READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	**HEALTH & WELLBEING BOARD**		
DATE:	**6 OCTOBER 2017**	**AGENDA ITEM:**	**6**
TITLE:	**REDUCING LONELINESS & SOCIAL ISOLATION: READING DEVELOPMENTS**		
LEAD COUNCILLOR:	**COUNCILLOR HOSKIN**	**PORTFOLIO:**	**HEALTH**
SERVICE:	**ALL**	**WARDS:**	**BOROUGHWIDE**
LEAD OFFICER:	**SARAH MORLAND / JANETTE SEARLE**	**TEL:**	**0118 937 2103 / 3753**
JOB TITLE:	**PARTNERSHIP MANAGER, READING VOLUNTARY ACTION / PREVENTATIVE SERVICES MANAGER, RBC**	**E-MAIL:**	**Sarah.Morland@rva.org.uk Janette.Searle@reading.gov.uk**

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report presents an update on recent developments to reduce loneliness and social isolation in Reading, in particular to improve understanding of the local issue and of which groups of Reading residents are at greatest risk of experiencing health inequalities as a result of being lonely and/or isolated.

1.2 This is one of several progress reports presented to this meeting by way of addressing the meeting's theme of 'emotional wellbeing'. This theme has been selected by the Board to facilitate a review of local plans against the Prevention Concordat for Better Mental Health, and in recognition of World Mental Health Day on 10th October.

1.3 A Loneliness and Social Isolation Steering Group has been formed to deliver on priority (2) of the Reading Health and Wellbeing Action Plan 2017-20. Voluntary and community sector partners are key members of that group, and the sector's approach within the Steering Group and beyond is being galvanised by Reading Voluntary Action.

1.4 A report on the findings of a Reading-wide survey of loneliness and isolation appears at Appendix 1 (*Loneliness and Social Isolation in Reading* – Reading Voluntary Action – July 2017) together with a summary presentation at Appendix 2.

2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board:

(a) Adopts the Prevention Concordat for Better Mental Health as a set of guiding principles for the Board, particularly in overseeing the delivery of the Health and Wellbeing Strategy 2017-20; and

(b) Endorses and supports the Champions to End Loneliness programme.

3. THE PREVENTION CONCORDAT FOR BETTER MENTAL HEALTH

3.1 On 30 August 2017, Public Health England published the Prevention Concordat for Better Mental Health. This describes a shared commitment to work together to prevent mental health problems and to promote good mental health. The Concordat's signatories include NHS England, the Local Government Association, NICE, the Faculty of Public Health and Association of Directors of Public Health together with eleven national voluntary community and social enterprise organisations.

3.2 The commitments in the Concordat are as set out below.

i. To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focused leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.

ii. There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.

iii. We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.

iv. We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.

v. We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action.

vi. We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.

vii. We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers,

employers and the voluntary and community sector to adopt this Concordat and its approach.

3.3 The Concordat comes with a suite of tools to help identify how to target resources effectively in moving towards a more prevention focused approach to mental health – helping those who are experiencing challenges to their mental health and also helping to build more supportive and resilient communities. The tools are intended to drive improvements in health, social care and public health practice and also within the voluntary and community sector. All partners are encouraged to give more attention to the wider causes of mental health problems, including health inequalities and wider social determinants.

4. REDUCING LONELINESS AND SOCIAL ISOLATION AS A READING PRIORITY

4.1 The need to reduce loneliness and social isolation increasingly features as a health protection issue in national policy, with specific measures now included in both the Public Health Outcomes Framework and the Adult Social Care Outcomes Framework. National initiatives with a specific focus on loneliness are also very prominent currently, such as the Campaign to End Loneliness and the Jo Cox Commission on Loneliness.

4.2 'Social isolation' and 'loneliness' are not identical, although the terms are used interchangeably in many reports. 'Social isolation' describes an inadequate level of meaningful human interaction, and is something which can be measured objectively, taking into account both the quality and quantity of contacts. 'Loneliness', on the other hand, describes an emotional state, and can be experienced by people who may seem to others to have a good range of social connections. Teasing out the different impacts of isolation and loneliness, and so how best to address the wellbeing risk, is one of the challenges in this area.

4.3 Even with the need to understand better the interplay between social isolation and loneliness, there is a growing body of evidence supporting the economic case for reducing isolation because of the health risks. For example, reducing loneliness and/or social isolation has been shown to lead to:

- fewer GP visits, fewer outpatient appointments, fewer days in hospital and lower use of medication,
- a lower incidence of falls,
- reduced risk factors for long term care,
- fewer - or later - admissions to nursing homes.

4.4 The Prevention Concordat toolkit (see above) includes an evaluation of a signposting service aimed at reducing social isolation and loneliness amongst older people. This demonstrated a Return on Investment of £1.26 from every £1 invested in the service, which was considered to be a very conservative estimate as it focused on mental health improvements and did not take account of additional health benefits, such as improved physical health, as well as potential benefits for the protection of cognitive health.

4.5 When reducing loneliness and social isolation was first proposed as a Reading priority, this proved to have great resonance with local residents and organisations. Statutory care providers, voluntary organisations, community groups and individuals responded to a consultation on a new draft health and wellbeing strategy describing how lack of social connection seemed to be the underlying factor in a wide range of presentations of poor health. This feedback encouraged the Board to recognise loneliness and social isolation as risk factors for ill health – both mental and physical – by making it one of the eight health and wellbeing priorities for 2017-20.

4.6 As presented to the Health and Wellbeing Board in July, Reading now has a Loneliness and Social Isolation Steering Group. This is a cross sector partnership of individuals committed to developing understanding, raising awareness, and to promoting services, opportunities, community assets and an evidence-based approach. The Steering Group recognises the underpinning principles of the 2017-20 Health and Wellbeing strategy by including carers as a key interest group, making it a collective priority to raise awareness of services and opportunities, and considering the safeguarding implications of any approach considered.

4.7 The Group is overseeing the development of a local loneliness and isolation needs analysis to help target interventions in line with our strategic commitment to reducing isolation and loneliness across all ages. However, the majority of national research on loneliness and social isolation focuses on older people, and in developing a local needs analysis we recognise the need to redress this as well as improving our understanding of the particular issues for Reading residents. Reading Voluntary Action's 'social activity' survey has enabled us to make significant progress with this.

5. LONELINESS AND SOCIAL ISOLATION IN READING

5.1 *Loneliness and Social Isolation in Reading*, a report based on findings from a Reading-wide questionnaire into loneliness and isolation in April and May 2017, is appended to this report. Findings challenge some assumptions about who is most likely to be lonely. Respondents aged 65-74 had the highest proportion of people who reported feeling *mostly or always lonely.* Length of time living in Reading has a considerable impact on loneliness.

5.2 The key barriers to people being more socially activity were identified as lack of confidence, lack of knowledge about what is going on and where, and transport issues. Access to the internet can appear as a way to find out more about community events and activities to increase social connections; the research shows that 81% of respondents indicating lack of information as a barrier were aged 18 – 49 years.

5.3 The next step of the research is to carry out focus groups with targeted beneficiary groups. The purpose of this is to test the results and also to get more in-depth information about how people can be supported to overcome the barriers they face. This will help inform local organisations how they can respond to these issues. Initially, the focus groups will work with people who

are new to Reading, people with physical disabilities and chronic ill-health and people with mental ill-health. Members of the Loneliness and Social Isolation Steering Group have been recruited to help facilitate these focus groups. Depending on capacity, the focus groups could be rolled out to work with other groups.

5.4 A local development on the back of the survey findings to date is the *Champions to End Loneliness* campaign to enable local residents to take action on loneliness. The campaign includes a series of neighbourhood based public workshops to share information, encourage discussion and support action that will help reduce loneliness. Participants will be encouraged to make pledges through pledge cards and an online pledge board and will be provided with information on local organisations they can get involved with as well as ideas of small personal acts of kindness they can take.

5.5 Reading Borough Council is currently consulting on a new framework for commissioning community services from 2018 (*Narrowing the Gap II*), including proposals for jointly commissioning some of these services with the Reading clinical commissioning groups. Reducing loneliness and developing peer support mechanisms feature strongly in the draft framework, which will be finalised in the autumn in the light of feedback from potential providers, primarily voluntary and community groups. The consultation has been widely advertised, including through RVA's newsletters, and there have been two provider engagement events as well as opportunities to respond online to a dedicated mailbox.

5.6 The draft framework proposes that services are commissioned to help overcome the barriers to social connection experienced by adults with a learning disability, physical disability, hearing impairment, visual impairment, autism, experience of mental health difficulties, or who are in older age and/or frail. Further services are proposed to support unpaid carers, and families specifically affected by dementia, multiple sclerosis, or Parkinsons Disease. The framework also includes a proposal that the local authority and clinical commissioning groups in Reading jointly commission a social prescribing service to support people with social emotional and practical needs.

6. COMMUNITY & STAKEHOLDER ENGAGEMENT

6.1 The 'Loneliness and Social Isolation in Reading' report represents the views of 437 residents, who were supported to participate by 12 partner organisations.

6.2 The Champions to End Loneliness programme invites and supports Reading residents to come together at a neighbourhood level to reach those at risk of isolation or loneliness. To date, 2 workshops have been arranged.

6.3 The Reading Loneliness and Social Isolation Steering Group was formed on the back of an open workshop attended by 50 local residents and organisational representatives. The Steering Group brings together those who have agreed to play a role in delivering on the Loneliness and Social Isolation Action Plan and

to represent particular interest groups, and currently has 34 active members, some job-sharing a representation role. The Steering Group is supported by a wider Reference Group of 47 members.

7. APPENDICES

Appendix 1 report: *Loneliness and Social Isolation in Reading* – Reading Voluntary Action – July 2017

Appendix 2 summary presentation: *Loneliness and Social Isolation in Reading* – Reading Voluntary Action – September 2017

8. BACKGROUND PAPERS

Reading Health and Wellbeing Strategy 2017-20
Reading Health and Wellbeing Action Plan 2017-20
Reading Health and Wellbeing Action Plan 2017-20: Progress Report July 2017