healthwatch Reading
advice · advocacy · action

NHS Berkshire West
Clinical Commissioning Group

Reading Borough Council
Working better with you

TO:	HEALTH & WELLBEING BOARD		
DATE:	13 MARCH 2020		
TITLE:	REDUCING LONELINESS & SOCIAL ISOLATION: UPDATE FROM THE READING STEERING GROUP		
LEAD COUNCILLOR:	COUNCILLOR HOSKIN	PORTFOLIO:	HEALTH
SERVICE:	ALL	WARDS:	BOROUGHWIDE
LEAD OFFICER:	JANETTE SEARLE	TEL:	0118 937 3753
JOB TITLE:	PREVENTATIVE SERVICES MANAGER, RBC	E-MAIL:	Janette.Searle@reading.gov.uk

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report summarises the work of the Reading Reducing Loneliness and Social Isolation (LSI) Steering Group - a multi-agency partnership established in 2017 to deliver on one of the priorities of the Health and Wellbeing Strategy 2017-20 – and seeks the Health and Wellbeing Board's endorsement of the current Action Plan and specific proposals regarding a Reading 'Safe Places' scheme.

1.2 The Steering Group's work has included support for research to develop local understanding of loneliness and social isolation as an all-age issue. The report includes the findings set out *Tackling loneliness and social isolation in Reading, England* published by the University of Reading in 2019, together with the Steering Group's response.

1.3 National indicators available to monitor progress in this area remain limited to a small subset of the population, although this is about to change. The report includes examples of work carried out by some Steering Group members to monitor the wellbeing impact of different local services aimed at reducing social isolation.

1.4 Although loneliness and social isolation are now more widely recognised as significant health and wellbeing issues, there is still a stigma around loneliness and some myths perpetuate around who is affected or at risk. As well as the need for greater general awareness and acceptance, there is also a need for targeted action to meet the needs of more vulnerable people or those at greater risk. Because so many factors can impact on loneliness and social isolation risk, there is a need for more joined up thinking at a policy level, e.g. to address infrastructure issues such as transport.

2.   RECOMMENDED ACTION

2.1   That the Health and Wellbeing Board:

(a) notes the findings and recommendations contained in the University of Reading report *Tackling Loneliness and Social Isolation in Reading, England* (attached at Appendix 1 and summarised at Appendix 2);
(b) endorses the Reading Loneliness and Social Isolation Steering Group's Action Plan (Appendix 3), and specifically the proposal to develop a Reading Safe Places scheme; and
(c) notes the impact of the three *Narrowing the Gap* service areas summarised at Appendix 4 – social prescribing, peer support for elderly or frail adults, and peer support for adults living with mental health challenges.

3.   POLICY CONTEXT

3.1   The need to reduce loneliness and social isolation increasingly features as a health protection issue in national policy, with specific measures included in both the Public Health Outcomes Framework and the Adult Social Care Outcomes Frameworks. Both loneliness and social isolation (linked but not identical conditions) are now understood to be serious conditions which can adversely affect an individual's mental and physical health.

3.2   'Social isolation' describes an inadequate level of meaningful human interaction, and is something which lends itself to objective measurement, although the optimum level of social contact varies from individual to individual. In some ways, 'loneliness' should be easier to identify for individuals themselves as it refers to a negative emotional state. With so much stigma still surrounding loneliness, however, people who are lonely may attribute their negative feelings or health impacts to other causes.

3.3   A 2017 review of published research[1] identified a number of specific impacts of loneliness and social isolation, indicating that individuals who are socially isolated are:
- 1.8 times more likely to visit their GP practice
- 1.6 times more likely to visit hospital emergency departments
- 1.3 times more likely to be admitted to hospital on an emergency basis
- 3.5 times more likely to enter residential care
- 3.4 times more likely to suffer from depression
- 1.9 times more likely to develop dementia in the following 15 years

---

[1] Griffiths, H. (2017*). Social Isolation and Loneliness in the UK: With a focus on the use of technology to tackle these conditions,* IOTUK. Available at: https://iotuk.org.uk/wp-content/uploads/2017/04/Social-Isolation-and-Loneliness-Landscape-UK.pdf [accessed 18.02.2020]

- 2 to 3 times more likely to be physically inactive which in turn is associated with a higher risk of other health problems, such as diabetes and cardiovascular disease.

3.4   In October 2017 this Board resolved to adopt the Prevention Concordat for Better Mental Health as a set of guiding principles. This concordat promotes an increased focus on prevention and the wider determinants of health in seeking to promote mental wellbeing. The associated toolkit 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.

3.5   The Government published its first loneliness strategy in 2018. The rationale for taking action was summarised in these words.

"Feeling lonely frequently is linked to early deaths. Its health impact is thought to be on a par with other public health priorities like obesity or smoking. Research shows that loneliness is associated with a greater risk of inactivity, smoking and risk-taking behaviour; increased risk of coronary heart disease and stroke; an increased risk of depression, low self-esteem, reported sleep problems and increased stress response; and with cognitive decline and an increased risk of Alzheimer's Disease." [2]

3.6   The national loneliness strategy sets out the vision for the UK to be a country where everyone can have strong social relationships, where families, friends and communities support each other, especially at vulnerable points where people are at greater risk of loneliness. There are three overarching goals:
1) To play a part in improving the evidence base so we better understand what causes loneliness, its impacts and what works to tackle it;
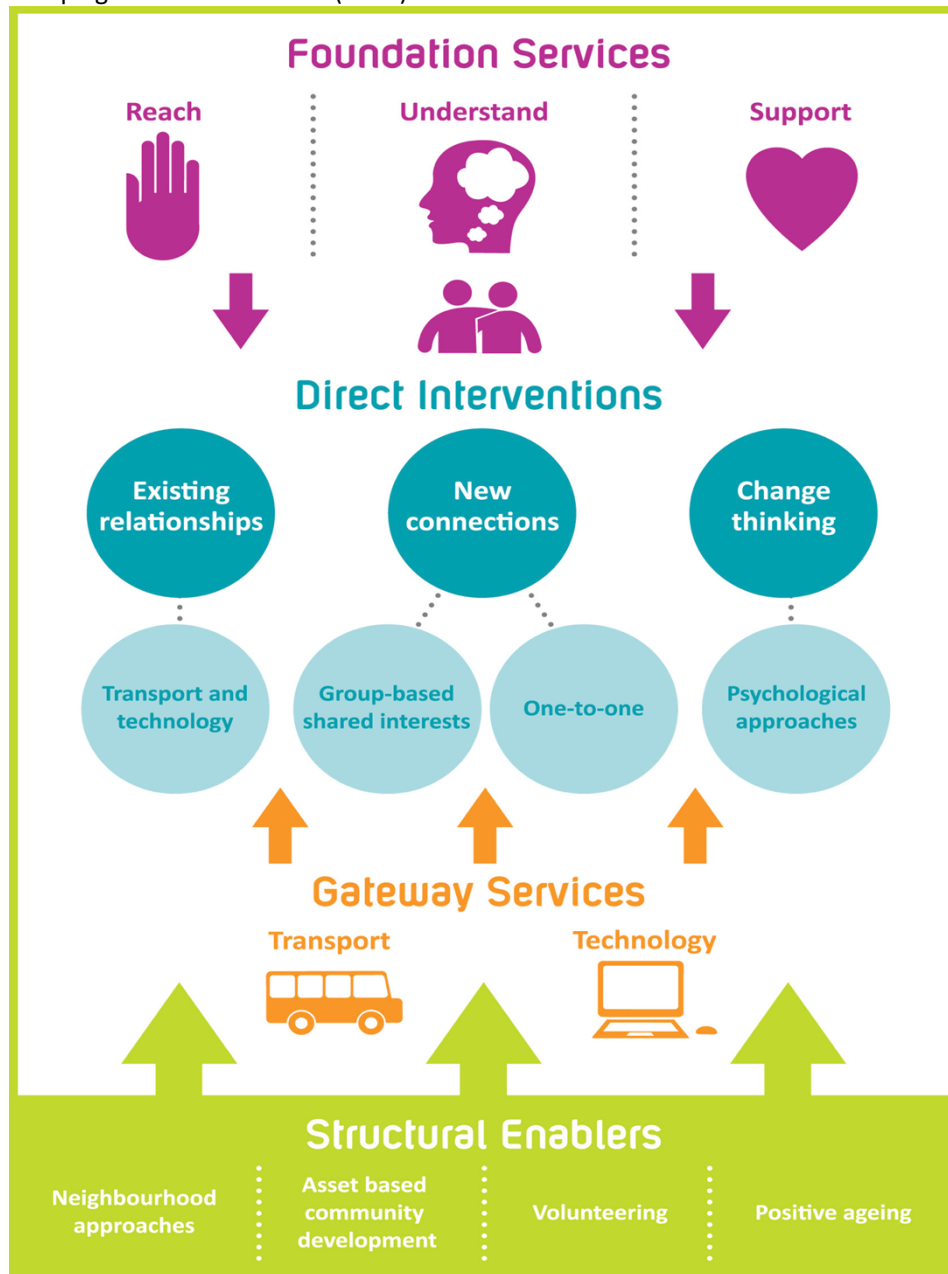2) To embed loneliness as a consideration across government policy and how government can ensure social relationships are considered across wider policy-making; and
3) To build a national conversation on loneliness, to raise awareness of its impacts and to help tackle stigma.

3.7   There is a complex interplay between factors which increase the risk of loneliness and social isolation. Addressing the issue involves support which helps to build individual resilience as well as addressing situational and societal factors. The Campaign to End Loneliness proposes a framework[3] to recognise the range of factors which need to be understood and the interplay between them.

---

[2] *A Connected Society: a Strategy for Tackling Loneliness* – HM Government (2018)
[3] Campaign to End Loneliness (2019) *Guidance for Local Authorities and Commissioners.* [Online] Available at: https://campaigntoendloneliness.org/guidance/ [Accessed 18.02.2020]

Foundation Services

Reach **Understand** **Support**

Direct Interventions

Existing relationships **New connections** **Change thinking**

Transport and technology **Group-based shared interests** **One-to-one** **Psychological approaches**

Gateway Services

Transport **Technology**

Structural Enablers

Neighbourhood approaches **Asset based community development** **Volunteering** **Positive ageing**

3.8   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.

3.9   Reading now has a Loneliness and Social Isolation Steering Group, which 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 loneliness and social isolation as both causes and a consequences of ill-health, with many

points of connection across Reading's current Health and Wellbeing Strategy, as well as being a priority in its own right.

4.   DEVELOPING UNDERSTANDING

4.1   The LSI Steering Group oversaw the development of a local loneliness and isolation needs analysis to help target interventions in line with strategic commitments. The majority of national research on loneliness and social isolation focuses on older people, and in developing a local evidence base, there has been a concerted effort to redress this as well as improve understanding of the particular issues for Reading residents.

4.2   Building on Reading Voluntary Action's social activity survey[4] carried out in 2017, Reading Borough Council's (2018) Needs Analysis concluded that individuals may be at greater risk of loneliness or social isolation in Reading if they:
- are single (have no current spouse or life partner);
- have recently experienced a significant change to their life, particularly a bereavement;
- are impeded by practical barriers including physical mobility or another limiting health condition or physical or learning disability, geographical or transport barriers, or lack of funds, time, energy and confidence; or
- lack social and economic resources.

Local survey information also suggests that a recent move to the area (meeting the criteria for a significant change) may be a particular risk in Reading.

4.3   In 2019, the Public Health (Shared Services) Team for Berkshire reviewed evidence sources to inform the current picture of loneliness and social isolation risk in each of the Berkshire local authority areas. This was based on the 2016-17 Community Life survey, which identified the following groups:
widowed older homeowners living alone with long term health conditions (predominantly living in the outer wards of Reading to the North and West)
unmarried middle agers with long term health conditions (dispersed across Reading but with the highest concentration in Kentwood ward)
young renters with little trust and sense of belonging to their area (predominantly to the East of Reading).
This indicates that loneliness and social isolation is a borough-wide problem, but different approaches may be needed in different areas to reflect the make up of the most at-risk groups.

4.4   Through its Participation Lab, the University of Reading was commissioned to provide qualitative insights into the dynamics of loneliness and social isolation in Reading, and to identify best practices which may prevent and tackle the issue. This was progressed through 21 interviews with diverse range of service providers, and 6 focus groups with 65 participants: service users, peer support volunteers & community members.

4.5   The research set out to explore the interactions between societal, situational and personal factors through posing the following key questions:

---

[4] Reading Voluntary Action (2017) – *Loneliness and Social Isolation in Reading*

- Which factors may lead to loneliness?
- Which barriers prevent people from developing social connections?
- Why are particular groups vulnerable to loneliness and social isolation?
- How does loneliness and social isolation affect people's health and wellbeing?
- Which services, practices and approaches are most helpful in preventing or reducing loneliness and social isolation in Reading?
- How can best practice to prevent or reduce loneliness and social isolation in Reading be strengthened and developed in the future?

4.6   This led to the following recommendations, on the basis of which the Reading Steering Group has now restructured its Action Plan.

1. **Raising awareness** about loneliness and social isolation (LSI) and its links to health and wellbeing, among statutory and voluntary and community sector service providers, employers, schools, members of the public
2. Greater provision of **specialist support services** for groups at risk of LSI, encompassing tailored one-to-one support, as well as group activities, with increased opening hours, particularly at weekends
3. Fostering more **collaborative working, 'joined-up' thinking and signposting** between organisations, Reading Borough Council and primary healthcare providers
4. Increasing the **affordability and social accessibility of transport,** including through concessionary fares, building people's confidence, supporting and raising awareness about alternative transport services for people with complex needs and carers, such as ReadiBus and neighbourhood volunteer transport initiatives
5. Developing and supporting **peer support initiatives and befriending and volunteering schemes**
6. Fostering **good neighbourliness, supportive faith communities and community development**
7. Providing more **accessible information, communication and promotion of activities and services** in appropriate formats.

5.   CURRENT POSITION & PROPOSALS

5.1   The Reading LSI Steering Group Action Plan is attached at Appendix 3. It brings together a wide range of initiatives reflecting the breadth of the population affected by the issue and of the approaches needed to achieve a sustained impact. A full communications plan is in development.

5.2   Access to volunteering or employment is recognised as a protective factor against loneliness, with actions being taken by The Oracle, Get Berkshire Active, Reading Refugee Support Group, SupportU, the Salvation Army, Communicare, Reading Community Learning Centre, Berkshire West Your Way and the Council. The local authority and Reading Voluntary Action are involved in various activities to promote peer support and befriending schemes, including commissioning activity, community development and the ongoing promotion of the Ready Friends toolkit (see http://rva.org.uk/ready-friends/toolkit/). Various approaches are being pursued to raise awareness of community support, including targeted actions to reach those at greatest risk of missing out.

5.3   The Action Plan has recently been updated to add the development of a Reading 'Safe Places' scheme, aimed at adding to local support for people at particular risk of experiencing loneliness or social isolation. The Safe Places National Network was created to break down barriers vulnerable people face every day. The Preparing for Adulthood Team at RBC became interested in this as a way of supporting young people with learning disabilities to become more independent as they enter adulthood. However, the scheme can support any vulnerable adult, and the national Safe Places team encourages a broader remit. The Dementia Friendly Reading Group (formerly the Dementia Action Alliance) is keen to support the initiative, as are Reading Buses, Autism Berkshire and Age UK.

5.4   By becoming a member of Safe Places, Reading will be able to access a range of resources to help teach people about keeping safe and how to locate a Safe Place while out and about. The aim is to encourage vulnerable adults to engage with their community. Resources include an interactive Safe Places web site and free-to-use Safe Places smart phone apps, as well as Safe Places stickers which premises can display. For premises to be included in the scheme, staff need to have undergone a short (20 mins) training session, and there needs to be a minimum of two members of staff on duty at times the premises are advertised as being available as a Safe Place.

5.6   Safe Places can be viewed on a map and listed at the touch of a button. The App is free to use and available to download at the App store and Google Play. It includes a reactive 'Get me to my nearest Safe Place Now' function. This means that if no Safe Place is located within a 15-minute walk, the App will automatically offer to call the non-emergency 101 number for the user. The IOS Apps can be Voice Activated to improve accessibility for those with visual impairments or who may struggle to use a smart phone in the traditional way. (Android Voice Activation is in development.)

5.7   RBC's Public Health and Wellbeing team will co-ordinate the rollout of local training, and the aim is to include face to face and video options, both involving people with lived experience of the vulnerabilities which the scheme is deigned to recognise. The LSI Steering Group will oversee the Reading scheme, with individual members supporting the scheme as most appropriate to their circumstances, e.g. offering venues or support in developing and delivering local training. Health and Wellbeing Board members are invited to support the local scheme by help with:
-    Offering possible Safe Place premises
-    recruiting people with lived experiences
-    delivering training
-    making resources accessible, including videos
-    promoting the scheme and getting people to sign up
-    Use of partner logos

5.8   Another recent development is a specific group to address gaps in support with transport. This includes public and voluntary sector partners, and allows people to give more focus to an issue which has come up regularly both within the Steering Group and at the Befriending Forum. The issues go beyond support to get on and off a bus. Some people never or rarely go out because of

a lack of confidence in using transport. Not being able to access transport means people miss out on social activities, but also other opportunities to connect with others at difficult times – like being able to visit friends or family in hospital or at end of life. The kind of people likely to need such support are elderly people who have not used a bus for a long time and can no longer drive; people who feel vulnerable in public spaces; and people with mental health challenges or learning disabilities that limit their confidence.

5.9   The Group plans to pilot plans with two cohorts – Southcote residents in need of assistance to access transport for whatever reason, and young people with a learning disability transitioning from school or college into employment or training. In Southcote, this will start with encouraging people to use off peak transport to and from the hospital via the town centre. The scheme will be run by volunteers who will support people to gain confidence by travelling with them, but recognising that some people will need permanent support. The young people with a learning disability in the other cohort will already have received travel training in special schools. The support of the proposed scheme will be to use volunteers to supplement this by travelling with them and providing longer term practice in travelling independently than can be provided by the schools. The support provided in both schemes will cover a range of confidence issues, such as physical anxieties about physical competence and safety and concerns about handling money, for example.

6.   MEASURING SUCCESS

6.1   The results from the national mandatory 2018/19 Adult Social Care user survey were published in November 2019 and tell us that a higher proportion of respondents to the survey than previously have reported that they have as much social contact as they would like (47.1% compared to 41.4% the previous year). Furthermore, a larger proportion of respondents in Reading reported as much social contact as they would like compared with elsewhere in England (45.9%). Responses to the Survey of Adult Carers in England (SACE) are sought only every two years. The proportion of Reading carers reporting enough social contact in the 2016/17 survey was 32%, while the national average is only slightly higher at 32.5%.

6.2   Currently, national indicators which facilitate tracking progress in reducing loneliness and social isolation only refer to people known to Adult Social Care, although the Reading LSI Steering Group's remit is much wider. The Office for National Statistics (ONS) has undertaken a programme of scoping work and consultation leading to the recommendation that four questions to capture different aspects of loneliness are added to the Public Health Outcomes Framework. The first three questions are from the University of California, Los Angeles (UCLA) three-item loneliness scale. The last is a direct question about how often the respondent feels lonely, currently used in the Community Life Survey.

For adults aged 16 years and over, the questions are as follows.

Question	Response options
1. How often do you feel that you lack companionship?	Hardly ever or never, Some of the time, Often
2. How often do you feel left out?	Hardly ever or never, Some of the time, Often Hardly ever or never, Some of the time, Often
3. How often do you feel isolated from others?	Hardly ever or never, Some of the time, Often
4. How often do you feel lonely?	Often/always, Some of the time, Occasionally, Hardly ever, Never

An adapted version of the measures is recommended for use with children and young people aged 10 to 15 years.

Question	Response options
1. How often do you feel that you have no one to talk to?	Hardly ever or never, Some of the time, Often
2. How often do you feel left out?	Hardly ever or never, Some of the time, Often
3. How often do you feel alone?	Hardly ever or never, Some of the time, Often
4. How often do you feel lonely?	Often/always, Some of the time, Occasionally, Hardly ever, Never

6.3   This means that future it should be possible to track the effectiveness of local measures to address loneliness and social isolation much more systematically across the whole population as well as benchmarking performance against other areas. In the meantime, however, individual services are monitoring their impact on individual wellbeing using various tools. It is important in the context of service delivery to ensure that questions posed do not inadvertently undermine efforts to reach people. Enquiries which add to the stigma around loneliness, for example, are regarded by local providers as less helpful than those which emphasise individual wellbeing or pose positive questions around social connection.

6.4   The Council's *Narrowing the Gap II* commissioning framework includes services to help overcome the barriers to social connection experienced by adults with a learning disability, a physical disability, a hearing impairment, a visual impairment, autism, multiple sclerosis, experience of mental health difficulties, or who are in older age and/or frail. Further services support unpaid carers, and the framework also includes a social prescribing service. Examples of the wellbeing impacts captured by some of these services are summarised at Appendix 4.

7. CONTRIBUTION TO READING'S HEALTH AND WELLBEING STRATEGIC AIMS

7.1 Reducing loneliness and social isolation is one of the priorities of the current Reading Health and Wellbeing Strategy, and the Reading LSI Steering Group was established to develop and deliver on an Action Plan in support. Its work also contributes to the achievement of other priorities linked to emotional wellbeing, positive self-esteem and social inclusion i.e.
- Supporting people to make healthy lifestyle choices,
- Promoting positive mental health and wellbeing in children and young people
- Reducing deaths by suicide
- Reducing the amount of alcohol people drink to safe levels
- Making Reading a place here people can live well with dementia

7.2 The Steering Group addresses 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.

8. COMMUNITY & STAKEHOLDER ENGAGEMENT

8.1 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 42 active members, some job-sharing a representation role.

8.2 *Tackling loneliness and social isolation in Reading England* was developed through 21 interviews with diverse range of service providers, and 6 focus groups with 65 participants: service users, peer support volunteers & community members.

8.3 A public consultation running from November 2018 to January invited Reading residents and other stakeholders to comment on the services offered or commissioned by the Council which contribute to health and wellbeing outcomes. Reducing loneliness and social isolation was named as a key issue in 18 of the 260 written responses. A wide range of health benefits and health risks associated with levels of social connection were referred to in the public feedback. Areas suggested for the Council to address included support for smaller community groups, access to transport, and helping to raise awareness of community services through multiple channels.

9. LEGAL IMPLICATIONS

9.1 There are no direct legal implications arising from this report. The Loneliness and Social Isolation Steering Group supports the delivery of the Reading Health and Wellbeing Strategy 2017-20, and so the discharge of the duties placed on the local authority and clinical commissioning group under The Health and Social Care Act (2012), and on the Council under the Care Act (2014).

10.   EQUALITY IMPACT ASSESSMENT

10.1   An Equality Impact Assessment is not required in relation to the specific proposals presented to the Board through this report. However, the Health and Wellbeing Strategy and Action Plan are vehicles for addressing health inequalities, and accordingly delivery is expected to have a differential impact across groups, including those with protected characteristics. This differential impact should be positive, and so delivery of the Action Plan supports the discharge of Health and Wellbeing Board members' Equality Act duties.

11.   FINANCIAL IMPLICATIONS

11.1   There are no new financial implications arising from this report. The LSI Steering Group's Action Plan is being delivered within members' existing resources and includes contributions in kind from statutory, third sector and commercial partners.

12.   APPENDICES

Appendix 1   Evans & Bridger (2019) - *Tackling Loneliness and Social Isolation in Reading, England* - University of Reading

Appendix 2   summary presentation: *Tackling Loneliness and Social Isolation in Reading, England*

Appendix 3   Reading Loneliness and Social Isolation Action Plan – updated February 2020

Appendix 4   Measuring the wellbeing impact: summary of Narrowing the Gap II monitoring (services 3.2, 13.1 and 14.1) – February 2020

13.   BACKGROUND PAPERS

Reading Health and Wellbeing Strategy 2017-20

Loneliness and Social Isolation in Reading – Reading Voluntary Action – July 2017

Loneliness and Social Isolation in Reading: Needs Analysis – Reading Borough Council – March 2018