

KENT COUNTY COUNCIL

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, 24 September 2018.

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

IN ATTENDANCE: Mr G Romagnuolo (Research Officer - Overview and Scrutiny), Miss T A Grayell (Democratic Services Officer), Mr A Tait (Democratic Services Officer) and Mrs A Hunter (Principal Democratic Services Officer)

UNRESTRICTED ITEMS

1. **Diane Aslett (Development Officer, Age UKs in Kent Consortium)** (Item 1)

- (1) Mr Pugh welcomed Diane Aslett (Development Officer, Age UKs in Kent Consortium) and asked her to introduce herself as well as asking the Members to introduce themselves.
- (2) Mrs Aslett said she worked for a group of charities known as either Age UK or Age Concern in Kent. The charities provided a range of services for older people in centres, in the community or in people's homes in all part of Kent. All services helped to reduce loneliness and social isolation. All the charities were linked to Age UK which is a national charity that campaigns on a range of issues relating to older people. As the Development Officer he role was to share best practice, apply for funding, start and terminate projects.
- (3) Mrs Aslett presented a series of slides (published in the agenda pack for the meeting) setting out Age UK/Concern's perspective on social isolation and loneliness among older people in Kent.
- (4) Following her presentation, she responded to Members' questions and comments as follows.
- (5) A view was expressed that: a couple could be married for 40 years but one partner might be lonely but might also be afraid to say so in front of the other; Neighbourhood Watch could be used as a 'loneliness' watch rather than setting up a new organisation; and evidence suggested that those who helped others enhanced their own well-being and therefore it was important to get lonely people to help other lonely people.
- (6) In response Mrs Aslett said many of the Befriending Service volunteers were themselves lonely. Some who had benefitted from the service went on to become volunteers and the challenging issues was to get the chronically lonely into a position where they could engage with others or even volunteer.

- (7) A Member welcomed the acknowledgment that identifying the chronically lonely and the socially isolated was difficult and that these issues could not be solved quickly with social prescribing. He asked about the impact of mental health issues that made it difficult for people to admit to being lonely.
- (8) Mrs Aslett said that a mental health referral could be initiated by a family member. She also said that the Personal Independence Programme included risk stratification indicators (such as frequent emergency admissions to hospital, increase or decrease in the number of visits to GPs because of loneliness rather than a long-term condition etc). When an individual was identified as being at risk of loneliness a letter would be sent advising that Age UK would call. If the individual was interested a Personal Independence Co-ordinator would work with the individual and support them to access social activity and support.
- (9) It was acknowledged that not all GPs were involved in social prescribing and that communities, particularly in villages and rural areas, had a role in keeping a watch for older people who might be lonely. The differences between communities was also recognised.
- (10) A member paid tribute to the work being done by Age UK and to the variety of services and activities he had observed on a recent visit to Age UK on Shaftsbury Road.
- (11) Comments were also made about the importance of social media and online shopping to those living in rural villages without shops and the need for libraries as not everyone could afford broadband or a phone. The absence of rural transport made it even more difficult for the elderly and lonely to get 'passed their own front door'.
- (12) Mrs Aslett said that referrals to day centres came from GP or from multi-disciplinary teams. A Member suggested that the charge of £15 per day to attend a day centre might inhibit some from attending.
- (13) Comments were also made about those who were most lonely being the most difficult to reach particularly if they refused to participate in social activities.
- (14) Mrs Aslett agreed to provide data that demonstrated that loneliness had a negative impact on lifespan. In response to a question about the impact on users when a service ended, Mrs Aslett said that Age UK day centres did not usually end, and the Personal Independence Programme was designed to last 12 weeks.
- (15) Mr Pugh thanked Mrs Aslett for her presentation and for answering Members' questions.

2. James Kirby (Programme Manager, Social Enterprise Kent - Ageless Thanet)
(Item 2)

- (1) James Kirby introduced himself as the Programme Manager of Social Enterprise Kent (SEK) which led the *Ageless Thanet* project. SEK had been in operation for over 30 years, working to improve lives and support communities. It delivered many projects, including National Lottery funded projects such as *Building Better Opportunities*. For example, *Let's Get Working* which supported disadvantaged people who were not in

work or training. It helped them on the path to finding employment or volunteering opportunities within their local community. SEK had gained a unique understanding of loneliness and social isolation, including that experienced by totally housebound people.

(2) James Kirby said that he had previously worked for Thanet DC and been responsible for developing the specification for the Ageless Thanet Project in collaboration with Cummins Power Generation Ltd who acted as the sponsors. He had been determined that the project would work for all rather than for those who “shouted the loudest.” National Lottery requirements stated that the Local Authority must hand the bid over to a third sector organisation, so Thanet DC had created an open tender for third sector organisations to lead *Ageless Thanet*. SEK had been democratically elected to lead the bid. SEK had then been successful in the final stages of the bid and required a Programme Manager. James had then applied for and been appointed to this position.

(3) James Kirby then said that National Lottery funding of £3m had been provided for Ageless Thanet for a period of five years, starting in 2015. It worked to tackling social isolation and loneliness, improve mental and physical health in older people and influence perceptions of ageing. It achieved this by delivering a range of sub-contracted projects. One of these was the Wellbeing Project which supported a large range of activity courses. These courses had been academically evaluated by the University of Kent and lasted for 8 to 12 weeks. Improvements in levels of social isolation were measured using the UCLA 3 Scale (*the link to a document from the Campaign to End Loneliness, showing the version of the UCLA Loneliness and De Jong Gierveld scales used by Ageless Thanet is <https://www.campaigntoendloneliness.org/measuring-loneliness/>*)

(4) The activities which the Wellbeing Project supported included belly dancing, burlesque, walking football, sewing and pickleball. This last activity (similar in nature to tennis) had proved to be so successful that an international team had been created based at St George’s in Broadstairs. The participants had made friends and met new people and were able to pay for the activity themselves at a price of between £3 and £5 per week, approximately.

(5) Another successful activity had been the art classes. This was an example of meeting the needs of the participants. The people who had asked for this had wished to learn to paint with oils in the style of Manet and Monet. They had previously been offered poster paint and potato printing by other organisations and felt patronised because of this. Once Ageless Thanet had become involved, proper artists and galleries had been provided and the participants had been able to sell their paintings, enabling them to continue the course beyond its original funding period.

(6) James Kirby said that the venues and times were very important when arranging these courses. The venues had to be local and familiar. Village Halls and coffee shops had been used. The buildings did not have to be official; it was about understanding the places and venues that people felt comfortable to meet in.

(7) James Kirby then turned to the Age-Friendly Business scheme. Businesses were encouraged to introduce often quite simple measures such as using larger fonts and writing when displaying prices. Over 5,000 people were currently issued with reward cards which enabled them to access negotiated discounts. Firms often discovered that what they had originally agreed to do out of a sense of social responsibility could become profitable. One example was a café which had initially somewhat nervously offered a 10% reduction for tea and cake between the hours of 2 and 4 pm. Once the

management had realised that this discount was good for business, they had increased the discount to 20% off the entire bill all day from Monday to Friday. Discounts were not the only significant indicator of age-friendliness by companies. There were a number that did not provide discounts but made up for this by introducing such facilities as dementia training.

(8) James Kirby then spoke of the need to ensure that everyone was able to access Ageless Thanet's activities. This meant arranging them locally and at a time that suited need. This was often in the early evening rather than between 9 and 5. Transport arrangements were also very important. Ageless Thanet was keen to facilitate car-pooling and, if necessary, provide transport. Accessibility also applied to assumptions about the ageing population. An example of this was the potential mistake of assuming that Vera Lynn was significant figure from people's younger lives. Times had moved on, and older people no longer necessarily responded to her in the same way as had been the case some twenty or thirty years earlier.

(9) James Kirby replied to a question by saying that Ageless Thanet was reaching people in their 50s, 60s and 70s in equal measure. There was a significant but lower number of people aged 80+. He agreed that a number of people did move to Thanet from London when they retired and that they were in consequence keen to establish a new network of friends.

(10) James Kirby said that one third of the population of Thanet (some 55k) were over 50 years old. Ageless Thanet had managed to reach some 8,000 of them and had issued 5,000 reward cards. Contact was maintained through a variety of media. Ageless Thanet made considerable use of social media. There had been some criticism of this at first, but it had emerged that even if lonely people did not have access, people around them did. Also, the 65+ people were the fastest growing demographic for smartphone use. Those who were more in tune with traditional modes of communication were kept in touch through newspapers, posters and leaflets. The Ageless Thanet magazine was delivered in partnership with *Educational Life* (a social enterprise seeking to support, empower and inspire families and young people in Thanet's local communities). It attracted advertisements from age-friendly businesses, which paid for the production of the magazine. These magazines were available in outlets such as Asda and Morrisons.

(11) James Kirby said that the success achieved through the provision of high quality, community-focussed activities could be measured by the fact that 30 of them had become self-sustainable. The charging model had been developed by facilitators working with participants to ensure affordability.

(12) In response to a question James Kirby explained that Ageless Thanet's Social Prescribing Co-ordinator worked closely with GP practices to increase referrals. Other referrals came from Social Services, the Police, Fire and Rescue, Housing Associations and Age UK amongst others. This was welcome even though it could lead to over social prescription. He had needed to explain on occasions that Ageless Thanet was not a statutory service and that it had not been established as an organisation of last resort which could always accommodate referrals who other agencies were unable to cater for.

(13) The Life Planning service provided by Ageless Thanet was a collaborative effort with the Citizens Advice Bureau. When people reached a "trigger point" in their lives such as retirement or bereavement, Ageless Thanet was in a position to offer them immediate high quality advice which enabled them to make positive choices for the

future. This advice included measures to counter social isolation as well as debt, relocation from another area, accessing benefits, and coping with bereavement.

(14) James Kirby said that SEK and therefore Ageless Thanet's social enterprise philosophy was that profitability was a good thing if it was put back into the community to ensure sustainability of services. SEK used an asset-based community development approach. They were looking closely at sustainability, particularly when the funding period came to an end in 2020. They worked with Age UK and others such as the University of the Third Age (U3A), though they did not attempt to duplicate the services that these organisations provided.

(15) James Kirby explained that Ageless Thanet had a Governance Panel of 8 people, all between the ages of 50 to 88. They were men and women with different backgrounds and life experiences. Through their roles in Ageless Thanet, the Governance Panel members had received training, including assertiveness training. They had to make challenging decisions, including the scoring and awarding of tenders.

(16) The Chairman invited James Kirby to sum up by responding to the question: "In your opinion, what can be done, if anything to prevent or reduce the impact of social isolation and loneliness on Kent's older residents"? James Kirby said that he believed and hoped that there would be an "Ageless Kent" project in the future. The model pioneered in Thanet was working, as evidenced in the documentation he had brought with him to the meeting. Ageless Thanet would gladly work with KCC to share best practice and identify better and more effective ways of working. On a more practical note, the lessons that Ageless Thanet had internalised was that people must never be patronised and that the needs of older people were not static but were constantly changing.

3. Ken Scott (The Older People's Task and Finish Group) and Paul Clarke (Maidstone Borough Council) *(Item 3)*

1. The Chairman welcomed Mr Scott and Mr Clarke to the meeting.
2. Mr Scott set out his role as the Voluntary Chairman of the Older People's Task and Finish Group, which was a sub-group of the Maidstone Health and Wellbeing Board. Mr Scott explained that he had a personal interest in the arts and health and wellbeing issues.
3. Mr Clarke explained that he was the Health and Lifestyle Commissioning Officer for Maidstone Borough Council, overseeing the Council's Health Improvement Programme. He was attending the Select Committee in place of his colleague, Sarah Ward, who served on the Older People's Task and Finish Group.
4. Mr Scott presented a series of slides (*published in the agenda pack for the meeting*) which set out eight of the Task and Finish Group's workstreams. The other two (improving hospital discharge processes and falls prevention) were not directly related to loneliness and social isolation so had been omitted for this meeting. He referred to the charity Involve, which the Select Committee was to interview later, and explained that Involve headed up the specific work stream relating to loneliness and that he would not cover their activity in view of the impending visit.

5. He explained that there was a distinction between the terms 'social isolation' and 'loneliness'; the first was objective, determined by external environment, the second subjective, determined by personality. Research had shown that some lonely people tended to become disillusioned, distrustful, difficult and disengaged. A study by the Office of National Statistics had concluded that loneliness did not increase with age, however, this contradicted the findings of other studies of loneliness. A reason offered for this was that loneliness was so damaging to health that many lonely people died prematurely and did not live to old age. In addition, older people tended to be stoical and did not identify themselves as lonely as they did not want to be troublesome.

6. In terms of risk factors, there were two types of prevention work which related to older people. Using falls as an example, intervention after someone had had a fall to avoid more serious falls, was a type 2 intervention, while identification of risks to prevent them having a fall was a type 1 prevention. Most interventions were type 2.

7. Mr Scott explained that, as his background was not in health and social care, he had spoken to a wide range of organisations to gather background material. He was struck by an apparent link between the level of engagement with older people and the ease of access and proactivity. He asked the Citizens' Advice Bureau, health and social care co-ordinators and Community Wardens what percentage of their clients were older people. Their responses had varied: Citizens' Advice Bureau said 17 – 19%, health and social care 30 – 40% and Community Wardens over 50%. This difference was partly due to the nature of the service offered by each group and the way in which they engaged with clients; some services were proactive and went out to find clients while other services relied on clients approaching them. This relationship suggested that there was a significant level of hidden need that a proactive approach could reveal. What was needed was an integrated, holistic approach to active ageing.

8. Research into the extent of loneliness in older people had suggested estimates ranging from 6 -13%. Given that loneliness was subjectively determined, estimates would depend on the questions asked. A mid-range estimate was that, in the Maidstone area, there were some 3,000 older people who often or always felt lonely. The objective of Involve for the next three years was to work with an extra 900 people, which would address only around one-third of the problem. There was much more work to do to reach the rest.

9. One of the Task and Finish Group's workstreams was 'to establish a Voice of Older People', an initiative which did not currently exist locally. Part of the work for this had identified that 20% of the elderly population was in receipt of some sort of support, while 80% was living independently and in reasonable health, without any support. Work had tended historically to focus on the 20% and ignore the 80%, but preventative work needed to be done to address the needs of the 80%, to keep them living independently. Co-production was a good way to develop meaningful services and while there was consultation, there was little evidence of this having been implemented involving older people in the service design process. The Voice of Older People workstream would be led by Involve as they already ran Maidstone's Older People's Forum, using a grant from the County Council. The Older People's Forum in Maidstone was located centrally, so people in some parishes were not able to access it easily. Involve had identified parishes around Maidstone which were not well served and they would seek to establish parish groups, customised to the needs of that area. The Task and Finish Group sought to link up the Older People's Forum, Age UK, the Active Retirement Associations and University of the Third Age (U3A) and other organisations in order to be able to create subject specific focus groups. These focus groups could not only provide a voice but could contribute to service design.

10. The Task and Finish Group sought to establish an Older People's Champion to provide a voice for older people in the community, working on an idea included in NICE guidance note 32 – 'the Health and Wellbeing of Older People'. Ageless Thanet, who had just been interviewed by the Select Committee, had attempted to create Older People's Champions but had found recruitment difficult. They suggested that the Champion role would suit a retired Parish, District or County Councillor. However, upon contacting parishes, only three had so far expressed interest and more were needed to make a pilot project viable. It was hoped to run a pilot Older People's Champion project. Mr Scott undertook to re-contact parishes and if he could find sufficient support he would seek funding to establish an Older People's Champion pilot.

11. There were currently up to ten different databases of older people's services running in Maidstone, of which about half were run using money provided the County Council. However, these overlapped, had gaps, were not always well maintained and were generally not shared. These databases needed to be concerned not just with services but include information about sports and arts facilities and events. Involve, in conjunction with West Kent CCG had received new funding from Public Health England to develop and run a Social Prescribing project. Creating a database was a significant part of required outputs. Involve started to implement the project in August and were seeking to appoint a data manager to create and run the database. The ideal was to have one public, integrated database which would make it possible to take a reliable overview of activities available that could support social prescribing. Once developed, gap analysis would reveal what type and where services needed to be developed. It was currently evident that areas of relatively high deprivation were poorly supported by sports, cultural and creative organisations.

12. Critical life challenges such as retirement, bereavement and the development of long-term medical conditions happened to and thus affected older people more than young people, and failure to deal with these challenges was identified as a significant risk factor for deterioration in mental health and wellbeing. There were limited resources to identify and address these challenges. Addressing these challenges would not necessarily require new processes but would need to make the best use of existing systems and fill in gaps in existing support.

13. Many people considering retirement gave very little thought to anything beyond the immediate financial effects of ending work and failed to plan for and take the opportunities presented in the next 15 – 20 years of retired life. They needed instead to rethink their lifestyles and goals and this should include consideration of volunteering which was proven to have both individual and community benefit. Much time and talent was wasted once people retired from paid work, and some of this could be put towards volunteering in the community. Many younger older people with time, energy and skills could make a difference. It was a sad fact that those most in need of support to plan for retirement were the least likely to get it. However, funding to facilitate and support such projects would need to be found.

14. The Task and Finish Group sought to establish an Age- and Dementia-Friendly Maidstone working with "Building Dementia Friendly Maidstone" and supported by Maidstone Borough Council. An initial focus would be to encourage local businesses to be more age- and dementia-friendly. Successful age-friendly schemes were already running in Thanet and Co Monaghan in Ireland. It was proposed to model our approach on the County Monaghan initiative and approach businesses with the support of Maidstone Borough Council and One Maidstone.

15. Mr Scott concluded his presentation by setting out future targets. By January or February 2019, it was hoped that implementation plans and workstream teams would be in place.

16. **A view was expressed that the phrase ‘... Champions’ was much over-used and not always viewed in a positive light.** Mr Scott advised that an alternative for a similar role had been ‘village agents’. He agreed to review the title and use one with better connotations.

17. **It was suggested that a ‘loneliness watch’ scheme, similar to Neighbourhood Watch, could be established, in which the community could look out for older people who lived alone and be ready to offer them help if it seemed to be needed. Lonely people could also be encouraged to volunteer and help others, and, by becoming involved in this way, would no longer feel lonely. There was much being done elsewhere that Kent could copy and learn from.** Mr Scott agreed that finding examples of best practice from elsewhere and learning from them was a good way to work.

18. **Where there was much already going on, the key was to co-ordinate existing work and seek to place the available funding where it could be most effective.** Mr Scott agreed but said that it would be problematic and a significant challenge if the County Council were to seek to lead initiatives. Good integration would involve statutory, commercial and voluntary organisations with a diverse range of funding sources, objectives and operating processes. As the amount of funding available to the County Council diminished, they were changing their approach and organisations needed to develop strategies which made them less dependent on County Council funding, if they were to survive. Voluntary organisations could not rely on the County Council to be able to provide the funding necessary to develop services at a time when they were most needed. They needed to consider a wide range of funding sources including the NHS and grant-making trusts and earning income from services. While these alternative sources of funding may share the broad strategic aims as that of the County Council, the specific outcomes they wanted would not automatically be aligned.

19. The recent proliferation of care co-ordinator/navigator-type roles and duplication of the signposting function was an example of the difficulty faced in developing an integrated approach. Taking adult health and social care commissioning for older people as an example, the delay in determining an approach, apparently caused by financial considerations and the need to work more closely with clinical commissioning groups had created significant frustrations. Many voluntary organisations had had to decide how best to move forward without a clear steer. Given that integrating the approach of public health, social care and health was understandably proving a challenge, adding both commercial organisations and the voluntary sector into that challenge may not be a role that the County Council by itself could undertake. **The previous speaker agreed with this view and added that a community should be allowed to organise its own services to meet its own needs; in a community, people would look after each other.**

20. **Asked if he was familiar with and used social media,** Mr Scott said he did not currently use social media for the Older People’s Task and Finish Group but agreed that it should be used in the future. In a separate project, it had been demonstrated as a useful way of reaching new volunteers.

21. Mr Clarke pointed out that, in the contracts required for health and social care work, the voluntary sector was in competition with each other and replicated some areas of work. Voluntary organisations were unwilling to work with each other or share

information as that information had value for their own work. **A comment was made that voluntary organisation contacts had said in the past that some County Council contracts had not been big enough for them to bother with as it cost them money to prepare and submit a bid.** Mr Scott added that some local authorities were looking at returning to grants instead of contracts.

22. Mr Clarke said that, in terms of preventative work, for instance, projects to encourage social interaction, safety had been a big issue, along with access and the availability of practical facilities, such as sufficient toilets and benches, to accommodate older people's health needs.

23. **Asked what other services could have a positive impact on loneliness,** Mr Scott added that suitable housing was a priority. Most housing developments did not address the needs of older people. Many older people were left living alone in their family houses, which were expensive to maintain and heat and no longer met their needs. Development of mixed accommodation would attract a mixed age range and could help alleviate loneliness among older people. If there were somewhere suitable for an older person to move to, their larger family homes could be freed up for use by families. He said he would like to see a housing policy to encourage this. **An example was given of housing at Kings Hill, where the type of mixed development described above had proved very difficult to realise as land values had simply not made such mixed development an economically viable option for a developer. Such issues needed to be tackled by planning authorities, preferably by resurrecting the former Structure Plan process.**

24. Mr Clarke referred to the 'make every contact count' approach, by which lonely people could be identified and signposted to suitable services. Close partnership working was required between the County Council, housing providers, the NHS, etc. People could now be treated at home for minor ailments but this was not necessarily a good thing as they were not going out of their homes to access services.

25. Mr Scott referred to the Public Health-led 'mind the gap' initiative to address health inequalities and said that this could be supported in communities in which people looked out for those who might be vulnerable. An approach was needed to make this easier to do in deprived areas. Some communities did not offer many opportunities for social inclusion. With housing growth, new people would join communities and bring fresh thinking, new ideas and skills. **A view was expressed that, to make this possible, it might be necessary to change the culture of some communities. Some people would think they were prying if they were to check up on a neighbour. They would need courage to take on a new, pro-active role, and would need to have some training to do it effectively.**

26. Mr Scott gave an example of a theatre group in Detling, where the audience shared a sense of community as many were involved in common cultural activities. In some areas, this opportunity would not be possible as there was no similar organisation, no cultural appetite to establish one and no shared sense of belonging. **Asked if it had been difficult to establish such a group,** Mr Scott explained that there had been a local actor who had retired and wanted to run a group. Similarly, a retired singer might set up a local choir. To establish such groups needed creative people who were willing to take on the organising and who were confident enough to approach and encourage local people to join in.

27. Mr Clarke referred to the Healthy Walks programme he had run, with each walk being led by a volunteer. These had involved much effort to set up but local appetite for such activities varied. Take-up had been patchy; the Bearsted group had 50 participants

and the Shepway group had 4. In some places, people had larger prevailing problems to contend with and going out in a walking group was simply not a priority for them.

28. It was pointed out that, in some places, the older members of a community who had the time and willingness to run local activities had passed away, and younger people either had no interest in taking on the organisation of groups or were working longer hours and had no spare time. Clubs and activities would have to close down if there were insufficient hands to run them. A local choir had been run by a young professional music director giving her time for free, but when she could no longer accommodate this, the choir found that to pay for a director to take on the same role was prohibitively expensive.

29. The Chairman thanked Mr Scott and Mr Clarke for giving their time to attend and help the Select Committee with its information gathering.