KIRKLEES HEALTH AND WELLBEING BOARD
MEETING DATE: 13 June 2019
TITLE OF PAPER: Loneliness Strategy for Kirklees

1.   Purpose of paper

- To share progress on the development of an integrated partnership strategy and action plan on loneliness in Kirklees.
- To seek support for the current direction of the work.
- To help further shape our local response.
- To seek input and advice on next steps.

2.   Background

2.1   Why is it Important

There is a growing body of evidence that loneliness is linked to:

- greater risk of inactivity, smoking and risk taking behaviour (such as substance use and sexual risk taking),
- increased risk of heart disease and stroke,
- increased risk of depression, low self-esteem, reported sleep problems and increased stress response,
- cognitive decline and increased risk of Alzheimer's disease,
- increased use of health and social care services. Lonely people are more likely to be readmitted to hospital or have a longer stay, are more likely to visit a GP or A&E or enter local authority funded care,
- lower performance at work.

This highlights the importance of tackling loneliness as a preventative measure. A national strategy was published in October 2018: https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness

2.2   Who Experiences Loneliness?

National research indicates that loneliness **fluctuates across the life course** with different needs at different ages. It is unique to the individual's personal circumstances, identity, personality and personal resilience. However, common themes and triggers have been identified such being in poor health, long term disability, being unemployed, living in rented accommodation, a feeling of lack of belonging in the local area or having little trust of others in the local area. These findings are echoed in the Current Living in Kirklees Survey (2016).

A large amount of research and campaigning has focussed particularly on older people but Age UK have concluded that the chances of being lonely **do not necessarily differ because of age but the circumstances that increase the risk do, such as onset of illness and disability or bereavement.** The effects of social isolation have been shown to accumulate over time, and the health risks associated with isolation and loneliness increase as people age.

According the Current Living in Kirklees Survey (2016)

- **7%** of overall sample reported feeling lonely or socially isolated where they currently live **most or all of the time.**

- **51%** of overall sample reported feeling lonely or socially isolated where they currently live, **some of the time or not very often**
- **58%** of overall sample reported **ever feeling lonely or socially isolated** where they currently live.
- People living in the most deprived areas were more likely to feel lonely or less socially connected than those in the least deprived areas.
- Younger and middle aged men were significantly more likely to feel lonelier that the overall population sample.

The 2017/2018 Adult Social Care Survey of people in receipt of social care services indicated that:
- **47.9% of people had as much social contact as they wanted with people they wanted.** People in Residential/Nursing Care (60%) and Day Care (55.1%) had the most social contact with people they liked.

2.3   Local Approach and Action to Date

2.3.1 Kirklees Health and Wellbeing Plan (2018-2023) prioritises '**Community Connection'** as a key ambition - aiming 'to increase the proportion of people who feel connected to their communities, reducing the proportion of people who feel lonely or socially isolated and reducing the prevalence of mental health conditions amongst our population' (p3).

2.3.2 As part of 'Living Well' the plan aims to *'Create resilient, connected and vibrant communities using all available assets' (p15)* and specifically mentions: exploring the impact of intergenerational work on reducing loneliness; the role of community capacity building work and integrated wellness model; engaging with people who are about to retire from paid employment to continue to strengthen volunteer network and prevent isolation and loneliness in this group (p17).

2.3.3 In March 2019, the Health and Wellbeing Board endorsed a number of major local programmes for 2019/20 to support delivery of the Health and Wellbeing Plan. These are relatively new areas of activity that require significant partnership input. This included developing a partnership wide Loneliness Vision and Action Plan.

2.3.4 The Community Plus Collaborative Board mandated the initiation of a Loneliness strategy to bring together existing work in and around these issues, to take a systems wide, life course approach.

2.3.5 A Strategy Group was set up drawing on a wide range of stakeholders from Voluntary and Community Sector (VCS), Health, Social Care and wider colleagues within the council and Kirklees.   The group is co-chaired between the CCG and Kirklees Council. The group are taking a co-productive approach to harness the views, expertise and support of partners and community members and are keen to embed this approach further. Key pieces of work have included:

- Scoping exercise to collate existing local and national prevalence data on loneliness and evidence of effective interventions – November 18.
- Review of current work on loneliness from a council perspective based on the LGA's 'How do you know your council is actively tackling loneliness?' Assessment tool - November 18.
- Mapping exercise of current assets and opportunities using the Campaign to End Loneliness Framework - November 18.
- Professionals feedback exercises through the partnership and within Adults, Children and Public Health service areas - October 18 - June 19.

- Consultation with adult members of the community through a focus group in each of the 4 localities in Kirklees January to March 19.
- Exploring approaches in some neighbouring local authorities - January – March 19
- Holding a workshop on loneliness at the Integrated Commissioning Away Day – January 19.
- Creating an infographics data pack summarising key information on national and local picture – February 19
- Visioning session for the partnership/ strategy group - February 19.
- Visioning session for carers/ service users/ community members - March 19.
- Development a draft vision and strategic goals - May 19 (Appendix 1).

3.   Proposal

3.1   Emerging Priorities

Based on the local mapping, intelligence gathering and visioning sessions so far, the following recurring themes emerged, which we are initially proposing as our strategic goals.

3.1.1   Making Tackling Loneliness Everyone's Business

a) Overall, Kirklees need to take a whole systems approach to tackling loneliness if it is to have an impact. This would involve influencing local agendas, so that it is considered as part of all planning, strategies, commissioning and development of services and support where appropriate. A key message from the visioning sessions was that tackling loneliness should be 'everyone's business' in view of the complex interrelationship of factors that both influence and address loneliness. Loneliness needs to be embedded into relevant agendas.

b) For example, in acknowledgment of the relationship between loneliness and mental health, mental health strategy work has been identified as a key component of the 'Mental Health Prevention Concordat' (now renamed the 'Mental Health Prevention Pledge').

c) Whilst key enablers such as transport and technology are not specifically mentioned in the strategic goals or actions in the attached outline (Appendix 1), these topics have been discussed at strategy board meetings, visioning sessions and have emerged in the focus groups also. It is anticipated that these are considered as part of the systems approach and there may be specific actions that emerge as we move further in to the process.

3.1.2   Making the Most of Existing Assets to Tackle Loneliness

a) There is a need to harness existing and emerging local assets as much as possible. Currently there are a wide range of activities taking place in Kirklees that contribute to tackling loneliness.

Examples of current assets include: identification of issues at the Adult Services 'Front door', care navigation linked to 'Front Door' and hospital teams, identification of issues as social care assessment, social prescribing, individual support and community capacity building from Community Plus, the Local Area Co-ordination pilot (LAC) pilot, Volunteering, activities linked to universal offer in libraries and specialist activities such as home delivery support service, Care Companions initiative, Making Every Contact Count, Locala initiatives to identify loneliness as part of routine visits and sign posting into VCS services, the emerging Wellness model, befriending, community mental health services and cohesion work, the Good Gym, intergenerational work, West Yorkshire Fire and Rescue Safe and Well Visits,

Voluntary and Community Sector groups and activities, Community Transport Scheme, Carer's Support Groups and bereavement groups, Care Companions, Community Hubs (supporting children and families and communities), Auntie Pam's (maternal support).

b) However it has been identified that more can be done to streamline this and work in a more integrated way across partners and there needs to be a better, simpler way for staff and the public to find out about services, activities and groups in their local areas, as well as informal spaces for people to meet.

c) There are more opportunities to identify people who may be lonely ('Make Every Contact Count') by ensuring that as many front line workers understand and can support, sign post and refer people that may be feeling lonely.

d) The most important assets are the people within our local communities, who have a vital role to play in looking out for their neighbours, friends and families and can make a real difference on a day to day basis from everyday interactions to more formal volunteering. The recent example is the 'Looking Out for our Neighbours' West Yorkshire and Harrogate Health and Care Partnership Alliance, which partners in Kirklees are contributing to.

e) Any strategic work needs to support community development approaches which act as a catalyst to empowering communities to support each other and build solutions. Community capacity building remains key as does awareness raising and campaigning to reduce stigma.

f) Some communities are very well connected whilst other may be less so. We need to learn from these lessons and share any good practice. Making more of existing communal spaces and 'informal hangouts' for community members and supporting virtual connections could help people to do this.

3.1.3   Understanding the experiences and appropriate responses for different groups and communities

a) Loneliness is not a homogenous experience, taking many forms at different stages of the life course and is personal to the individual.

b) Scoping work so far has identified that there isn't currently enough intelligence about the experiences of loneliness and how it can be overcome for BAME and specific communities of interest, so that responses can be targeted accordingly.

c) Whilst there has been some work to date to explore this, in view of the scale of the task, a more detailed focused piece of work is needed. This could potentially be a rolling programme of deeper reviews in to prevalence and effective interventions for specific groups of people. This could be supported by having a dedicated section in the Kirklees Joint Strategic Assessment. We can also make use of local place based intelligence via the Place Standard template.

3.1.4   Fostering personalised approaches for those that need extra support to overcome barriers to developing meaningful connections

a) As loneliness is an individual experience, those experiencing chronic loneliness due to physical and emotional barriers need personalised, tailored support and this should be made available where needed. This is embodied in an approach that ensures good quality conversations with people which focus on

strengths and assets.

b) As detailed in 3.1.3, there are currently a range of activities that contribute to this but there is a need to ensure that they are more streamlined and operate in a more integrated way in relation to tackling loneliness.

c) It is acknowledged that tackling loneliness is not simply about formal services. Also, the evidence base of effective interventions suggests that people do not necessarily benefit from being referred to a 'loneliness service' in view of the potential stigma associated with this. This further emphasises the need for loneliness support to be embedded into a wide range of non-specialist responses.

3.1.5 Development of a Strategy on a Page

The above themes are woven into a draft strategic vision, goals and some emerging actions (see Appendix 1). Further work is to take place to shape these into more concrete actions, timescales with lead officers allocated. In order to do this this a systems mapping approach is recommended that includes the full range of stakeholders – strategic partners, front–line workers and community members. Following on from this resources for implementation of the strategy will be needed.

There are different approaches to measuring loneliness and this has been identified as a key challenge to forming a reliable evidence base on the impact of interventions. The national strategy pledged to explore this and develop guidance. The following was released and covers:

- o what is meant by loneliness and what the evidence says so far;
- o the national measures for adults and children, and how to use them;
- o other related measures that can help build a picture of people's social relationships;
- o how to have conversations about loneliness and capture qualitative data;
- o how to make sense of the results, and how to compare them to the national picture.

https://whatworkswellbeing.org/product/brief-guide-to-measuring-loneliness/

The questions covered in the new publication are not the same as those in the Current Living in Kirklees Survey (2016). https://www.kirklees.gov.uk/involve/entry.aspx?id=816

We would like explore approaches to measuring outcomes/ impact from an individual, population and systems perspective, once actions have been developed. There is an option to include piloting new approaches with Community Plus and Local Area Co-ordination, for example.

3.2 Specific Questions for the Health and Wellbeing Board
- We would welcome initial feedback on the approach taken so far and the draft outline of the vision, strategic goals and emerging actions.
- We would like to seek endorsement to move to the next stage in the development of the strategy/ actions.
- We would like to seek advice on how we can ensure that we include the Health and Wellbeing Board and other relevant strategic leads in continuing to shape, lead and embed the strategy alongside officers, partners and community members.
- We are keen to explore if the Health and Wellbeing Board members can act as systems leaders for the parts of the system that they represent to ensure that the final action plan is supported, owned, resourced, implemented and monitored.

4.   Financial Implications

None currently – although resources in terms of staff time will be needed to progress actions once agreed and resources will be required to set up and support a stakeholder event.

5.   Sign off

 Richard Parry, Strategic Director Adults and Health, Kirklees Council.

6.   Next Steps

- Organise a stakeholder event (if approach endorsed) to shape actions.
- The strategy group/ stakeholders will continue to meet and oversee development of the strategy and action plan based on any advice from the board.

7.   Recommendations

 The Kirklees Health and Wellbeing Board to:

- acknowledge the work that has been carried out to date
- endorse the recommendations and /or suggest any further ideas, actions and approaches that can be adopted to develop strategy.

8.   Contact Officer(s)

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