

Community Leadership Scrutiny Committee – Social Isolation Scrutiny Review

Appendix A

Purpose of the Review

The Community Leadership Scrutiny Committee's review of the Social Isolation sought to investigate:

- How prevalent social isolation actually was in Lincoln and why it was occurring.
- What support was currently in place for people suffering from isolation.
- Whether the current support was sufficient to address the issue of social isolation.

Evidence Gathering

The Committee noted the following key points as part of evidence gathering from a range of organisations:

(1) *Victoria Sleight, Neighbourhood Lead – Lincoln City South (Lincolnshire Partnership Foundation Trust)*

How prevalent was social isolation?

Social isolation was very prevalent across the country, with statistics available through NHS RightCare relating to loneliness and social isolation demonstrating the negative impacts this had on people's health.

The issue of social isolation did exist in the city of Lincoln and wider Lincolnshire, with Neighbourhood Leads working with Primary Care Networks which had been introduced to bring General Practices together and provide a wider range of services to patients, as well as ensuring an easier integration with the wider health and care system.

What support was currently in place?

There were ten Neighbourhood Leads across the county in Lincolnshire, with two allocated to Lincoln (one in Lincoln North and one in Lincoln South). These roles sought to understand and appropriately manage referrals, as it may not always be necessary for someone to see a GP and may instead be more beneficial to make contact with a Social Prescriber.

The role of Social Prescribers was relatively new, although they had been in place across Lincolnshire for a year with more being introduced across the country. They had three main roles:

- Signposting;

- Solution planning;
- Integration back into the community.

Anyone could refer someone onto a Social Prescriber, even a friend or a member of a person's family – or even the individual themselves. The referral did not have to come from a GP, medical or clinical professional.

The benefits of Social Prescribers were that they were really effective in respect of talking and listening to people's problems and showing true empathy, providing effective resolutions that were not necessarily medical or clinical. They were able to offer support and advice which people seemed more receptive to given that they were not clinical and were generally perceived as friendly and supportive people.

The NHS Hub and Spoke initiative relating to mental health would be a key addition to the services offered to people in the county, due to be implemented in 2020.

Was the current support sufficient?

It was the view of Victoria Sleight that one Social Practitioner in each practice would be the ideal ratio, equating to six in the area she represented, whereas she currently had two and did not expect this to be increased.

Social Prescribing would be utilised much more if people understood what it was, what Social Prescribers were and the fact that people could be referred by anyone, even themselves. There did not seem to be enough understanding in communities about what Social Prescribing actually was.

Any other key points or outcomes?

It would be helpful for the Neighbourhood Leads to have regular contact and communication with the City Council on anything it was seeking to develop further across the city which may link into Neighbourhood Working.

An example was given of the Lincoln North Board which regularly demonstrated that people in the area were connected and knew what was happening in their local communities, with organisations such as the Tower Action Group, support by the City Council, providing a community hub for people. The Community Hub in the Sincil Bank area of the city was another good example of this.

The City Council could offer support not solely through funding but also through use of its space and facilities, perhaps even enabling communities to take ownership of assets.

The City Council could assist with promoting certain events or services, particularly through its social media, with a vital aspect being about awareness rather than solely seeking to solve problems.

(2) Councillor Donald Nannestad, Portfolio Holder for Quality Housing (City of Lincoln Council)

How prevalent was social isolation?

Councillor Nannestad provided the Committee with an overview of social isolation existing nationally as well as in the city of Lincoln and the very damaging impact it had on people's lives.

One of the contributors to social isolation, both in rural areas and in the city of Lincoln, was that of access to transport.

What support was currently in place?

Councillor Nannestad, in addition to the explanation regarding Social Prescribing by the Neighbourhood Lead (Lincoln South) above, provided examples of case studies where referrals had been made and had resulted in excellent results. Referrals in Lincoln were relatively high compared to the rest of the county.

Examples of successful projects in other areas of the country were provided, as follows:

- Compassionate Frome – a project undertaken in Frome, Somerset, which mapped local agencies and community groups and gave patients the support they needed through Health Connectors and Community Connectors;
- Ageing Better East Lindsey – a National Lottery funded programme set up by the Big Lottery Fund which supported people later in life with activities in the local community to help combat social isolation and homelessness;
- Men's Sheds – a local community group where older men could meet up and take part in numerous projects such as wood work or mechanics, for example.

Was the current support sufficient?

This aspect of the review was not discussed with Councillor Nannestad.

Any other key points or outcomes?

None identified.

(3) Ben Barley, Chief Executive of Voluntary Centre Services

How prevalent was social isolation?

Social isolation was prevalent in the city of Lincoln and wider Lincolnshire.

What support was currently in place?

Gainsborough was initially designated as a pilot area and Voluntary Centre Services worked in partnership with a range of organisations including the Department for Work and Pensions, West Lindsey District Council, Lincolnshire County Council and the Fire and Rescue Service in addition to traditional health care services. This pilot had since involved into the Neighbourhood Lead model, funded by the Health and Wellbeing Board and Clinical Commissioning Groups to put Social Prescribers in place.

Since the introduction of Neighbourhood Leads and Social Prescribers, engagement with GPs had been very strong and since September 2018 there had been over 100 referrals in each area in Lincoln, which equated to the highest number of referrals in the county.

Social isolation was not just something that impacted older people, with young people, particularly in the student community in Lincoln, also susceptible to social isolation.

Was the current support sufficient?

Current caseload meant that each Social Prescriber in Lincoln would deal with approximately 250 people, or referrals, per year. Of these, most cases would be signposted to the necessary support they required. However, of the more complex cases where solution planning or integration back into the community was necessary, this would be much more time consuming. A person could be supported for up to 12 weeks but in some cases, depending upon the complexity of the referral, this could be longer.

Voluntary Centre Services had been well supported by GP surgeries in Lincoln when the initiative was first launched, particularly Birchwood and Nettleham, with others very keen to take it forward in the city. Referrals to Social Prescribers would continue to increase from GP surgeries which would eventually place too much pressure on the workload of those allocated to each area.

The fact that Social Prescribers undertook assessments on a face to face basis was significantly beneficial.

Any other key points or outcomes?

None identified.

(4) Sian Wade, Network Co-ordinator (Active Faith Network)

How prevalent was social isolation?

It was evident through the faith community that social isolation was prevalent within the city.

The Network Co-ordinator was in the process of networking in excess of 70 organisations in the city and, following an audit carried out in 2015, faith groups in the city were collectively delivering 353 different projects not including those taking place in surrounding villages. The number of projects had grown since 2015 but a specific number of projects across the city was currently unconfirmed.

A recent poll on Facebook regarding social isolation revealed the following:

- people did not know their neighbours;
- people did not know what was going on in their community;
- lots of people were out during the day at work, which made it difficult to get to know neighbours;
- social isolation occurred without people realising it;
- social isolation was particularly prevalent for young mothers on RAF bases;
- 'outsiders' to communities were not always welcomed;
- activities tended to be planned for day time hours with very little arranged in evenings.

What support was currently in place?

The Active Faith Network put in place six sub-groups to look at various things across the city, with the main aim being to increase participation. There were lots of activities taking place in communities but the challenge was helping people have the confidence to go along for the first time and take part. Transport to and from activities was also a potential challenge for some people.

The Mental Health Crisis Care Concordat was available which provided a whole library of services available for people in Lincoln. The Active Faith Network was in the process of mapping through what was available across the city as well as across the county.

A number of specific projects were highlighted which were currently provided in the city to tackle social isolation:

- Butterflies – paper-based craft sessions for women;
- Assist in Cherry Willingham – a transport and befriending service for older people which could provide free transport around the city;
- Lunching clubs and church café groups;
- Libraries and community hubs;
- Family groups;
- Linking Lives – a befriending service operating across the county;
- Food banks – mainly how to make the most out of that first point of contact.

There had previously been very little support for those people coming into the country. Families now received a welcome box which provided a range of information on local schools, GP surgeries and community projects or activities.

A website was available which people could contact, setting out the range of activities available to people. This was www.lincolnshire.connecttosupport.org and a key aspect of its success would be how to get the name of the website known in the city's communities.

Was the current support sufficient?

This aspect of the review as not discussed – the Active Faith Network was clearly undertaking important work across the city which contributed to addressing social isolation in Lincoln.

Any other key points or outcomes?

Wide publication of the www.lincolnshire.connecttosupport.org would be extremely helpful to increase participation in the city.

(5) Councillor Rosie Kirk, Portfolio Holder for Reducing Inequalities (City of Lincoln Council)

How prevalent was social isolation?

Councillor Kirk agreed with the accounts of social isolation occurring in Lincoln as above.

Working from home was identified as another potential contributor to those people suffering from social isolation.

Carers were also susceptible to social isolation.

What support was currently in place?

Councillor Kirk said that a lot of the above evidence gathering overlapped with the responsibilities of her Portfolio.

Neighbourhood Boards could be a vehicle to identify people in communities potentially suffering from social isolation.

Events such as World Hello Day had proved to be very successful and there were lots of things relevant to the Reducing Inequalities Portfolio that could help address social isolation in Lincoln, complimentary to the other initiatives, projects and support already in place.

Was the current support sufficient?

It was anticipated that home working would increase over the next few years as more and more technology became available to enable people to do this, freeing up office

space and reducing emissions by cutting out a commute to work. Consideration could be given to hubs where home workers in a community could meet for breaks or even work in order that they had interaction with other people.

With regard to carers, a successful coordinated project known as Share the Care had previously been rolled out however funding had recently been cut by Lincolnshire County Council. It was noted that Carers First was an organisation which offered support to carers.

Television and artificial intelligent devices such as Google Home or Alexa were a huge comfort to people suffering with social isolation.

Any other key points or outcomes?

The rollout of a Good Neighbour Scheme, supported by Neighbourhood Boards and potentially housing or residential associations, could be considered.

The Council should also adapt its approach when requests were received regarding the running of an event. There were lots of regulations, liabilities and 'red tape' that must be considered when holding an event, such as ensuring relevant licenses were obtained, which could be off putting to a lay person who just wanted to hold a community event. The Council should be more approachable and supportive rather than simply confirming the various regulations, licenses and other related issues that needed to be taken into account. This could be done via more accessible guidance and checklists for events, designed to be helpful rather than daunting or off-putting.

(6) *Amanda Sowerby, Operations Director, Age UK (Lincoln and South)*

How prevalent was social isolation?

Heat maps of Lincoln showed that social isolation was very prevalent in certain pockets of the city. These heat maps had been produced by Age UK nationally and were available for viewing via its website.

Anecdotal evidence indicated that some people could go a month without having spoken to someone if services were not in place.

What support was currently in place?

Age UK provided services for people over the age of 50 and catered for quite a difference in client group needs. Traditional services included support in house cleaning, provision of transport or assistance with appointments and paperwork, whereas the level of need from people over recent years had increased significantly due to social isolation. People would often press their buttons on the devices they wore or access services solely through feeling lonely or through a desperate need to want to speak to someone. These response services should really be used in

emergencies or accidents but Age UK found that more and more people wanted and needed some social interaction.

Age UK was constantly seeking to balance what was right for the client and referring them onto other services which may potentially cost them money.

In 2017/18 there were 1054 responses to Home Care. In 2018/19 there were 1225 responses to Home Care and this year, 2019/20, the number of responses was already exceeding last years' total.

Age UK had connections with local communities as well as with mental health support. A Hospital Avoidance Response Team was also available as a service to support clients remaining in their homes rather than going into hospital. Other services included cleaning services, assisting with transport, helping attend medical appointments and other things such as help people draw out their pensions. Benefits checks could also be undertaken to ensure that people were receiving their full entitlement in that respect. Access to television licenses was another area where support had been provided.

The Lincolnshire Independent Living Partnership was an important organisation which brought key organisations together, of which Age UK was a partner.

Was the current support sufficient?

In answer to a question as to whether money was an issue to service users, it was confirmed that some services were free so this was not considered to be a contributable factor.

Any other key points or outcomes?

None identified.

(7) Rachel Bethell, Marketing and Outreach Officer (The Network)

How prevalent was social isolation?

In dealing with young people, the Network found that transport was a significant contributor to young people suffering with social isolation.

What support was currently in place?

The Network provided careers advice and support for young people, usually dealing with people aged between 16 and 24.

Anecdotal evidence through the Network's interaction with young people identified issues with mental health and self-harm which could be attributed to feeling socially isolated.

The Network helped young people with applying for jobs or provided advice as to how to get back into employment, with the majority of people accessing their services having left school with no or very few qualifications. Online courses were provided by the Network which young people could access and participate in so that they could gain some qualifications and gain confidence and self-worth.

An interactive workshop involving dogs was scheduled to be held later this year as it was hoped this would break down barriers with young people who may otherwise have been less keen about engaging. Other similar events to remove barriers would be held throughout the year.

The Network undertook school visits, attended interview days and offered workshops to school pupils, preparing them for the world of work or further education. It provided toolkits which students themselves could use and support was also provided to the University, even helping them obtain work experience.

The Network was also looking at buddying opportunities for people who had previously used their services. It was noted, however, that this would be on a voluntary basis and it had proved difficult to encourage people to volunteer in this capacity.

Was the current support sufficient?

This aspect of the review was not discussed.

Any other key points or outcomes?

None identified.

(8) *Malcolm Ryan, Service Manager (Carers First in Lincolnshire)*

How prevalent was social isolation?

Social isolation was prevalent in the carer community.

What support was currently in place?

Carers First provided support to unpaid carers, who were essentially supporting people with conditions meaning that they were unable to look after themselves on an ongoing basis. The services offered sought to help build resilience and combat social isolation where possible.

Carers First was a charity contracted by Lincolnshire County Council over three years ago. It provided a Carers Hub which carers could use to access support at any time. 50 staff were employed across the county to provide support, which could range from signposting, mentoring and support work.

Carers First was the only charity which was able to conduct statutory carers assessments.

There were 19 wellbeing groups across the county, four of which were located in Lincoln with two of the groups offering specific support in respect of Dementia, Autism and mental health. Carers First was locally embedded within the city of Lincoln and knew the various networks available for accessing further support. There were also a range of peer support groups available.

Carers First engaged closely with pharmacies across the county and made referrals through dealing with them on a regular basis.

Carers First provided employment advisor services for those carers who wanted to get back into employment and make use of their invaluable transferable skills.

A carers passport was a document which identified an agreement between a carer and an employer recognising responsibilities associated with being a carer and flexibilities offered by employers to accommodate this.

Was the current support sufficient?

This aspect of the review was not discussed.

Any other key points or outcomes?

The City Council should review its flexible working policies regarding careers.

Wider publicity by the Council regarding what carers were and the support available to them would be extremely useful.

(9) Subash Chellaiah, Chaplain (University of Lincoln)

How prevalent was social isolation?

Social Isolation was prevent in the student community in the city, with 36 students accessing the University's chaplain service every day.

What support was currently in place?

The multi-faith chaplaincy had grown dramatically over the last few years, which provided counselling, support and befriending services to students at the University of Lincoln. It consisted of 18 chaplains who all welcomed contact with the local community.

The University of Lincoln consisted of 17,000 students and 2,800 staff, all of which could access services. 8,000 of these students were from faith communities.

Strategic projects and activities were in place, with a communal herb garden the latest such project which the chaplaincy was leading on. Engagement with primary and secondary schools also took place, in an attempt to have a link with the local community. Similarly, links with local churches and faith groups were also in place.

Of those students accessing the chaplaincy, one out of six of them were referred onto mental health support services.

The financial pressure on students was a key anxiety for them, together with the added pressure of seeking employment at the end of their education. A 24-hour support line was available to students who could access this anonymously.

Was the current support sufficient?

This aspect of the review was not discussed.

Any other key points or outcomes?

The Council could offer support to the numerous projects the chaplaincy was putting in place.