KENT COUNTY COUNCIL

SELECT COMMITTEE - LONELINESS AND SOCIAL ISOLATION

MINUTES of a meeting of the Select Committee - Loneliness and Social Isolation held in the Stour Room - Sessions House on Monday, 1 October 2018.

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

ALSO PRESENT:

IN ATTENDANCE: Mr G Romagnuolo (Research Officer - Overview and Scrutiny), Miss T A Grayell (Democratic Services Officer), J Kennedy-Smith and Miss G Little (Democratic Services Officer)

UNRESTRICTED ITEMS

7. Dr Hannah Swift (Eastern ARC Lead and Research Fellow, University of Kent)
(Item 1)

The Chair welcomed Dr Swift to the Committee.

Dr Swift began by informing the committee that she was a Social Psychologist and had completed her PHD which was collaboratively funded with Age UK. Her main research focus is on ageism, attitudes towards older and younger people and learning from their experiences.

In 2012 she completed a research fellowship and is shortly to be confirmed as a Senior Lecturer at the University of Kent. She has developed an understanding of experiences of ageism in different domains including in the workplace, an example of which is looking at employment trends such as employment of younger cohorts over old. She continued that one interesting focus point was how people use language to describe themselves. An example of this was that young people tend to present themselves in a younger sounding context; whereas older people will refer more negatively using such language as – 'I am too old for this'. This was also a factor in health environments such as dieting – 'I am too old to change'.

Continuing the health focus, Dr Swift said that a Longitudinal Study completed by a Psychologist in America on health and wellbeing and the negative and positive attitudes to ageing demonstrated that those with a more negative outlook were found to live seven and half years less than those with a positive attitude to ageing.

Q - Do you think a mechanism for feeling this way has been discovered yet?

Dr Swift commented that it depends on the person and the situation that they are in. There is a fear of being judged by their age in this group, more so than other age groups. She stated that people acquire stereotypes of aging particularly when they are younger, which creates a social identity perspective, for example when they are young it can give a sense of making them feel better to say that the young are better than the older generations. Dr Swift said that one solution was to create a more positive social identity.

Q – Do you think that in Eastern cultures the opposite is true?
Dr Swift agreed that age is respected but they can also fear being a burden in later life, highlighting that there were high suicide rates in China and Japan, potentially because of that.

Q – What were the key findings in the Hidden Citizens report?
Dr Swift informed the committee that she was interested in loneliness and in how lonely people may self-exclude themselves. She said that research in day centres and care homes had shown that attendees don't want to socialise with other attendees as they did not realise that they are part of that age group.

The Hidden Citizens report jointly undertaken by the University of Kent asked for a review on the consequences of loneliness and associated impacts within health and social care. Dr Swift said that one of the key questions was 'How do you tackle loneliness and on a subject matter that is subjective?'. The results showed that social isolation is not loneliness and loneliness is not social isolation; there is a have and want for social contact.

Dr Swift continued that the report provided a review of reviews as a lot of research had been conducted on this subject. She said that they also conducted some interviews with older people and service providers to look at how they identify older lonely people whilst still acknowledging the younger elements of the research.

Dr Swift said that research also shows that younger people experience similar feelings when transitioning from different parts of their life, examples were parenthood, periods of unemployment and retirement.

Q – Have you found in any research that technological pace and the changing aspect to clubs and societies, including volunteering has led to people becoming out of the loop?
Dr Swift said that the technological divide is a real one and that it is perpetuated by social class divisions and the ability to be hands on with technology. This was seen in the retirees grouping where the uptake of new technologies was seen to be not for them as there was not a need for it.

However, Dr Swift said that some of the age group were engaging with it and were in fact more aware of data protection. She felt that there was a place for technology but what was seen was that technology is used as an excuse for being a solution, exemplified by 'we must make an app for that'. There is a place for connecting more online but face to face is being missed.

Q - Focussing on identity appears to be what it is all about – how we see what we want to do and where we want to go – does classification of socioeconomic groupings fit?
Dr Swift informed the committee that Age UK had researched this and the cross cutting with socioeconomic status – those that can, do things and see for example, retirement as an opportunity. News outlets see the power of the grey pound and market products in such a way.

Dr Swift continued that this can create intergenerational conflict but highlighted that this grouping can also be at risk of loneliness, for example in bereavement which affects everyone in the same way.

Dr Swift said that in 2013/14 a survey conducted with Canterbury City Council on Active Aging identified that loneliness had been raised when talking about transport issues, for example opportunities to be involved with leisure activities were hampered by cost and transport being a major issue.

Q – During your research have you identified any potential solutions?
Dr Swift said that people tend to focus on the objective of what people can do, overlooking the psychological aspect. The Hidden Citizen report identified 4 interventions – enhancing social support, increasing opportunities for social interactions, improving social skills and addressing maladaptive social cognitions. The interventions looked at how to build confidence to get people through the front door.

Q - Who is putting it all together?
Dr Swift said that interviews with service providers had led to a lot of people being identified because of other service needs required. Assistance with financial support was one example of such services and highlighted that it was not necessarily because someone was feeling lonely that social isolation happened. She also noted that people do not want to admit that they are lonely.

Q - How do we reach those not coming through the door? How do we find them?
Dr Swift said that the research conducted during the writing of the Hidden Citizens report identified that they could not find a real answer. There was a toolkit suggestion but what tends to happen is that it is a feeling but there is a need to get someone through the door in the first place.

Q – How was the longitudinal research defined?
Dr Swift informed the committee that they looked at self-perceptions of aging, the common perceptions of being older and the beliefs of the aging process. Considering to what extent when cognitive abilities will be lost.

Q – Relating to perception, how do you change that conversation?
Dr Swift said that people can experience different forms of loneliness – temporary or transitional with some more chronic. The evolutionary background can trigger people to do something about it but for some it becomes debilitating. Research has been conducted on emotional regulation and the ability to deal with life

events. This demonstrated that one of the reasons were that younger people have not been equipped with strategies that are needed to deal with it at that stage in their life. Dr Swift expressed to the committee that she believes that we do not educate on how to deal with loneliness.

Q - In your opinion what more can be done in terms of prevention?
Dr Swift said that in an ideal world she would refer to the research from Canterbury City Council. First contact schemes to identify those at risk of feeling lonely are important, that there are many different things going on but getting people past the threshold to attend and/or volunteer is key. Addressing psychology, depression and anxiety are all important.

Referring to ageism Dr Swift that the way the image is projected in society and the stigma associated with that requires to be addressed and informed the committee that the World Health Organisation is now looking to launch a campaign to end ageism.

Dr Swift concluded by informing the committee that she could provide more information from the Canterbury City Council research if required.

8. Hayley Brooks (Head of Housing and Health, Sevenoaks District Council) and Debra Exall (Strategic Relationships Adviser, Kent County Council)
(Item 2)

The Chair welcomed the guest to the committee and a short introduction was given by Members.

Mrs Brooks and Mrs Exall advised the Committee that a short video was available to view upon discretion should Members wish to see the One You Adviser scheme in operation:

www.sevenoaks.gov.uk/oneyou

The report presented to the Committee set out evidence of how social isolation and loneliness amongst older people could be prevented by action, services and initiatives carried out by District Councils, either unilaterally or in partnership with other organisations, and provided examples of innovative work already underway.

Q – Please introduce yourselves and provide an outline of the roles and responsibilities that your posts involve?

Mrs Brooks, Head of Housing and Health, Sevenoaks District Council said that her role within the Council was to manage both projects and staff within the Communities and Business Team at Sevenoaks District Council. The Team delivered a range of community engagement, housing and partnership projects relating to health prevention and promotion, healthy lifestyles, housing advice and support, voluntary sector support, arts and culture, leisure and sport and community development.

Sevenoaks District Council had worked in partnership with Kent County Council for a number of years to tackle issues of social isolation and loneliness and recognised that that a more holistic approach needed to be adopted. In 2014, Michelle Lowe, Deputy Leader and Portfolio Holder for Housing and Health, Sevenoaks District Council, recognised that housing had a direct impact on public health and launched the new housing strategy which focused on improving health and wellbeing through integrated working.

The One You service was launched in 2018 through partnership agreement with District and Borough Councils in North and West Kent, the Kent County Council Public Health Team and the Kent Community Health Foundation Trust. The scheme was developed to provide a single point of access for those with more complex needs and tackle wider determinants of health such as: helping people to lose weight, get fitter, quit smoking, improve mental wellbeing, encourage involvement within local communities and provide advice around housing, debt and employment. The Advisers have been trained to carry out loneliness and isolation assessments using a number of nationally set questions, the results revealed that more than 11% of customers scored as feeling emotionally lonely and 12% of people scored as feeling socially lonely. The One You Your Home was another project which extended the remit of the national One You service with a unique focus on older people. The clients within this service were often referred via their GPs (within the Sevenoaks District) who identified that their top 25 most complex patients who could benefit from the service often had mental health, loneliness, depression and housing/financial issues.

The Housing and Health Team at Sevenoaks District Council were able to fund a number of grant schemes through the Better Care Fund which was an ambitious programme across the NHS and local government which helped to create a local budget to encourage partnership working and improve health and wellbeing. Alongside the One You service and the One You Your Home service, other projects funded by Sevenoaks District Council to reduce social isolation and loneliness included the Pop Up – Pop In project, the Dunton Green Lunch Club and three-day care centres operating a range of activities which were supported by Age UK and Tonbridge.

Mrs Brooks said that the Age UK Loneliness Heat Map identified areas of rural isolation and complex health needs rather than deprivation. She said that anyone of any age experienced loneliness and whilst statistics show that 70% of those experiencing it were over 65, the One You Service had seen an increase in single, middle-aged men coming forward and those with longer term health conditions experiencing loneliness much earlier in life due to loss of mobility and self-confidence, unable to go out and join their community.

Q – How do you find your client group?

Clients coming into this service were often referred by GPs in two surgeries in the District. Diagnosing someone with loneliness however was difficult as loneliness comes in various forms for various reasons. Projects such as the Pop Up Pop In lunch and coffee mornings had proven to be successful within the more rural

areas through effective promotion which has encouraged people to attend the events at the local village halls.

Q – Do the referrals into your service come from neighbours?

Mrs Brooks said that neighbours would often look after each other and manage needs between themselves. Referrals were often made via Environmental Health following concerns of hoarding, or noise complaints which would then flag up issues of isolation and loneliness. An alternative route into the service would be when people require housing adaptations due to long-term mobility issues and indications of loneliness are often flagged at the initial assessment point.

Q – Is this work being carried out across Kent as a County Wide Service?

The West Kent services were supported through a partnership agreement between District/Borough Councils in North and West Kent, KCC Public Health Team and Kent Community Health Foundation Trust (KCHFT). In the East of Kent, all services were commissioned out to the Kent Community Health Foundation Trust. The East and West of the county had been commissioned differently as part of the initial Primary Care Trust initiative. Public Health measured all programmes on a quarterly basis, however the data collated was taken from District Performance Indicators rather than a Kent Performance Indicator. The assessment to identify social isolation and loneliness used a national set of questions to ensure consistency. Mrs Exall agreed to follow up the comments made by the Committee in relation to data comparison between the East and West of the county.

Q – What is your view on social prescribing?

Mrs Brooks said that social prescribing needed to be tailored to local needs and this task was best placed with the District Councils. The primary objective of the One You service was to create a whole county approach, whereby services would stop working in silo and instead utilise their resources to develop a holistic approach.

Q – What process do you use to gather the data?

Mrs Brooks said that the data had been taken from the national toolkit produced by Age UK. The data looked at factors such as income deprivation and health deprivation to identify what areas of the county were more perceptible to loneliness.

Q – Do you work with the arts and heritage foundations?

The Sevenoaks District Arts Council, funded by Sevenoaks District Council, existed to support, encourage and promote all forms of artistic endeavour, whether this was through singing to help combat dementia, performing arts or drawing, the Council recognised the importance of art in helping to tackle loneliness and social isolation.

Q – What is the remit of the specialist new Kent One You Advisor?

Specialist One You Advisers had been employed by each District and Borough Council in West and North Kent and were based within the Council health teams to deliver targeted services from GP and community venues. Advisers provided a single point of access and carried out holistic assessments, through one-to-one and groups activities, to support and empower residents to improve their health and wellbeing. The Advisers also helped to improve healthy lifestyle behaviours such as: helping people to lose weight; move more; be smoke free; drink less; improve mental wellbeing. Those with more complex needs may require support with other aspects of loneliness and social isolation such as empowering them to feel more included in their community or helping them get housing, debt or employment advice.

Q – What is the One New Advisors role in ensuring an integrated discharge of patients back into the community?

The One You Adviser was not linked to the hospital. Sevenoaks District Council funded a West Kent Housing Coordinator to sit on the hospital discharge team to resolve issues around the delayed discharge of patients due to housing. The One You Adviser was responsible for seeing those patients already within the community either referred by the GP or the midwife in the home, they were not dealing with those just coming out of hospital.

Q – What is the Better Care Fund and where is the money coming from?

The Better Care Fund was supported through central government funding. At Sevenoaks District Council the funding had helped the Private Sector Housing Team to write and adopt a new Housing Assistance Policy, which made it easier to support people to remain in their own homes and reduce admissions to hospital.

Q –There have been innovative approaches adopted by leisure centres in an attempt to encourage people experiencing loneliness to come into the centre, however, due to very little take up the programme was stopped. What is your view on this?

Mrs Brooks said that concession on leisure services was a good idea, however, unless someone within that facility had the time to promote and encourage vulnerable adults into using a service which is bespoke to them, it would be very unlikely to find those who are already feeling lonely and socially isolated going into gym facilities at their own will. Evidence showed that those who were the loneliest were those who had fallen out of their community network, this could range from young parents, people experiencing domestic abuse, marriage breakdowns and this was particularly noticeable when combined with health issues. Whilst previous work had focused on older age it was evident, following recent statistics, that there needed to be a more balanced approach.

Q – The Age UK heat maps were produced in 2016, is there current data available?

The national data was taken from the 2011 census. Due to the range of data needed it would be very difficult to receive and collate current data.

Q – Has the removal of bus services increased social isolation and loneliness within rural settlements

Mrs Brooks said that the evidence to support a correlation in the removal of public transport with increased loneliness was not available. Whilst transport was significant in rural areas, Mrs Brooks appreciated that money could not be justifiably spent on running empty buses through rural towns.

Q – Have you been able to capture the increase in social isolation and loneliness due to digitalised services such as home delivery?

Mrs Brooks said that the older population did not tend to do online shopping as many of them did not have access to a computer. Mrs Brooks promoted digitalised services such as home delivery as it ensured that those with health needs and mobility issues still received regular fresh food; it also encouraged older people to experiment with other digitalised services as they become more confident with modern technology, such as skype or Facebook, helping them to feel more socially connected.

In regard to affordable data packages, there was funding available to support the installation of the equipment, however, Mrs Brooks reminded Members that loneliness and social isolation were not necessarily linked to areas of deprivation, the main concern was to target those living in rural isolation who had very little or no access to their neighbours or their communities.

Q – What is the importance of libraries?

Libraries offered activities such as singing groups, knitter natter groups, book clubs, IT support. Mrs Brooks agreed that they were an essential part of a community and played a pivotal role in helping to tackle loneliness and social isolation.

Q – Community groups don't often have constitutions and often rely on the church for funding. Do you think there are ways in which Kent County Council can help community groups by providing financial services?

The Housing and Health Team at Sevenoaks District Council helped community groups to establish their own constitution. A constitution takes into account what the association intends to do, makes provisions for future developments of the association, states how the association is structured and provides details around safeguarding and how to apply for funding. Sevenoaks District Council supported the Dementia Friendly group and the Shed Project to draw up constitutions. By

helping associations to draw up simple constitutions it helped to ensure the continuation of that community group.

Q – We have a good understanding of what is happening within Sevenoaks, however, do you have evidence to support the notion that all Districts within Kent replicate the work that is being done within the West of Kent and whether they are performing to the same standards?

Mrs Exall confirmed that the evidence to support this notion was not available. A number of programmes had been developed across the county, however, these were being managed and set up using a less systematic approach. Within East Kent, there was a lot of activity that the District and Borough Councils had done to help reduce loneliness, however these were often a by-product of other schemes that looked at issues around dementia, mental health, community transport and armed forces, but there was not the same holistic approach which has been adopted within the West of the county. Mrs Exall agreed to liaise with Public Health to seek further information around East Kent's programmes to tackle loneliness and social isolation and the concerns around public transportation.

9. Rebecca Jarvis (Head of Strategic Commissioning and Policy, Essex County Council), Kirsty O'Callaghan (Head of Strengthening Communities, Essex County Council)
(Item 3)

1. Ms Jarvis and Ms O'Callaghan introduced their roles and explained what those roles entailed. Ms Jarvis's portfolio included prevention, digital services, carers and information and guidance, and work to prevent or reduce delays in transfers of care. Ms O'Callaghan was part of the Public Health team and had a background in mental health and learning disability services. She worked on strengthening the links between Public Health and Adult Social Care and the grants programme for the community.

2. Ms Jarvis thanked the Select Committee for the invitation to address the committee and tell them about what Essex was doing to address social isolation and loneliness in Essex. She said Essex County Council was committed to the agenda and identifying the wider impacts of social isolation and loneliness and improving the outcomes for vulnerable people. The work was exciting, and she was keen to share the work that Essex County Council was doing and what it had found in its research.

3. Ms Jarvis and Ms O'Callaghan presented a series of slides which set out the approach Essex County Council was taking and highlighted key features of its work. Older people had been involved at the outset in identifying their concerns. Essex was a very diverse county and 75% of it was rural. National evidence had shown that those in isolated rural communities were prone to loneliness. Ms O'Callaghan added that loneliness had been linked to the development of

dementia, with lonely people being 60% more likely to develop the condition. She added that 20% of GP appointments were taken by people who were lonely rather than had a medical complaint.

4. The case for change had suggested that work needed to be cross-cutting across a range of services; Adult Social Care, Public Health, Housing, Council Tax and Transport, and look at the role each had to play in addressing social isolation and loneliness and how they could work together. Partners in this work included the volunteer community, health, social care and faith groups, to pursue a shared vision. A joint working group had started small in its first year but now included more than 40 participants. Essex had historically taken a traditional approach to addressing social isolation and loneliness by looking to befriending as a solution, however, having spent some time researching the impact of this approach and speaking to multiple citizens and partners, it was now necessary to transform this approach.

5. Ms Jarvis added that there was much activity going on but there was no joining up or systematic approach, and this now needed to be achieved. It was important not to replicate each other's efforts but to join them up to make the most effective use of available resources. Ms O'Callaghan added that conditions needed to be established to support safe collaboration. Ms Jarvis said that a wider issue was the need to stimulate action across communities. The shared vision of the partners had identified four key ambitions and sought a community response rather than a statutory response. National campaigns needed to be applied locally, and working out how best to do this was part of the challenge. Ms O'Callaghan added that work needed to be viewed in the context of the community, and build on local interest. The project's research had shown that people cared a lot about the place in which they lived and were motivated to make this place as good as it could be.

6. Ms Jarvis said that raising awareness of lonely people and gaps in provision was important. Older people and those with learning disabilities and dementia struggled to access activity within their community to live independently and well. A campaign to encourage social movement sought to identify and champion social isolation and loneliness by using 'Community Connectors' and creating a ripple effect, similar to the spread of knowledge and awareness pursued by Dementia Friends. A similar scheme was running successfully in Frome in Somerset, and Ms Jarvis offered to send the Select Committee the details of this project.

7. Ms O'Callaghan set out the measures planned to address the need for easier access to information, including a single point of access. A GP, for example, could ring a central information point on behalf of a patient. This would trigger a call back to have a conversation about the patient's needs or give a link to a community agent or lifestyle prescriber. The patient's needs may be able to be met easily by signposting, but if they had more complex needs they could be referred to an appropriate professional as a new client. Essex used System 1, which was used by most GPs in the county. A GP referring a patient would receive a message back to tell them what had happened as a result of their referral and would know that their patient was safe and being helped through an

appropriate pathway. System 1 was provided by a company called 'Provide' and allowed service use to be tracked so that future commissioning needs could be assessed and gaps in provision identified. **The Chairman commented that this seemed a good way of engaging GPs and addressing the problem which often discouraged them from engaging with projects, ie that they feared losing track of, or contact with, their patient. It also had the benefit of telling GPs the outcome of their referral.** Ms O'Callaghan confirmed that most GPs had been enthusiastic about taking part.

8. Ms Jarvis emphasised the need for a network to be local to an area so it could be tailored to the needs and characteristics of that area and hence work in the best possible way for that community. Research used as part of developing the project had compared the health risk factors of being lonely to those of being a smoker or drinker and concluded that lonely people were as much at risk, health-wise, as smokers and drinkers. She set out the hierarchy of need and the clear fact that one size certainly did not fit all. An organic approach was sought to encourage system change.

9. Ms O'Callaghan referred to the use of social media in spreading the campaign and encouraging people to become involved. 70% of older people in Essex would welcome involvement with social media but did not know how to start into this. Ms Jarvis and Ms O'Callaghan had mapped every place-based social media site in Essex and identified their organisers. A well-known local social media user, Jon Morter, had been engaged to lead the social media side of the project. It had been decided that the leader should be a socially-identified person rather than a County Council representative, as it was felt that an 'official' person might discourage public involvement and might be harder for some to trust. The County Council would be an enabler or convenor.

10. **Ms Jarvis and Ms O'Callaghan were thanked for their powerful presentation, which was the best the Select Committee had seen during its evidence-gathering sessions. The Community Connectors in Essex seemed to equate to Kent's Community Wardens as a multi-skilled local resource. Ms Jarvis and Ms O'Callaghan were asked how the Community Connectors had been recruited.** Ms Jarvis explained that none had yet been engaged but the project was starting to gather insight to design and develop a model for recruitment. The plan was to make the best use of people already in similar roles by raising their understanding of social isolation and loneliness. This would maximise those roles rather than replicate them, and achieve a 'layering' effect of people available to support the daily needs of people at risk of social isolation and loneliness. Ms O'Callaghan added that, in one town, there had been 11 un-coordinated community builders all seeking to work with the same service users. It was quite chaotic for people seeking to access their services as they did not know whom to contact. These people could become Community Connectors. The effectiveness of these connectors would be monitored. Ms Jarvis added that layering of community engagement was as important as targeting of resources.

11. **A comment was made that this organisation seemed to have been very well thought through and a question was asked about the budget available to realise it all.** Ms O'Callaghan explained that the Community Agents

would cost £600k per annum and the Care Navigator or Community Prescriber role £250k - £270k per annum. The single point of access would cost £50k per annum. Ms Jarvis added that the current befriending service cost 143k annum, although Essex was looking to invest further in a new approach to social engagement. The Campaign for Social Movement was funded by one-off funding and she hoped that this sum could be increased. The total cost of the project was £1m per annum.

12. **Asked if the project would engage with and involve NHS services,** Ms Jarvis explained that all three STPs were engaged through partners with this work. The STP had social isolation and loneliness as a key priority and was seeking investment for it. Ms O'Callaghan added the that West Essex GPs had initially been reluctant to engage with the care navigator model but, after it had run for two years, had started to invest in it. **A comment was made that the issues Essex was experiencing with its GP engagement was much the same as those experienced across the rest of the UK.** Ms Jarvis added that the Acute Trusts were fully engaged.

13. **Asked if it would be necessary to change society's culture and attitudes to community to make such a project successful,** both Ms Jarvis and Ms O'Callaghan agreed that this was the ultimate aim. Ms Jarvis added that, if nothing was ever tried, nothing would ever change.

14. **Asked if writing social isolation and loneliness into the plotlines of popular TV programmes such as soaps would help to raise its profile,** Ms O'Callaghan told the Select Committee that a Facebook user in Essex had run a fake news campaign, set up and run without being asked, about a lonely bin called Eric. A local water company had pledge investment to help 'Eric' and the campaign had captured the interest of the public and encouraged them to talk about social isolation and loneliness. Ms O'Callaghan offered to send a link to the campaign to the Select Committee.

15. Ms Jarvis reassured the committee that the campaign to tackle social isolation and loneliness was not being pursued to save money but to identify and meet demand for services and improve the quality of life for lonely and isolated older people in Essex. If residents could be helped to live healthier lives there would be less demand for health service interventions. She added that the Cabinet Member and directors for her portfolio fully supported the project. Ms O'Callaghan added that, from her past experience as an NHS commissioner, she knew what was needed to keep older people out of care. She gave an example of a lady who had been helped by the joint efforts of several professional partners, each of which had claimed to have been the ones who 'saved' her. Where the most credit lay was not important; the success was a combination of all their efforts. All felt they had played a useful part and hence viewed the joint working as a positive, preventative exercise and one which could potentially save their services money in the future. **A comment was made that costs savings arising would be very difficult to measure.** Ms O'Callaghan gave an example of another older lady who lived alone and had multiple health problems. After being encouraged to engage with her community, she had changed her life, gaining confidence, losing weight and giving up her anti-depressants.

16. Ms Jarvis said that it was easy for carers to become isolated so they needed support to become connected to their communities and to others in the same situation. Their isolation, together with the burden of caring for a dependent person, increased the risk of their health deteriorating.

17. **A comment was made that, to capitalise on the localism value of community wardens and similar projects, social media and local radio should both be used more.**

18. It had been well evidenced that activity and engagement, such as the Walking for Health programme, were good for a person's physical and mental health, and had the bonus of being cost-free to users, and the Better Lives programme was a good end in itself. Asked if Essex and Kent could possibly join up in a project, possibly with Suffolk, Ms Jarvis said that Essex County Council had indeed shared their work with Suffolk County Council and shared their social media campaigns. The two councils shared a set of principals which each would implement locally. A model could be 'lifted and shifted' from one area to another but must be applied locally to be relevant and effective. Much work was going on nationally (for example, a good project in Mendip Council, which she offered to send to the Select Committee), but no systematic approach was evident.

19. **Asked if the Essex team had engaged with the group being run by Tracey Crouch, MP for Chatham and Aylesford,** Ms Jarvis explained they had engaged with the Essex representative for a Campaign for Loneliness. Ms O'Callaghan pointed out that no-one else was using social media the way Essex County Council was. They were using the unofficial decision makers in the community rather than the official elected council decision makers. **A comment was made that the use of social media offered exciting opportunities, and there could be a role for local elected Councillors.** Ms O'Callaghan added that it made sense to engage with people where they were, whether that be physically or online, and let them say what they were interested in. A Community Chest project offered an interesting way to do this, and Digital Buddies and community fix-it groups could help support change, for example, by helping those less confident with computer skills to engage online and by providing benches in popular local areas to help older people enjoy a walk outside and perhaps meet and chat to dog-walkers and others. **Asked how these schemes would be funded,** Ms O'Callaghan advised that funding for an administrator came from the Community Chest, for which she had to bid for a grant. This form of participatory budgeting was useful for this sort of scheme and she would seek to do more of it.

20. **Asked about the statistic that 60% of people with dementia were more likely to be lonely,** Ms O'Callaghan said that this statistic had been gathered by Public Health England two years ago so was up to date. Ms Jarvis added that there were national statistics that said approximately 60% of people with dementia went out of their houses less than once a week. In sparsely-populated rural areas, it was harder for older people living alone to find the opportunity to mix with others.

21. **Asked if volunteers initiating an approach to someone would avoid using the word 'lonely',** Ms O'Callaghan said that volunteers would avoid this word. She added that volunteers themselves were often people who had formerly been lonely and were using volunteering as way of reaching out to others. Ms Jarvis emphasised how important an initial conversation was. **Asked how consistency of approach was supported,** Ms Jarvis explained that a model of guided conversation had been copied from Frome in Somerset and offered a good example for others to follow. Ms O'Callaghan added that people would be asked what they really wanted to do and a volunteer befriender would help them to go out and do it. For example, one lady had said she just wanted to go to the seaside and have an ice cream, and this outing was very easily achieved.

22. **Asked how the project fitted into Essex County Council's corporate strategies,** Ms O'Callaghan said that the Council's Health and Wellbeing Board Strategy had social isolation as one of its key points, and worked with its District Council and Live It Well partners to act on this. The work undertaken was then reported back to the Health and Wellbeing Board. Ms Jarvis added that social isolation and loneliness appeared in the Council's Mental Health, Dementia and Carers' Strategies, however there was a fragmented approach across these work areas. Strategy documents historically tended to sit on a shelf, and she sought to change this and make the social isolation and loneliness project work different.

23. **An example was given of the approach taken to advertising a new dementia clinic which was being set up. The word 'lonely' was not used, although lonely people were a major part of the clientele for the clinic. This approach had been successful as people had switched on and engaged well.** Ms Jarvis agreed that it was good to maximise the opportunities to engage lonely older people.

24. **One Member of the Select Committee told how he had established a veterans' sea fishing group for men over 60, to share his love of fishing. This group now had six members, all in their 70s and 80s.** This was commended by all present as an excellent project.

25. **Asked if there was anything else they would want to do or see happen to help address social isolation and loneliness,** Ms Jarvis said she wanted to see their work evolve and spread rather than stagnate, and continue to identify and meet people's needs. She wanted to continue to involve corporate partners and digital and intergenerational work. Lloyds Bank had offered the support of their Digital Champions. Ms O'Callaghan added that their work could lead to a change in the appearance of the voluntary sector and encourage people to work together under their own steam rather than be directed or co-ordinated by the County Council. Ms Jarvis added that it could lead to a different type of adult social care provision, with reduced demand due to more older people being successfully supported to live independently in the community.

26. The Chairman thanked Ms Jarvis and Ms O'Callaghan for giving their time to attend and help the Select Committee with its information gathering.

10. Appendix

(Item 4)