

## KENT COUNTY COUNCIL

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### SELECT COMMITTEE - LONELINESS AND SOCIAL ISOLATION

MINUTES of a meeting of the Select Committee - Loneliness and Social Isolation held in the Swale 1 - Sessions House on Monday, 10 September 2018.

PRESENT: Mr M A C Balfour, Mr D L Brazier, Ms K Constantine, Ms S Hamilton, Mr A R Hills and Mr K Pugh (Chairman)

ALSO PRESENT:

IN ATTENDANCE: Mr G Romagnuolo (Research Officer - Overview and Scrutiny) and Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

### UNRESTRICTED ITEMS

**4. Minutes of the meeting held on 23 July 2018**  
*(Item 1)*

RESOLVED that the minutes of the meeting held on 23 July 2018 were an accurate record and that they be signed by the Chairman.

**5. Samantha Sheppard (Senior Commissioner, KCC)**  
*(Item 2)*

Ms Sheppard delivered a presentation to the Committee, setting out the definitions and background to the topics of loneliness and social isolation.

Members asked whether the health impacts of social isolation come about specifically as a result of the isolation or because of other associated contributing factors. Ms Sheppard, as an example, explained that being socially isolated could lead individuals to feel depressed, resulting in them going out less, therefore getting less exercise and less fresh air.

Whilst being socially isolated was an objective state, it was important to note that it was the quality of the visits an individual had that was key, not just the number of visits.

Members agreed that technology, such as Skype, Facetime and Facebook, could play an important role in reducing feelings of loneliness. However, some people did not have access to IT, and those that did might not be able to afford, or understand how, to keep their equipment up to date. This resulted in a limited access to information. The use of IT also relied on adequate broadband coverage. Ms Sheppard explained that she was involved in a pilot where older people were provided with specially designed tablets in order to communicate with each other whilst at home. However, they encountered a number of barriers, including: lack of broadband coverage; the cost of broadband; and a fear of letting unknown people into their house to install the equipment.

Members agreed that a comprehensive map of what services were available was both vital in order to support social prescribing, but also so professionals could see where there were gaps in the provision. This information would need to be maintained, and there was a lack of clarity around who would do this. Ms Sheppard explained that CCGs were looking into this, as whilst there were many databases available, there was no single source tying all the data together. A database was unlikely to be enough for such a big task, and specific software might be required. There was also a question over whether this should be a local or national scheme.

Care Navigators supported individuals to identify the support they needed. These individuals did not meet the threshold for social care but did require support. Kent County Council employed 12 Care Navigators, and a majority of these had been in place since the contract began 8 years ago. KCC would present a new contract for commissioning Care Navigators to the Adult Social Care and Health Cabinet Committee at the end of September 2018. If approved, the contract should be in place to start on 1<sup>st</sup> April 2019. There was a national framework for care navigation and this included levels of competency for staff. KCC proposed to recruit at the middle of the scale.

Members commented that whilst it was absolutely KCC's role to support people to lead healthy lifestyles, the increase in those suffering from isolation and loneliness was a societal issue, and KCC also needed to change the attitude of people in order to foster a sense of community. There was also a role for the workplace and allowing employees time off to help their older relations in times of need.

Members asked to receive additional information in relation to the following:

- Was there any evidence around the outcomes of social prescribing.
- What was the evidence behind the claim that "lacking social connections is as damaging to our health as smoking 15 cigarettes a day". Ms Sheppard would share with Mr Romanguolo.
- Was there any evidence around how technology (such as Skype) was helping to reduce loneliness?
- Was there information available regarding the number of older residents who took up IT training in libraries.

**6. Public Health - Gerrard Abi-Aad (Head of Intelligence), Rachel Kennard (Senior Intelligence Analyst), Amber Povey (Kent Graduate Programme)**  
*(Item 3)*

Mr Abi-Aad gave a presentation.

Using a linked data approach based on the Kent Integrated Dataset (KID), around 30,000 people had been identified as having higher Social Isolation propensity.

When compared with persons aged 65 and over who are not living in an isolated context, the socially isolated cohort were more likely to be older, female, deprived, multimorbid, more intense users of acute and community health services, a higher NEL readmission risk and more likely to be severely frail.

Slide 13 stated that a Befriending initiative for family carers of people with dementia in England was found to be highly cost ineffective. Members were surprised by this. Mr Abi-

Aad explained that this considered cost only and not the human impact. Whilst this data could be used as a guide it did not provide the whole story, also the study upon which this finding was based might not reflect the way in which Befriending services were provided in Kent. In summary, the finding should be treated with caution.

Given demographic trends, with the proportion of older people continuing to increase, it is likely that the overall prevalence of social isolation will increase too.

The analysis conducted by the Kent Public Health Observatory provided a reliable estimate (for the first time) of the geographic distribution of people with a high propensity to isolation – this intelligence was vital to understand where remedial services should be targeted and provides a better understanding of how these services have impacted on social isolation more broadly.

One member commented that by working with younger generations, we might prevent them from becoming lonely when they are older.