From:	Graham Gibbens, Cabinet Member for Adult Social Care Anu Singh, Corporate Director of Adult Social Care and Health
To:	Adult Social Care Cabinet Committee – 9 March 2018
Subject:	**LONELINESS AND SOCIAL ISOLATION**
Classification:	Unrestricted
Past Pathway of Paper:	None
Previous Pathway of Paper:	None
Electoral Division:	All

Summary: This report presents information about the prevalence and effects of loneliness and social isolation, it alerts members to the proposed select committee on the subject and sets out future plans to do more to tackle the issue through the Authority's Care Act responsibilities to promote wellbeing and shape care markets.

Recommendation: The Adult Social Care Cabinet Committee is asked to **CONSIDER** and **COMMENT** on content of this report and **NOTE** the establishment of Select Committee on the subject.

1. Introduction

1.1 Loneliness and social isolation are not the same thing. Loneliness is a subjective concept, which is influenced not only by circumstances and events, but is also subject to cultural and psychological factors. Whereas social isolation is an objective state whereby the number of contacts a person has can be counted. One way of describing this distinction is that you can be lonely in a crowded room, but you will not be socially isolated.

1.2 Loneliness can be defined as an unwelcome feeling of lack or loss of companionship and happens when there is a mismatch between the quantity and quality of social relationships we have and those we want (Perlman and Peplau, 1981). There are different types of loneliness:

- Emotional loneliness is felt when we miss the companionship of one particular person; often a spouse, sibling or best friend
- Social loneliness is experienced when we lack a wider social network or group of friends

1.3 Loneliness can also be caused by the lack of a useful role in society. It can be a transient feeling that comes and goes, situational; for example, only occurring

at certain times like weekends, bank holidays or Christmas, or chronic; this means someone feels lonely all or most of the time.

1.4 One of the most effective ways of combating loneliness is to combat isolation.

2 Policy Framework

2.1 The Care Act 2014, established the ***"wellbeing principle"***, making promoting wellbeing the core purpose of local authorities, given the clear links between loneliness and poor wellbeing, Local Authorities must include actions to address loneliness and isolation.

2.2 The Care Act requires action to prevent the development of need and its guidance reinforces this point, promoting the prevention of loneliness and social isolation through the provision of services such as befriending and community activities.

2.3 Loneliness is an eligible need under the Care Act; the list of specified outcomes which can trigger eligibility includes "Developing and maintaining family or other personal relationships" which means, in effect, that loneliness is an eligible need.

2.4 Commissioning for outcomes means planning for action on loneliness. Guidance states "emphasise prevention, enablement, ways of reducing loneliness and social isolation and promotion of independence as ways of achieving and exceeding desired outcomes, as well as choice in how people's needs are met".

3. Scale of Social Isolation

3.1 Social isolation is characterised by an involuntary absence of social interactions, social support structures and engagement with wider community activities or structures. Between loneliness (a subjective state) and social isolation (an objective state) social isolation would seem the easiest to rectify, however, with so many possible contributory factors leading to the state of isolation there is no single solution to the problem.

3.2 Social isolation is not just an issue of older age. People can become socially isolated at any age, often as a result of a trigger event such as having a baby, moving to a new house, being made redundant, being widowed or having their public transport links cut. However, many trigger events are likely to hit hardest later in life, where isolation can also be triggered by deteriorating health, lack of mobility and increasing physical frailty. As a result, social isolation has a strongly negative impact on outcomes in older age and is a major contributing factor in the decline into dependency for older people.

3.3 The projected increases in the older population, family dispersal and number of single person households, suggest that the problem of loneliness and isolation is likely to grow unless action is taken to address it. Given the scale of the issue and the strain on public services, the only way to address this is by fully involving those concerned in co-design processes that look at solutions that are

broader than typical service driven models. Co-design can establish the needs of both individuals and communities, being mindful that the needs of one community may not be the same as the next.

4. Financial Implications

4.1 Loneliness and social isolation are harmful to our health: research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day (Holt-Lunstad, 2015). Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill (Marmot, 2010).

4.2 Recent research commissioned by Eden Project initiative The Big Lunch and funded by the Big Lottery, found that disconnected communities could be costing the UK economy £32 billion every year. The study shows the annual cost to public services of social isolation and disconnected communities, including:

- Demand on health and care services: £5.2 billion
- Demand on policing: £205 million
- Disconnected communities are also linked to a loss of productivity, with a net cost to the economy of nearly £12 billion every year.

5. National Campaigns

5.1 The need to take urgent action to address the impact of loneliness and social isolation is being recognised in two national campaigns. These are:

- The Jo Cox Commission on Loneliness is a "call to action", working with a range of partners to address the impact loneliness has on so many different sections of society. It will focus on the positive action that can be taken to recognise it, build connections and help ourselves and/or others.
- The Campaign to End Loneliness has been influential and effective in raising the profile of loneliness and isolation as national priority. It believes that nobody who wants company should be without it and they want to make this happen by ensuring that:
    1. People most at risk of loneliness are reached and supported
    2. Services and activities are more effective at addressing loneliness
    3. A wider range of loneliness services and activities are developed

5.2 In January 2018, local MP, Tracy Crouch, was appointed as 'Minister for Loneliness' to help tackle problems of loneliness affecting millions of people in the country.

6. What we are already doing in Kent

6.1 Adult Social Care and Health commissions a range of services that support older and vulnerable people and actively reduce social isolation; such as befriending schemes and day services. In addition, increasingly social care is working across the Council with other directorates; Public Health, Growth, Economy and Transport and organisations externally with other public-sector

bodies, such as, the NHS, Police and Kent Fire and Rescue Service, to develop whole system solutions to combat loneliness and social isolation.

6.2 One of the key principles of our transformation is to support people to ***have a life, not a service.*** The Care Act challenges us to think about asset based approaches and meeting people's needs rather than providing services. In our recent commissioning and market shaping we have been working with providers to help them diversify their offer into supporting people to connect with others and activities in their communities, not just access commissioned services. This work has seen strategic commissioning working with others across KCC including, arts, libraries, heritage, community wardens and sports development.

7. What we already know

7.1 The issues of loneliness and social isolation is only going to increase, unless pro-active steps are taken to address it.

7.2 The Council is already taking steps to reduce social isolation by providing services that connect people to each other and their communities.

7.3 Services such as befriending schemes have proved one of the more effective services for combating both isolation and loneliness, but they are best used in conjunction with other services. Individually tailored, person centred interventions are widely acknowledged as being the most successful approach to tackling social isolation and loneliness, but on a large scale this would not a be financially viable option.

7.4 Although intensive one-to-one support is essential for some, for others peer groups and opportunities for social interaction are just as beneficial. People may be reluctant to openly admit they are lonely, therefore we believe that the focus of work in this area should not be targeted specifically on those who are lonely and socially isolated, but on building community and opportunities for wider social contact.

8. What are we going to do about it?

8.1 We have been and will continue to ensure all commissioned services are tasked with supporting people to connect with each and into their communities. Reduction of loneliness and social isolation is a key outcome that we consider and try to address in all commissioning and provision.

8.2 As part of this we will continue to work with KCC and other public-sector colleagues to have a strategic debate about how to 'prime' people to be more aware of the risks of loneliness they face as they get older, and ask 'How do we facilitate the adoption of a more systematic assets based approach in order to support the mobilisation of communities to keep connected and to provide the conditions that sustain relationships well into old age?'

8.3 Strategically we are ensuring the issue is addressed and tackled in the Sustainability and Transformation Partnership and its emerging local care

delivery models, we see championing the NHS's commissioning of social prescribing as a key means of supporting this agenda.

8.4 Many projects, including core offers for older people and people living with dementia, people with a physical disability, carers services and services for people with sensory needs are being aligned to design a new Wellbeing and Resilience offer for vulnerable adults in Kent.

8.5 Key features of the model will be:

- Good, clear information and advice that enables people to find activities and support for themselves
- Benefit maximisation, so that people have the right level of income and financial assistance to fund the care and activities they want
- A focus on community based activities, resources and support using a social prescribing model
- Services for people that require additional or specialist support
- A care navigation / wellbeing coordination role for people who need additional support in accessing community based resources
- Applying the concept of asset mapping to help create more effective solutions to implementation working with the existing capabilities and capacities of individuals and communities and building on them;
- Using strengths approaches which recognize the reason(s) a person or a community may need help and focusing on these to support people to develop their own real personal resources and resourcefulness, open opportunities, inspire confidence and instill a sense of hope.

8.6 The new model will enable closer working across health, social care, public health, housing and community services. The new model will build on the work we have been doing in recent years to involve Church and Faith Groups, Community Wardens, the Police Kent Fire and Rescue Service and local business to support people holistically, through innovative models of support and to identify those that need support.

8.7 Engagement and consultation information received to date will strongly inform the design of the new model. In addition, a county wide and local transition boards will be set up to ensure that a range of stakeholders continue to influence the design of the new model.

9. Select Committee

9.1 A Select Committee has been called to fully investigate the issue of loneliness and social isolation, it is expected to be convened and start work in May 2018, members of this committee are encouraged to participate.

10. Conclusion

10.1 The Care Act established the ***"wellbeing principle"***, making promoting wellbeing the core purpose of a Local Authority in exercise of their care and support functions. There is a strong and growing body of evidence to show that the quality of an individual's relationships and social connection has a profound impact on their wellbeing and quality of life.

10.2 We need to continue our work to develop preventative approaches that help stop loneliness becoming chronic and tackle the needs of groups that are socially excluded and therefore at risk of isolation.

10.3 We need to commission and provide services that support people to connect with each other for mutual benefit and support, and this must be at the very heart of all support that we offer vulnerable people in Kent.

10.4 We will look for opportunities to co-commission with partner agencies, such as Clinical Commissioning Groups, districts and boroughs. We will look to lever in support from a wide range of stakeholders including businesses.

11. Recommendations

11.1 Recommendations: The Adult Social Care Cabinet Committee is asked to: **CONSIDER** and **COMMENT** on content of this report and **NOTE** the establishment of Select Committee on the subject.

12. Background Documents

None

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