwickshire.gov.uk/5ways>
- **Struggling to Cope** – the Public Mental Health team have prepared a leaflet outlining key services in Warwickshire for those who are struggling with their mental health and wellbeing. This is distributed at key sites around the county. This can be found in Appendix 1.

4.0 The Group's Findings

- 4.1 Section 3 of this report set out the impact of loneliness and its prevalence in Warwickshire. The advisory group sought to discover for itself what this means for the people experiencing loneliness and the agencies seeking to support them. In order to achieve this understanding it held a number of evidence gathering meetings. This section sets out what it learned.
- 4.2 In the first instance the group chose to examine examples of local support for people who were either at risk of loneliness or were actually lonely. They took evidence regarding the Men in Sheds initiative and the work of Age UK.

4.3 Nuneaton Men in Sheds

- 4.3.1 The Men in Sheds project, based in Nuneaton focuses on building friendships. The group was established following a visit to a similar scheme in Stratford-upon-Avon after which requests for a scheme to be set up in Nuneaton were received.
- 4.3.2 For the last two years The Men in Sheds group has been based at the George Eliot Hospital, Nuneaton with access to a disused ward and a courtyard. The hospital has been very generous in their support of the group. They have free parking and members of the group have been invited to complete courses such as First Aid and Manual Handling. There is no charge from the hospital for heating, light or water but the group does carry out some work for them. They also contribute in other ways such as selling ornamental reindeer that they have made at Christmas time.
- 4.3.3 The group has not grown as much as it had been hoped. This may be down to the location of its base at the hospital and the fact that it does not have a high profile being physically difficult to find.
- 4.3.4 In early 2018 the group was informed that it could no longer use the room at the George Eliot; however, it is able to continue with their use of the courtyard. Thanks to donations from Warwickshire County Council, the Coventry Building Society, The Co-op and Asda, as well as the hospital, the group has purchased a lodge that will be put in the courtyard. George Eliot has confirmed that they will supply extra signage to make it easier to find.

- 4.3.5 The members of the group do not talk about what brings them there but they will acknowledge that it has been a lifeline for them. It is hoped that once the lodge is in place that other groups will be able to use it for meetings (consideration will need to be given to the suitability of the groups due to the number of tools and electrical items that the group use and store).
- 4.3.6 Initiatives such as “Men in Sheds” are very useful in addressing loneliness but only amongst those who are able or willing to engage with new social groups. Loneliness amongst retired men (especially those who are single) is a major issue. As has been noted the transition from work to retirement can for some be a traumatic experiences especially when the social interaction that work can bring is taken away.

4.4 Age UK

- 4.4.1 Jan Dugdale, Chief Executive Officer at Age UK Warwickshire shared her views on loneliness amongst older people with the Advisory Group. Age UK is aware that there is a general reluctance for anyone to admit to being lonely, it is not just with the elderly but often an elderly person’s world can shrink as a result of health issues.
- 4.4.2 One Age UK project is centred on befriending. The service is offered across Warwickshire on a 1-2-1 basis. Users of the service will receive weekly visits that last from three months to two years. All volunteers are DBS checked and carefully matched to users through interests and lifestyles. Befriending is the most popular volunteer role.
- 4.4.3 Currently there are 180 service users and 154 volunteers. There have been 514 enquires about the service but these often result in a referral to another service or signposting to further information. The highest demand in Warwickshire is from Stratford District and Warwick District. The current cost for this project is between £50-55k per year for 3 x 18 hour per week staff in order to provide county wide coverage. There is no national funding in place.
- 4.4.4 Age UK also runs the “Nanny Club” which is offered by Age UK and runs during school half terms. It is aimed at grandparents who are looking after grandchildren. This is a new scheme that has not yet been fully established. Consideration is being given to inviting elderly people without grandchildren to join in. Age UK are very keen to encourage greater interaction across communities.

- 4.4.5 Other initiatives include an updated version of the 'lunch club' – for example taking groups to local pubs where activities are put on. It is felt that this benefits not only the elderly but also local pubs and communities. Supermarket cafes provide vital social support for the elderly as they are a safe venue for older, sometimes lonely people to meet and get reasonably priced meals. Age UK currently hold Musical Memory Clubs at pub locations which are aimed at dementia patients and their carers. They offer normality and a chance to reconnect with memories. It is also an ideal chance for carers to get together for support.
- 4.5.6 Age UK is keen to remember that carers can be subject to stresses and loneliness. Retreats are offered to carers as is training.
- 4.5.7 The group has learned about “social navigation” which is a very challenging area. Working with GP’s in particular can be challenging.
- 4.5.8 However, there are now some Age UK volunteers who are based in GP surgeries which has resulted in various levels of successful engagement. It is acknowledged that demands on the time of GPs means that they can't always find the time to look at what other options may be available to patients who may be experiencing loneliness. There is one GP in Warwickshire who is reviewing how much time individuals are spending at the surgery. During this review it was discovered that one patient was visiting the surgery up to three times per week. After a visit from Age UK to take the time to find out what was behind the frequent visits it was discovered that the patient was a prolific knitter who with some help and support now runs three knitting clubs and no longer unnecessarily visits the surgery. There are resources available for GPs to use but one barrier is the reluctance of some GPs to share patient data and information. This is a perception that needs to change. One possible solution would be to seek the introduction of loneliness to Medical Google as an option/diagnosis so that there is more awareness.
- 4.5.9 Age UK currently has 460 volunteers across Warwickshire. The organisation has a lot of older volunteers and in some cases they have previously received support and want to give something back. Volunteers are also sought via CAVA when needed. Bids have been submitted to the Big Lottery Fund which will provide 3 or more community coordinators (based in villages and parishes). There is also a joint bid with Orbit Housing for funding from Comic Relief which would be used to provide a worker to set up a Men Matter group.

4.6 Young Carers and Loneliness

- 4.6.1 The advisory group took evidence concerning issues of loneliness amongst young carers.
- 4.6.2 Deb Bignell from Warwickshire Young Carers (WYC) visited the Advisory Group to share her experiences of how loneliness can affect the younger generation and in particular young carers.
- 4.6.3 WYC receives 35% of its income from WCC which is used to provide three project workers and one manager. The remaining funding comes from the Big Lottery. 60% of a project worker's time is spent across all areas of providing support for young carers. 40% of their time is spent with young carers aged 14+ as they transition into adulthood. It is recognised that this is the point where loneliness can often be the biggest issue. As a teenager, a young carer can start to realise that they are not the same as their peers.
- 4.6.4 WYC currently provides 10 different support groups, every two weeks, for different age groups. These groups run throughout term times. WYC also offers respite sessions throughout school holidays.
- 4.6.5 The youngest carer in Warwickshire is five years old. WYC currently provide support for 2089 young carers with 22 new referrals a week at times. 300 young carers are under eight years old. It is likely that those carers who are under eight are carrying out tasks such as making hot drinks, monitoring siblings, helping their parent(s) up or down stairs, cleaning and shopping. At 13/14 years old a young carer receives a re-assessment of their situation. This involves developing support that allows them to follow their aspirations and removing any family blocks to this development. WYC ensures that a young carer has the same options as a non-carer.
- 4.6.6 WYC do a lot of work with schools across the county. An awards scheme is operated (Gold, Silver, Bronze) for schools' commitment to working with young carers. As school is often the place where a young carer is first identified it is where the majority of referrals to WYC come from. Camp Hill School currently has 15 young carers who are taken to fortnightly support sessions in a minibus by the school.
- 4.6.7 Schools are encouraged to run lunchtime forums for young carers to get together. Nicholas Chamberlaine School in Bedworth runs a lunchtime forum which the pupils who are young carers find very useful. Concerns have been raised that such an approach singles out this group of pupils and might cause more issues than it solves. However, in the majority of

cases, young carers appreciate and value that they had been recognised and identified. They need the support that these groups offer them. The group has learned that Warwickshire academies have been slightly slower to get on board with the work of WYC. Those that have engaged have been encouraged to promote the work that they have done to encourage other academies to do the same.

- 4.6.8 WYC also offers activities during the school holidays which can be the loneliest time for young carers. The aim of these activities is to mirror what others in their age range are doing; giving them something to talk about/share with friends when they get back to school. WYC has provided the chance to young carers to go flying or take part in a concert with a philharmonic orchestra. One major challenge with respite trips for carers is that no additional cover is provided for the person they are caring for. It is usually provided by a friend or family member.
- 4.6.9 Young carers often struggle the most with caring for a relative with mental health problems; it causes them the most worry. In some cases relatives will insist on home schooling a child as a result of their own mental health issues which means that the young carer is not identified as needing support. WYC recognise the opportunities to work with adult social care teams in this area.
- 4.6.10 Other groups such as the “Dare 2 Dream” foundation and the Friendship Project operate in Warwickshire to support young carers amongst others.
- 4.6.11 Looking to the future WYC will be working on prevent programmes and working with schools in identifying young carers. The recent work within schools has identified just how many young carers were ‘hidden’.

4.7 Social Media and Loneliness

- 4.7.1 Public Health has recently launched a survey to explore the impact of social media on the health and wellbeing of 10-18 year olds. The group has learned that Social Media can often make young carers feel lonelier – seeing what their peers are doing through Facebook/Snapchat etc. There is emerging evidence nationally that social media is having a negative impact on many people’s mental health. In March 2018 it was reported that more than a third of youngsters from a survey of 1,000 individuals stated that they were quitting social media for good as 41 per cent stated that social media platforms make them feel anxious, sad or depressed. Finding a solution for this is difficult as social media can be used in a very positive way as well.

4.8 Loneliness and Suicide

- 4.8.1 The link between loneliness as a risk factor for suicide is recognised in research and studies, with the World Health Organisation stating that experiencing isolation is strongly associated with suicidal behaviour.. In incidents of suicide, Coroners are not required to record in the Inquest records whether loneliness was a contributing factor. Nevertheless, logic decrees that people who are lonely are unhappy. This in turn can lead to the levels of depression and despair that can lead to suicide.
- 4.8.2 Every death by suicide is a tragic event and leaves a huge impact on those left behind including family, friends, colleagues and members of the support services that may have been involved with the victim.
- 4.8.3 Deaths by suicide in Warwickshire are the leading cause of death for males in three age categories and in two age categories for women. Suicide rates in Warwickshire are currently higher than the national average, particularly for middle aged males, where Warwickshire rates are of particular concern. Rates are also higher in two areas of Warwickshire: Warwick District and Nuneaton and Bedworth Borough. The Warwickshire County Council Suicide Prevention Strategy has seven key priority areas developed by a multi-agency partnership group that includes both professionals and people with lived experience. The strategy has had good engagement from other organisations.
- 4.8.4 A national Mental Health Five Year Forward View report produced by the Department of Health in 2016 set a target to reduce suicide by 10% by 2020/21 which would mean five fewer deaths in Warwickshire. However, Warwickshire took the decision to endorse the “Zero Suicide” approach. This approach is founded on the premise that all suicides are preventable, and that efforts should be put into reducing deaths by suicide to as close to zero as possible. The approach aims to identify and care for all those who may be feeling suicidal The approach was first introduced in mental health services in Detroit, USA and over a ten year period suicide rates reduced by 80% - and in one year there were no recorded deaths in mental health services by suicide.
- 4.8.5 A review of coroner records in Warwickshire from 2013 to 2015 showed that a third of those who died by suicide were in contact with mental health support services at the time of their death, a further third had contact with primary care, and a third were therefore people living in their communities who had not had contact with health services at the time of their death. An audit of risk factors showed that the local risk factors matched issues identified at a national level (e.g. financial issues, relationship breakdown, physical illness and pain). As noted above, Coroners are not required to note if loneliness was an issue leading to a death by suicide, but the Coroner’s records may identify those who had not accessed any support services. Public Health will continue to review

the records of deaths by suicide locally to inform the Suicide Prevention Strategy and Action Plan

4.8.7 A number of projects and initiatives are being pursued in Warwickshire. These include:

- Suicide Strategy Action Plan – this is a comprehensive plan which covers all seven priority areas. It also includes a focus on children and young people aimed at reducing the risk of and improving support for self-harming behaviour
- Support Services for those bereaved through death by suicide (which can be a very different form of bereavement)
- The provision of Mental Health First Aid Training and suicide prevention training for GPs

4.9 Loneliness amongst People Living in Social Housing

4.9.1 The Group welcomed and received evidence from Cheryl Flavell, Place Making and Partnership Manager at Orbit Housing. Cheryl's role focusses on assessing and improving the general health of communities. Communities are assessed as red (least healthy) and green (most healthy). Cheryl is responsible for Stratford and the south of the county. In Stratford upon Avon much of her attention is given to the areas of Clopton and Bishopton. Assessments are based the age of properties, turnover of tenants and evictions. (Orbit has 1000 properties in Clopton). Much work is undertaken with stakeholders. The nature and extent of this collaboration is determined by the community being served.

4.9.2 Loneliness is a major issue amongst Orbit clients. The major challenge is in engaging with some residents many of who have no contact with the Orbit office from one year to the next. At the other end of the spectrum are those residents who frequently make contact partly because they are lonely.

4.9.3 A number of projects which can address loneliness are currently underway. These include the "Breathing Space" project and a befriending project. These are successful but can only assist people who get in contact with those people running them.

4.9.4 One challenge for Orbit is older single men who are frequently found to be reluctant to engage. An example of initiatives to tackle this is "Men in Sheds" (see point 4.3).

4.9.5 Through the "Better Days" fund people can apply for financial support to run projects. These can be quite diverse. For example in Rugby a Sikh dining event was very successful.

- 4.9.6 A key message for this review is that it is important not to attempt to impose anything on a community. There are also clear distinctions between rural and urban/new v's old. For example, the Clopton area of Stratford-upon-Avon has evolved over time whilst the Bishopton grew up very quickly. This requires fresh consideration to be given to the approach required for each area. Failure to do this can have a significant detrimental impact.
- 4.9.7 Orbit staff are not expressly trained on the "Making Every Contact Count" model. Contractors visiting houses to undertake work are required to look out for issues around mental health, employment, etc. Where a need is identified and intervention can be arranged. An example of this is guidance on money management.
- 4.9.8 To avoid duplication of effort research is undertaken to establish what other agencies are doing. Where considered appropriate, Orbit will work with partners on a project.
- 4.9.9 Orbit Housing has taken a conscious decision to invest in efforts to reduce loneliness and address the personal issues their clients face. This is in part because it is preferable to retain residents in housing than to have a churn of residents with units standing empty.
- 4.9.10 The group spoke to Tim Willis, Extra Care Housing Programme Lead with Warwickshire County Council. A big issue for the Extra Care Housing Programme is around the engagement of residents. For example a survey of residents undertaken in 2018, whilst resulting in some useful data was met with a disappointingly low turnout.
- 4.9.11 It was explained that the extra care initiative had been running for ten years in Warwickshire. It now has around 1000 units serving older people and people with disabilities. The initial focus was on older people with a view to increasing their sense of security and reducing social isolation. Where possible couples moving to extra care housing can stay together. This avoids the issues of loneliness often seen amongst older people.
- 4.9.12 The schemes that have the greatest sense of community are generally those that have recently opened. In these cases all residents are new and keen to develop a sense of community. Those facilities that have been established for a while see a reduction in that sense of community. In addition, where residents' groups have been established these can be quite unwelcoming.
- 4.9.13 Extra Care is considered preferable to residential care. Where possible it is better for people to lead a semi-independent existence. Places are open for people 55+ but in practice few residents are that young. Experience has shown that younger residents do not generally wish to engage with other residents.

- 4.9.14 Facilities like extra care need to be close to or in the wider community. Some facilities are very popular. For example the restaurants at the facility in Bedworth is so popular with local residents that those living in there sometimes struggle to secure a table.
- 4.9.15 The extra care facility does not end at its door. For example in Mancetter it was found that mobility scooters could not navigate to the town centre owing to inadequacies in the footways (drop kerbs etc.).
- 4.9.16 Gated communities are not always a good thing. Whilst they provide a good sense of community they do encourage people to stay closeted away.
- 4.9.17 On occasions schools get involved with initiatives. However they are difficult to sustain as pupils move on and attention turns to examinations and other matters. The key is to enable communities to help themselves. There has tended to be an inclination to focus on what the local authority can do for communities. Really the focus should be on exploring what communities can do for themselves.

4.10 Social Prescribing

- 4.10.1 Social prescribing is a way of linking patients in primary care with sources of support within the community. It provides GPs with a nonmedical referral option that can operate alongside existing treatments to improve health and wellbeing. The review group spent some time discussing the role of Social Prescribing in addressing loneliness. (The Chair of the review, Councillor Clive Rickhards, attended a seminar on this subject and was able to brief the group accordingly). It heard that Warwickshire Public Health is undertaking a body of work to promote this and understand what challenges it faces.
- 4.10.2 Recognising that people's health is determined primarily by a range of social, economic and environmental factors, Social Prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.

4.10.3 There is evidence that Social Prescribing works. Here are three examples nationally where it has reduced the demand on health services and also increased people’s overall wellbeing.

Bromley By Bow Centre (Independent Charity)	Rotherham (NHS Rotherham CCG)	Halton (Halton CCG)
<p>Healthy living centre – sought to redefine health/patient relationship and deliver more holistic care to patients.</p> <p>Practice professionals can refer to link workers. Additional needs identified and advocacy support provided.</p> <p>Approx. 700 referrals per month for patients with 'significant' but not urgent needs.</p> <p style="text-align: center;">Usage</p>	<p>Partnership between voluntary action Rotherham and 20+ 3rd sector organisations.</p> <p>Provides case management, referrals to SP workers, guided conversations and onward referrals (exercise classes, advice services, befriending etc)</p> <p>7% fall in inpatient admissions 17% drop in A&E attendance ROI of £0.43 for every £1.00 spent.</p> <p style="text-align: center;">Demand Reduction / Cost reduction</p>	<p>Delivered by Wellbeing Enterprises CIC.</p> <p>Patients from 17 practices referred for wellbeing reviews.</p> <p>Social prescribing programme including referrals to interest groups, self-help groups and community projects etc.</p> <p>8945 interviews to 5609 beneficiaries.</p> <p>Evaluation focused on wellbeing: - 64% reported improved wellbeing levels - 55% reported ↓depression symptoms</p> <p style="text-align: center;">Quality improvements</p>

4.10.4 One of the challenges that Social Prescribing must overcome is that it is not dissimilar to other initiatives such as “Care Navigation”, “Guided Conversations” and “signposting”. The similarities between these can be summed up as follows.

- They often involve the utilisation of the community and voluntary sector;
- All seek to address social, economic and environmental needs of individuals;
- Key beneficiaries of all three include those with long term conditions, frailty, increased GP/hospital use;
- When successful, all can support with delaying/preventing the need for health/social care and support;
- All seek to reduce strain on the health and social care system;
- A navigator can be a key feature of a social prescribing model;
- A navigator may use a guided conversation to support an individual to identify and manage their needs.

4.10.5 These different but similar approaches mean that the lack of a common definition or understanding can be a major problem. Public Health is working to address this across the sub region. However this is only one of a number of issues to be addressed. Just as there is no single definition for Social Prescribing so its commissioning and its performance management take on different approaches across the area. In response it is being suggested that a single sub-regional group be established to

oversee delivery and evaluation of the work. This in turn will lead to an integrated model/pathway development of social prescribing, including, where possible, strengthening the offer through:

- Shared funding arrangements
- Shared contracting,
- Shared model/pathway development
- Exploring additional investment opportunities e.g. external funding

4.11 The link between Public Transport and Loneliness

4.11.1 The Council that triggered this review required that it give consideration to any links between loneliness and the capacity of public transport to address it. By definition the capacity to travel; to access services, shops, health care, jobs, friends and family must be life enhancing for the majority of people. However, given the complexity of the state of loneliness in the individual (as set out above) the ability of public transport to reduce it is open to question.

4.11.2 Some research has been undertaken in this area.

4.11.3 In January 2018 the results of a [study](#) (reported in Reuters) undertaken of 18,000 people in the UK that considered the relationship between the introduction of free bus travel for older people and mental health and social isolation was published.

4.11.4 Researchers found that increased eligibility for a free bus pass led to an 8 percent increase in the use of public transportation among older people, and a 12 percent decline in depression symptoms among those who started taking the bus when they became eligible for the program.

4.11.5 Among the depression symptoms that people who took up bus travel reported as reduced were “not enjoying life,” trouble sleeping, feeling unhappy, lonely, sad, not motivated or that everything was an effort.

4.11.6 Overall, 8.9 percent of the study group used public transportation “a lot” or nearly every day during the study period. Another 11.3 percent used it “quite often,” or two to three times per week; 17.2 percent used it “sometimes,” or two to five times per month. About 30 percent used it rarely or less than once a month and 32 percent never used public transportation.

4.11.7 When researchers investigated the impact of eligibility for free bus travel, they found that it was associated with a 51 percent increased odds of people using public transportation. After adjustment for factors like age, gender, disability and employment and pension status, increased use of public transportation was linked to an average 1-point decrease in scores on an 8-point scale for measuring depression symptoms.

- 4.11.8 Increased transportation use was not linked to any change in measures of social isolation or membership in groups, however.
- 4.11.9 The findings “**suggest that benefits from increased transport use likely stem from reduced loneliness, increased participation in volunteering activities and increased contact with children and friends.**”
- 4.11.10 The study team concluded, “There has been a push from the World Health Organization to make cities and communities more age-friendly, and our study suggests that one way for governments to do so is by subsidising public transportation for older people.”
- 4.11.11 Studies by Bristol City Council, the Social Exclusion Unit and Women’s Voluntary Services have all concluded (perhaps unsurprisingly) that good public transport links can aid social inclusion. However, being able to travel will not of itself provide a solution to loneliness.
- 4.11.12 Finally, in the area of public transport it is worth considering community transport services which can benefit users and providers. In the study published in 2015 by Public Health England and the UCI Institute of Health Equity called “Local Action on Health Inequalities - Reducing Social Isolation across the Lifecourse”. A case study of the Leicester Community Transport Scheme is used.
- 4.11.13 This is a home to hospital transport system operated by volunteer drivers. With 90,000 journeys made annually a study into the scheme concluded that it might make its users “feel more involved in their community”.
- 4.11.14 It goes on to say that “There are also possible benefits for the volunteers. We spoke to one of the community transport scheme volunteer drivers, who works three days each week but helps on other days if needed. He started volunteering because he felt a bit lonely at home after taking early retirement.”
- 4.12 People with Protected Characteristics
- 4.12.1 The Advisory Group gave consideration to the needs of those communities that have protected characteristics. The impact of loneliness on health and wellbeing within these communities can be just as profound as elsewhere but access to support can be uncertain. The Equality and Inclusion Partnership (EQUIP) works in Warwickshire to provide support, advice and training to people across Warwickshire to combat discrimination. Based in Rugby the service is commissioned by Warwickshire County Council.
- 4.12.2 The Advisory Group discussed EQUIP’s role in addressing issues around loneliness and asked that this be reinforced throughout its work

4.13 Arts and Culture as a Means of Addressing Loneliness

4.13.1 The reader will by now have begun to develop a sense of the breadth of support that is now developing with a view to addressing loneliness. One area of particular interest to the Advisory Group was the role of arts and culture.

4.13.2 Arts Council England supports a number of such initiatives many of which are funded by the National Lottery.

4.13.3 **The Silver Social Project** is a programme of daytime events aimed at older people, in community venues across Breckland, Norfolk. The Project uses a range of art forms, delivered by professional practitioners, to promote participation and independent living in our communities. *Silver Social* holds events in libraries, village halls, museums and other familiar community spaces. People are invited along to engage in a new activity at a workshop or watch a high quality performance. There is a charge of £5 but refreshments are complimentary and free local transport is provided. The programme is managed by Breckland Council, with strategic touring funding from Arts Council England.

4.13.4 **Time and Tide** is an arts group based on the Isle of Wight. It is funded jointly by Age UK, the Arts Council, Southern Housing Group and local galleries and museums. Its purpose is to provide older people with an opportunity to undertake visits to museums and galleries and engage in workshops to produce their own art.

4.13.5 **The Company of Others Ensemble** is a performing company of 10 dancers over the age of 65 that celebrates age and challenges preconceptions of age. It provides a moving dance experience for audiences and performers alike and hosts monthly open workshops to encourage other people who feel isolated or lonely to dance with them and join the Ensemble.

4.13.6 Engagement in the arts will not appeal to all people but there are many for who it is an effective means of addressing loneliness.

4.13.7 In Warwickshire the County Arts Service delivers a range of events and activities and supports initiatives such as Healing Arts which is based at the University Hospital Coventry and Warwickshire.

5.0 Conclusions and Recommendations

- 5.1 Arriving at conclusions and recommendations for a subject as large and diverse as loneliness has proved a challenge especially when attempting to focus on what Warwickshire County Council can do to make a difference.
- 5.2 It is tempting to develop a recommendation for every body of evidence considered. However, the reality is that in some instances, the matter is in hand and there is no requirement for any recommendations.
- 5.3 The following section set out a series of recommendations based on the conclusions reached by the Group.

Conclusion 1

As well as being sensitive to the impact of loneliness on health and wellbeing the Advisory Group is aware that the County Council, as one of the largest employers, has a major role to play in addressing those impacts. As a major employer the likelihood of a fair proportion of its own staff experiencing loneliness at one time or another is high.

For the sake of its own staff and for the people the Council serves it is important that all employees and elected members are aware of the issues around loneliness and what they can do to help address those issues.

Over the last few years the Council through its support of the dementia friends initiatives has done much to raise awareness around dementia. The Advisory Group recommends that the Council give consideration to undertaking a similar approach to loneliness.

In addition the group considers that messages regarding loneliness should be relayed to the wider public sector. This could be pursued via the Health and Wellbeing Board.

Recommendation 1

That in view of the prevalence of loneliness and the impact that it can have on people's health and wellbeing, Warwickshire County Council undertakes to raise awareness of the issue amongst its own staff. In addition the messages regarding loneliness should be extended to the wider public sector via the Warwickshire Health and Wellbeing Board.

Conclusion 2

The Advisory Group has noted that reports to member bodies (Cabinet, Overview and Scrutiny Committees, Council etc.) are required to take account of financial issues and those around equality and diversity. Whilst it would not be appropriate for every report to include a statement around what account has been taken of loneliness the Advisory Group feels that authors should give thought to whether their report has a dimension around loneliness that should be accounted for.

Recommendation 2

That as part of the decision making process authors be required to consider and where appropriate include in reports specific reference to the impact of proposals on loneliness.

Conclusion 3

The Advisory Group has discussed with officers involved in the management of the County Councillors Grant Fund whether loneliness should be a criterion against which applications should be considered. This was considered viable and officers put forward the following recommendation.

Recommendation 3

That from 2019/2020 an additional scoring criterion is considered for inclusion in the Warwickshire County Council Councillors Grant Fund Scheme that relates specifically to the impact of all project applications on reducing loneliness and social isolation.

Conclusion 4

The Advisory Group has received and considered evidence from local and national organisations that are working to address loneliness. These efforts are commended and it is considered that more can be done to bring them to the attention of County Council staff. To this end the Advisory Group has concluded that consideration should be given to how the work of organisations like AGE UK or Warwickshire Young Carers should be broadcast to staff. This could be through use of the intranet or by inviting organisations into County Council buildings (Shire Hall, libraries etc.) to publicise their work.

Recommendation 4

That agencies such as Age UK be invited to promote any schemes they operate aimed at reducing loneliness (e.g. befriending schemes) to Warwickshire County Council staff. This will take the form of submissions on the intranet, a presence in Shire Hall and other offices on key dates and articles in staff newsletters etc.

Conclusion 5

The Advisory Group regards Social Prescribing as a positive means of addressing loneliness issues. The evidence presented to the Group suggests that much remains to be done to bring those involved in Social Prescribing or similar schemes to a common understanding. The Group understands that Social Prescribing is not simply an initiative for GPs but considers that being at the frontline of health care places them in a strong position to promote and deliver Social Prescribing.

The Group would ask that those officers that engage with CCGs and GPs convey messages about Social Prescribing to them.

Discussions with officers have revealed that messages regarding social prescribing are not reaching key people including councillors. The Group considers that a briefing should be organised for members to help address this.

Recommendation 5a

That GP practices be targeted to ensure that they are sufficiently aware of the benefits of social prescribing to wish to engage with this initiative. GP learning events should be used to assist in the dissemination of this message.

Recommendation 5b

That a member development/briefing session be arranged to relay messages about Social Prescribing. This session will cover those actions that members can undertake to promote Social Prescribing in their communities.

Conclusion 6

Members of the Advisory Group were aware of the Year of Wellbeing initiative and are keen to ensure that any initiative resulting from it take account of loneliness and social isolation. The Group is confident that this will be the case but wishes to reinforce the message.

Recommendation 6

That during the Year of Wellbeing the impact of loneliness is particularly recognised and projects developed to specifically address this.

Conclusion 7

The Advisory Group appreciates the function that art and culture can serve in addressing loneliness. Clearly others share this view locally and the Group would wish to encourage the County Council and other agencies involved in health and wellbeing provision to continue to support it.

Recommendation 7

That the Council recognises the value of arts and culture in addressing issues of loneliness and encourages family centres, GP practices and libraries to promote activities around this.

Recommendation 7b

That the Council endorses efforts underway to develop a Creative Health Alliance across Warwickshire, to form a strong partnership between arts and culture organisations and health partners, to include supporting partnership bids for external funding.

Conclusion 8

There is already a great deal of information available on events and for people who may be experiencing loneliness to become involved. However, this tends to be scattered with the result that some opportunities may be missed. Work is underway to address this through asset mapping and information gathering via the Warwickshire Directory. The Advisory Group would wish to emphasise its support for this.

Recommendation 8

That the County Council continue to manage information on events and activities that people can engage with and that this be shared with GPs, Practice Nurses and Social Workers.

Conclusion 9

The Advisory Group is keen to ensure that where possible loneliness amongst people with protected characteristics is addressed.

Having heard of the work of EQUIP and understanding its relationship to the County Council as a commissioned service the Advisory Board is keen to ensure that among the many strands of its work loneliness is accounted for and where possible addressed.

Recommendation 9

That EQUIP (the organisation delivering the WCC contract for equalities services within Warwickshire) be requested to raise awareness of, and signpost to, services, support and activities that address loneliness and social isolation for their target groups. (as per Outcome 3, 3a of the service specification).

6. Financial Considerations

- 6.1 Throughout this review members have been mindful that whilst the Group's recommendations can be challenging it must be possible to deliver them taking account of budgetary constraints.
- 6.2 The Group's recommendations focus more on working smarter than anything requiring major capital or revenue outlay. Where there are financial considerations then these should be taken account of during the Council's budget setting process.

7. Action Planning

- 7.1 The Advisory Group is keen to ensure that its recommendations are implemented where possible. To this end it is expected that following the endorsement of those recommendations an action plan will be prepared.

8. References

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