

## **CABINET**

**2 DECEMBER 2014**

### **A STRATEGY TO REDUCE SOCIAL ISOLATION IN MEDWAY (2014-2018)**

Portfolio Holders: Councillor Howard Doe, Housing and Community Services  
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#### **Summary**

Social isolation is a key priority of the Medway Health and Wellbeing Board and this strategy has been developed to tackle the issue across Medway.

#### **1. Budget and Policy Framework**

1.1 Social isolation has been identified as a priority within the Medway Joint Health and Wellbeing Strategy and the Health and Wellbeing Board has identified the development of a strategy to address social isolation within its priorities for 2014/15.

1.2 Approval of the strategy is a matter for Cabinet.

#### **2. Background**

2.1 Social isolation occurs when a person has little or no social interaction with other people and society. It differs from loneliness, which is concerned with negative feelings that an individual may have due to a lack or loss of meaningful social relationships. Social isolation can affect anyone, although certain groups in the population are at increased risk.

2.2 Social isolation can have a considerable negative impact on health and wellbeing. It is associated with a range of negative health outcomes including; increased risk of dementia, high blood pressure, stress levels, poorer immunity and death. Research has shown that people with strong social relationships have a 50% increased likelihood of survival than those with weaker social relationships. This difference on survival is comparable with well-established risk factors for mortality such as smoking, obesity and physical inactivity.

2.3 The Medway Health and Wellbeing Board have determined social isolation as one of its key priorities and will oversee the implementation of the strategy (Appendix 1).

2.4 This strategy has been developed with the overarching aim of preventing and reducing the complex range of harms associated with being socially isolated. In order to achieve this aim, three key strategic themes have been identified;

- Raising awareness
- Action for individuals
- Community Action

2.5 For each strategic theme, there are a range of targeted actions, although some actions may span all three. For each theme, there will be an aspiration to work in partnership to ensure there is a joined approach in tackling social isolation.

### 3. Advice and analysis

3.1 A Diversity Impact Assessment has been completed for the strategy and is appended to this report as Appendix 2. It is recommended that no further action is necessary. The reason for this is due to the strategy not having actions that have negative effects on any of the protected characteristic groups.

### 4. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
The voluntary & community Sector and statutory agencies do not engage with the Strategy	The voluntary & community Sector is not responsive to the needs of the community or influencing the planning of services by statutory agencies	Establish strong communication arrangements to ensure delivery of the outcomes in the Strategy	D1
Lack of a mechanism for co-ordinated decision making by strategic partners	Statutory agencies and voluntary & community sector have a reduction in capacity due to uncoordinated funding decisions or staffing changes.	Key stakeholders involved with the strategy being implemented create a platform for developing such a mechanism	D2

### 5. Consultation

5.1 The strategy was informed by focus groups with a range of groups at risk of social isolation in Medway. Consultation on the draft has taken place with the Corporate Management Team at Medway council and key stakeholders from the voluntary and community sector and statutory agencies (e.g. Medway Voluntary Action, Medway CCG, Carers First).

## **6. Health and Wellbeing Board**

- 6.1 The Health and Wellbeing Board considered the draft Strategy on 21 October 2014. They welcomed the strategy and supported its approach to tackling social isolation. The Board asked for a minor change around referencing and this has been made. Full details of the Board's consideration of the Strategy is set out in Appendix 3 to the report.

## **7. Financial and legal implications**

- 7.1 Recommendations will be financed from existing resources from agencies within the public and voluntary sector.
- 7.2 There are no legal implications arising directly from this report. The decision to adopt the strategy is a decision for Cabinet. Cabinet's decision will be informed by the Health and Wellbeing Board's recommendations and by the DIA, which will help ensure that the Council has complied with its public sector equality duty under section 149 Equality Act 2010.

## **8. Recommendations**

- 8.1 That the Cabinet approve the Strategy to Reduce Social Isolation 2014-2018 as set out in Appendix 1 to the report.

## **9. Suggested Reasons for Decisions**

- 9.1 The strategy aims to tackle the effects that isolation can have on our community by raising awareness of the issue, exploring how the council and partners can take action with individuals and ensuring that we work with communities.

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### **Background papers**

Social Care Institute for Excellence (2011) Research Briefing 39. Preventing Loneliness and Social Isolation: Interventions and Outcomes.

<http://www.scie.org.uk/publications/briefings/files/briefing39.pdf>

Local Government Association (2012) Combating Loneliness A guide for local authorities

<http://campaigntoendloneliness.org/wp-content/uploads/downloads/2012/03/A-guide-for-local-authorities-combating-loneliness.pdf>





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## Appendix 1

# A Strategy to reduce Social Isolation

2014-2018

## Foreword

The Medway Health and Wellbeing Board has prioritised social isolation because it recognises that it is a serious problem for many Medway residents and it can have far reaching consequences for individuals and for wider communities. It can have a detrimental effect on a person's mental and physical health.

Nobody is immune to being socially isolated, but some people are at greater risk than others. A change in individual circumstances such as deterioration in physical health, death of a partner, becoming a carer and loss of income can all contribute to a person becoming more isolated.

This is the first strategy produced to reduce social isolation across Medway. The strategy aims to tackle the effects that isolation can have on our community by raising awareness of the issue, exploring how we can take action with individuals and ensuring that we work with communities. Tackling social isolation requires integrated action from partners across Medway within the statutory and community sectors.

There is already a wealth of excellent activities provided across Medway that people can participate in that can minimise the impact that social isolation can have. These include adult education classes, sport and leisure activities and art groups. Befriending schemes are provided to support people to access services. It is important to build on what is delivered and increase awareness to help those most vulnerable from being isolated. We also need to utilise the energy and skills from within the community because there is untapped resource of people who could potentially volunteer and improve their own wellbeing while improving the wellbeing of others.

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## Aim and key strategic themes

This strategy has been developed with the overarching aim of preventing and reducing the complex range of harms associated with being socially isolated. In order to achieve this aim, three key strategic themes have been identified;

- Raising awareness
- Action for individuals
- Community Action

For each strategic theme, there are a range of targeted actions, although some actions may span all three. For each theme, there will be an aspiration to work in partnership to ensure there is a joined approach in tackling social isolation.

## Background

The concepts of social isolation and loneliness are frequently used interchangeably but are defined as two distinct concepts. Loneliness' is a subjective negative feeling of a lack or loss of meaningful social relationships (e.g. loss of a partner or children relocating), while 'social isolation' is an objective measurement to indicate a lack of social interaction and relationships caused by loss of mobility or deteriorating health<sup>1</sup>.

Social isolation can affect anyone, although certain groups in the population are at increased vulnerability to social isolation. Older people are significantly more likely to suffer from social isolation with contributing factors being 'loss of friends and family, loss of mobility or loss of income'. Other population groups at risk include; carers, refugees and those with mental health problems<sup>2</sup>. The key risk factors for loneliness and being socially isolated include being in later old age (over 80 years), on a low income, in poor physical or mental health, and living alone or in isolated rural areas or deprived urban communities<sup>3,4</sup>.

Socially isolation can have a considerable negative impact on health and wellbeing and reducing it can reduce the demand for health and social care interventions<sup>2</sup>. Social isolation is associated with a range of negative health outcomes including increased risk of dementia, high blood pressure, stress levels, poorer immunity and death<sup>5</sup>. Research has shown that having well-connected strong social relationships can have an impact on survival comparable with well-established risk factors for mortality such as smoking, obesity and physical inactivity<sup>5</sup>.

One study has identified that both social isolation and loneliness were associated with increased risk of death but argued that the objective nature of social relationships may be more crucial to older people's health rather than individual perceptions of loneliness. The findings showed that mortality was statistically higher for social isolation after taking account of baseline health and demographic factors, such as wealth, ethnicity, marital status and education. Loneliness was not statistically significant associated with increased mortality once the baseline health and demographic factors were taken into account<sup>6</sup>.

It is estimated that across the present population aged 65 and over, that 5%-16% are lonely<sup>7</sup> and 12% are socially isolated<sup>8</sup>. If this estimate was applied to Medway this



would result in an estimate of 4,698 people over 65 years old being socially isolated and between 1,958 and 6,264 people being lonely.

A chapter on social isolation for the Joint Strategic Needs Assessment (JSNA) has also been produced. It considers the evidence, views and insights of local population groups (via a range of focus groups that were undertaken with a range of population groups that have a risk of being socially isolated) and includes estimates as to the locations in Medway with the highest proportion of households that are socially isolated. The findings of the JSNA have been taken into account when developing this strategy.

### **Policy context**

The Adult Social Care Outcomes Framework for 2014/15<sup>9</sup> contains a measure of social isolation, shared with the Public Health Outcomes Framework<sup>10</sup>, which draws on self-reported levels of social contact to provide an indicator of social isolation. There are two indicators that are directly related to social isolation in the framework. These are the percentage of adult social care users who have as much social contact as they would like and the percentage of adult carers who have as much social contact as they would like. The values for Medway are 43.1% and 44% for the respective indicators which are similar to the England average.

The National Service Framework for Older People<sup>11</sup> acknowledged isolation in relation to falls and depression and linked the differential access to services between rural and urban areas to social isolation.

The Marmot Review<sup>12</sup> highlighted the importance of loneliness and social isolation in the promotion of health and wellbeing and in tackling inequalities.

The Medway Cultural Strategy 2014-2019 has four strategic priorities that include stewardship, engagement, contributing to economic prosperity and health and wellbeing. This strategy complements the priorities outlined in the cultural strategy.

### **Level of need in the population**

There are limited data available that robustly measure social isolation. Census data can be used to show the proportion of households in which a single person aged 65 years and older is living alone, but there is a considerable limitation of using this as a proxy for social isolation in that it does not take account of people's individual circumstances in terms of health, mood, mobility and engagement with social networks. For example, a person may live alone but may have a thriving social network of family, friends and relatives.

### **Isolation index**

To address the limited availability of data, a composite 'isolation index for Medway' from consumer data has been developed using a range of factors which can lead to social isolation. The factors related to social isolation that were used to develop the index included;

- Being widowed
- Having an attitude which thinks little can be done to change life
- Rarely/never meeting friends or relatives (who are not living with individual)
- Never talking to neighbours or talking to neighbours less than once a month
- Being visually impaired
- Being hard of hearing
- Having anxiety or depression
- A one person household: Aged 65 and over
- Being a lone parent with dependent/ non-dependent children
- People in the household not having English as a main language
- A Household without private transport
- Being an unpaid carer within the household

Figure 1 (population under 65years old) and Figure 2 (population over 65 years old) show the estimated proportion of households in Medway who are estimated to be socially isolated according to the Medway isolation index. It is displayed at Lower Layer Super Output Areas (LSOAs) level. An LSOA is small defined geographical area created by the Office of National Statistics for collecting, aggregating and reporting statistics. The population size for each LSOA can vary, but many will cover a population of around 1,500 people.

Figure 1: Relative social isolation per household at lower super output area level of persons aged under 65

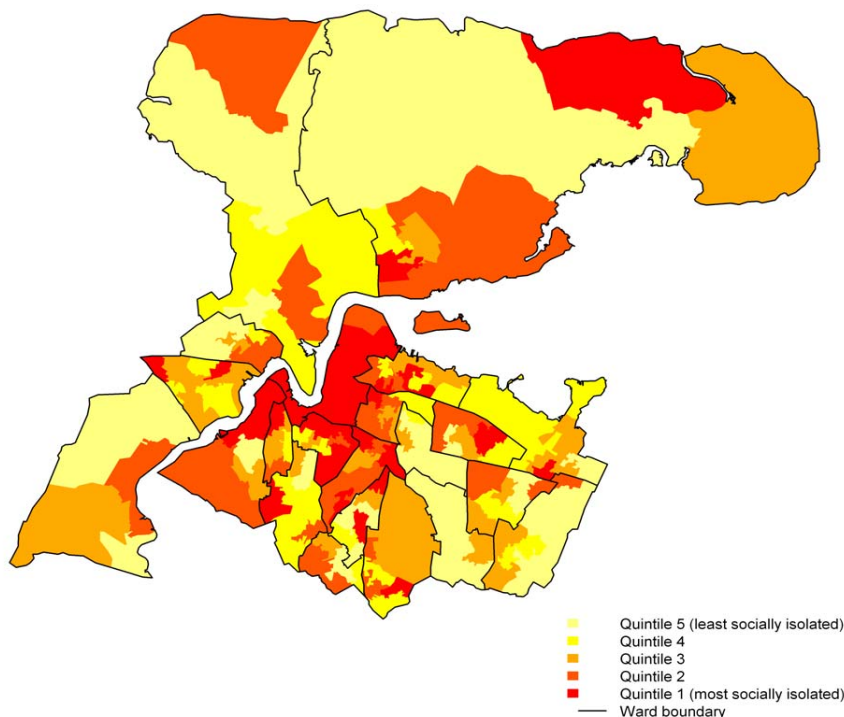
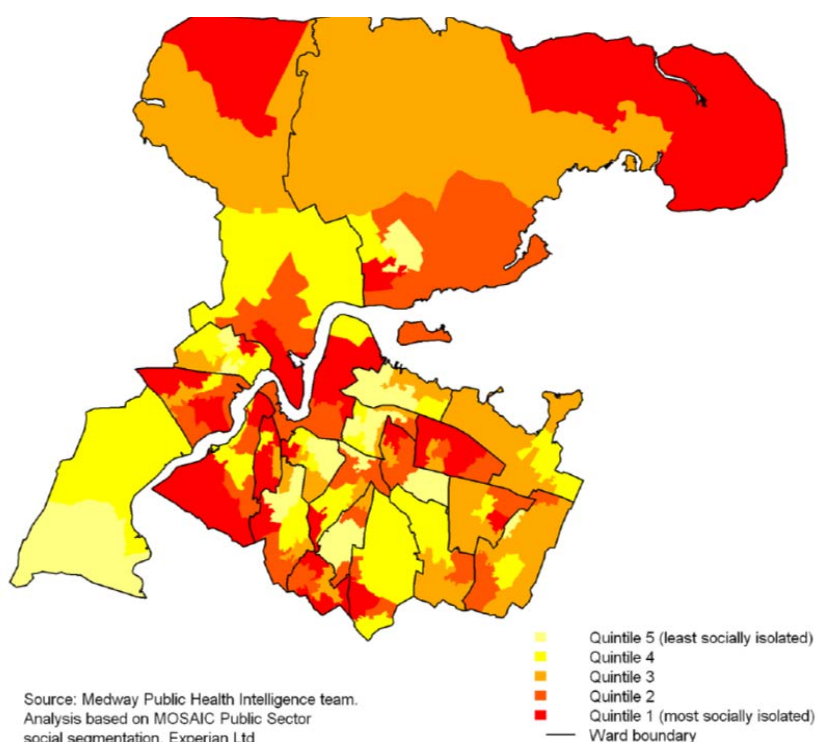


Figure 2: Relative social isolation per household at lower super output area level of persons aged 65 years and over



### Focus groups

A total of seven focus groups were undertaken to inform this strategy with; older people, carers, mental health service users, black and minority ethnic communities, residents from Peninsula ward and a men's health support group.

A number of key themes emerged from the focus groups that influenced how people accessed services and activities and isolation levels. These key themes included cost, transport accessibility, involvement of communities in designing activities that they will use. Further details of the focus group outcomes can be found in the JSNA chapter on social isolation<sup>13</sup>.

### Strategic theme 1: Raising awareness

#### What we know

The general level awareness of the health risks associated with being socially isolated is low<sup>6</sup>. Training on social isolation offered elsewhere in Britain to both professionals and community members was shown in its evaluation, to have a positive impact in terms of increasing awareness of services available and the signs to look out for, when working with populations at risk<sup>14</sup>.

A key theme emerging from the all of the focus groups conducted was that there is a low level of awareness of the activities/support available across Medway. This

includes activities and support delivered by Medway Council and by community and voluntary organisations.

Public health interventions designed to address other key health challenges can also impact loneliness and social isolation<sup>14</sup>.

There is currently a wealth of activities being offered across Medway including sports and leisure, educational art sessions and readers groups which bring together a wide range of people who enjoy reading and talking about books. All of these activities will have a positive impact on reducing social isolation

### **What we are doing**

- Medway Matters is the council-produced magazine published bi-monthly and delivered to every household in Medway. It includes a comprehensive 'What's On' pull-out section that contains information on different activities available.
- The Medway Community hubs programme is providing further investment in libraries and increasing the range of services and activities to residents.
- The Better Medway Health Champions is a network of Champions with knowledge and skills who are able to take every opportunity to help the population make informed choices about healthy lifestyles and how to access support services. It has resulted in a network of accredited 'A Better Medway Champions' across the organisation and with partnerships. Those accredited are in a position to raise the profile of public health issues amongst professionals and residents. Through the communication of consistent messages and signposting delivered via a wide range of individuals, behaviour change can be achieved and the health of the population improved.
- Making Every Contact Count, is a scheme whereby public health and health improvement skills and knowledge are applied by the wider workforce to enable people to modify unhealthy behaviours through making lifestyle changes.

### **What we aim to do**

- Undertake marketing and promotional work to raise the profile of social isolation in the Medway population.
- Improving awareness of social isolation via training among frontline professionals that include; health professionals, social care workers, community safety wardens, housing officers, community development workers and floating support staff. The increased knowledge will help them to have an increased awareness of the risks of social isolation and knowledge of how to address it.
- Improving awareness of social isolation within the Medway population (particularly in high risk groups) to reduce the stigma of speaking up about being isolated. Awareness raising sessions will be offered to people at risk to

empower them to get involved in combating social isolation and to spread awareness of the services which are available to others.

- Improve the availability of information and advice on existing services and activities that reduce loneliness and isolation. Local authority websites, book and social network groups, sports clubs, art groups, transport links and volunteering opportunities can all help reduce social isolation. It is important to ensure that information on these activities are available in day centres, health centres, schools, youth projects, housing offices and other settings within the local community.
- Ensuring that social isolation is embedded in any relevant future strategies and JSNA chapters.
- We will utilise the opportunity from public health programmes to target raising awareness for social isolation and signpost people to support and activities. Examples of programmes include health checks, stop smoking, substance misuse.

## Strategic theme 2: Action to support individuals

### What we know

Social isolation and its links to lack of regular contact with others, means that those who will be most isolated will have little or no contact with services, therefore creative solutions are needed to identify those who would benefit most from initiatives.

A befriending scheme is an intervention that introduces an individual to one or more individuals with the aim of increasing additional social support through the development of sustaining an emotion-focused relationship over time. Such schemes have been shown to have a positive impact on reducing social isolation and loneliness<sup>15</sup>. Economic analysis has shown that befriending schemes can be cost effective due the reduced need for treatment and support for mental health needs<sup>16</sup>.

Simple initiatives such as knocking on doors have been proven to be effective, particularly when those door-knocking do so alongside trusted members of the community, such as police community support officers<sup>14</sup>.

For some people, social isolation is related to having a mental health condition such as depression, anxiety or other mental health problems<sup>2</sup>. Psychological therapies, such as cognitive behavioural therapy, may be effective for older people experiencing social isolation, in improving their wellbeing and helping them address some of the barriers to re-engaging. There can be a low level of access to such therapies in some risk groups<sup>17</sup>.

Formal partnerships delivering targeted home visits to people at risk of social isolation have been successful in tackling it by connecting people to local resources, maximising their income, and referring them to befriending services, tea/coffee clubs, social and leisure networks, lifestyle and confidence building and educational opportunities<sup>14</sup>.

Individuals need tailored responses to address their social isolation. One-size-fits-all solutions are unlikely to bring results. For example, generally, socially isolated men are best engaged through specific activities related to long-standing interests, such as sport and gardening and respond less well to loosely defined social gatherings, which are of more interest to women<sup>18</sup>

### **What we are doing**

- A range of befriending schemes are operating across Medway, such as those delivered by The Hands & Gillingham Volunteer Centre and Hands Rochester Volunteer Bureau.
- There is currently a wealth of activities being offered across Medway including leisure (including physical activity) and education sessions delivered by Medway Adult and Community Learning Service.
- Medway Sport is working with partner organisations to launch initiatives such as boccia coaching for care home staff and afternoon tea dances. The Senior Sports programme is also offered to help older people to live better, healthier lives.
- Medway Sport provides the Sports centre senior offer. The over 60s can enjoy a comprehensive timetable of activities at sport and leisure sites ranging from badminton, short tennis and table tennis to short mat bowls, chairgym, walking football and senior step. Most sites also offer a friendly social element with external trips and activities.
- The On Your Marks programme complements the physical activity schemes delivered as part of the A Better Medway campaign. It is entirely aimed at beginners, to break down the barriers of attending sessions that you would be concerned that everyone else is an 'expert', breaking down barriers of what you wear doesn't matter just get involved have fun and get fitter.
- Medway Libraries' host regular groups which bring together a wide range of people who enjoy reading and talking about books.
- Medway Voluntary Action provides a range of support to help not-for-profit organisations in Medway to assist them to be sustainable and connected. Both the voluntary sector and Medway Council offer a wide range of volunteering opportunities in local communities.
- Medway Arts Development Team supports the arts sector as a whole, initiating and delivering inclusive arts, health and wellbeing programmes, projects and activities. Our arts strategy outlines recent case studies that highlight key achievements of the arts in Medway in recent years. A selected example includes EDNA (energise dance nourish art) a partnership pilot project that evaluated the benefits dance and arts activities can have on health and wellbeing for older people.

- Arts Inclusive is an innovative programme delivered by Nucleus Arts aimed at encouraging people at risk of social exclusion to take part in motivational and creative art workshops. Almost 100 people have benefited from taking part in these activities including people with disabilities, young people at risk of offending and those being home schooled.
- The Women's Royal Voluntary Service (WRVS) has recently opened an information centre for people over 55 in Medway. This is funded mainly by Medway Council, with a contribution from WRVS, the centre offers information and signposting on a range of issues that older people identify as being important to them. The centre is based in Central Chatham and is staffed by a team of local volunteers, led by a centre manager. In addition to the provision of information, the centre also provides the opportunity for older people to learn how to use computers. It has a small community cafe and will provide the opportunity for other organisations to hold regular "surgeries" when older people can get expert advice on specific issues.

### **What we aim to do**

- We will ensure that there is appropriate capacity of befriending schemes commissioned across Medway. We will also consider the most effective ways of using innovative methods of befriending such as the virtual befriending using technology.
- We will ensure that we will continue to offer the wide range of high quality services that are currently available across Medway in leisure centres, libraries and adult education centres.
- The voluntary and community sector will be supported to build referral partnerships with frontline staff (GPs, community nurses), fire services and social workers.
- Reducing social isolation will be built in to care pathways for a range of different conditions. This will ensure that people are referred or signposted to relevant agencies for appropriate support such as befriending.
- Individuals within local communities will be encouraged to take responsibility for identifying, 'reaching out' and supporting potentially isolated people within their own area. In order to achieve this, statutory, voluntary and community organisations will work in partnership to build greater community capacity and better social outcomes for risk populations.
- Ensure we utilise opportunities to work with faith groups as partners to identify and support people at risk of being isolated.
- It is important that people have access to mental health services, as a means of addressing the causes and consequences of social isolation. This should involve targeted services to ensure that people at risk are able to access and benefit from them. This could include ensuring appointments are timed

appropriately, and that the needs of people at risk are taken into account e.g. carers needs). Services should be developed in partnership with relevant community organisations.

- Evaluation is a key component of any future programmes in Medway. Self-reporting is regarded as the best means of measuring social isolation. Measurements using valid scales such as the Friendship Scale<sup>19</sup> will be utilised.

### Strategic theme 3: Community action

#### What we know

Community action is particularly important in building and harnessing capacity within neighbourhoods to tackle social isolation.

Community Navigators, Wayfinder or Social Prescribing schemes involve individuals providing support to vulnerable people on emotional, practical and social issues. They act as an interface between the community and public services and helping individuals to find appropriate interventions. There is evidence that people who used community navigator schemes became less lonely and socially isolated following such contact<sup>20</sup>. Social prescribing schemes can be successful in terms of outcomes by increasing self-esteem, encouraging self-care, reducing the frequency of GP practice appointments and bridging the gap between primary health care and the voluntary sector<sup>21</sup>.

Supportive group services and interventions (such as lunch clubs, bereavement support groups to specific population groups such as vulnerable men) can be effective in reducing loneliness and social isolation. Group based interventions that included art and cultural activities and exercise and health discussion groups, have been shown to have a positive impact on reducing social isolation and significant reduction in measured hospital bed days, physician visits and outpatient appointments<sup>22</sup>. Economic analysis of supportive closed groups interventions have found that there was a net saving of €62 per person due to a reduction of hospital bed days, physician visits and outpatient appointments<sup>23</sup>.

Volunteering can help to reduce social isolation. It can support someone who is socially isolated by benefiting them to help others and also from being involved in a voluntary scheme where a person can receive support and help to build their own social network, preventing isolation from becoming chronic<sup>16</sup>.

The JSNA on social isolation identifies areas in Medway that are estimated to have the highest proportion of households that have people who are socially isolated for both people over and under 65 years old<sup>13</sup>.

Combining Personalisation and Community Empowerment (CPCE) is based on a) the ability of individuals to control their own budgets when assessed as requiring social support by a Local Authority, b) the rightful expectation of quality service delivery and c) a community wanting ownership of that delivery. Its benefits are: The provision of incentives for communities to deliver support to vulnerable people;



delivering an enhanced quality of support; over time reducing the cost of providing social support which enables some savings to be reinvested by communities themselves; a reduction in reliance on statutory services, both those commissioned by Local Authorities and the NHS.

Men in Sheds programmes provide a space for older men to meet to take part in woodworking and other socially beneficial activities. Men in Sheds has been developed as an intervention designed to promote social activity amongst older men<sup>24</sup>.

Housing schemes can have a positive impact on reducing social isolation. One example is the Flexicare housing scheme which aims to accommodate a growing population of older people through an innovative and flexible approach to maintaining independent living. Flexicare housing preserves people's independence while ensuring that older people have all the support they need, when they need it. It enables people to have their own tenancy with services available 24 hours a day; helps promote independence, safety and security offering a real alternative to residential care<sup>25</sup>.

### **What we are doing**

- A CPCE pilot programme is currently being established in the Walderslade and Peninsula areas of Medway
- A men's health weekly supportive group, based at the Sunlight Centre, Gillingham, was established in November 2013 and is supported and facilitated by Rethink. The group's focus is to reduce social isolation in men and provide an environment in which they can discuss their problems and receive peer support and health promotion information. There are opportunities for the men to have one-to-one sessions with Rethink Community Development Workers to discuss specific issues. Members of the Medway Council's Health Improvement Team have frequently provided support to improve lifestyle (e.g. stop smoking, more exercise, healthy walks etc).
- A men's sheds programme has been commissioned and will be delivered by Sunlight Development Trust from the autumn 2014.
- Transport schemes are in operation for certain population groups. For example, Hands Rochester Volunteer Centre provide a transport scheme that is for use by anyone aged 75 years and older who is unable to use public transport due to mobility problems, or who do not have a friend or relative to provide transport. People aged below 75 years old may also be able to use the service if they are registered disabled or have a serious health problem which limits their mobility. The scheme enables people to attend essential appointments at hospitals, GPs/clinics, or other important medical appointments.
- Medway's Flexi-care Housing Scheme is a model of supported accommodation available to older people aged 55 and over including those with sensory needs, mental disorders including dementia, short- or long-term

illnesses, and those who require end of life care. The scheme is designed to offer a safe, private and secure environment as an alternative to residential care; ensuring people are able to retain the independence of having their own home whilst 24 hour care and support staff are available on-site. Independent living skills are preserved or rebuilt through support making independent living possible for people with a range of abilities.

### **What we aim to do**

- We will prioritise the development of a community navigator programme in Medway to improve the interface between the community and public services in helping socially isolated individuals to find appropriate interventions.
- We will work with communities to facilitate local social activities; encourage intergenerational contact, support vulnerable populations such as adults with learning difficulties and new migrants who have language barriers. We will ensure that local people have a voice in local decision making.
- Agencies across Medway will support the work in communities across Medway that encourages and strengthens engagement in the CPCE pilot.
- We will explore the provision of community transport across Medway to ensure that there is a joined up approach as to what is available to improve accessibility.
- We will increase the number of supportive groups in Medway, such as the men's health group operating at the Sunlight Centre to support vulnerable populations at risk of being socially isolated.

### **How will the strategy be implemented and monitored?**

An action plan will be developed to support delivery of the strategic themes and aims of the strategy. Medway public health department will identify a lead individual who will be responsible for co-ordinating the implementation and monitoring the strategy and will have the role in liaising with key partners to ensure that actions are being implemented and to identify any barriers.

The lead officer should report regular progress of the strategy to the Medway Health and Wellbeing Board.

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<b>TITLE</b>  <i>Name/description of the issue being assessed</i>	<b>Social isolation strategy</b>
<b>DATE</b>  <i>Date the DIA is completed</i>	<b>6/10/14</b>
<b>LEAD OFFICER</b>  <i>Name of person responsible for carrying out the DIA.</i>	<b>Colin Thompson</b>

**1 Summary description of the proposed change**

- What is the change to policy/service/new project that is being proposed?*
- How does it compare with the current situation?*

**Social isolation has been identified as a priority within the Medway Joint Health and Wellbeing Strategy and the Health and Wellbeing Board has identified the development of a strategy to address social isolation within its priorities for 2014/15.**

**Accordingly, a strategy has been developed with the overarching aim of preventing and reducing the complex range of harms associated with being socially isolated. In order to achieve this aim, three key strategic themes have been identified;**

- Raising awareness**
- Action for individuals**
- Community Action**

**For each strategic theme, there are a range of targeted actions. For each theme, there will be an aspiration to work in partnership to ensure there is a joined approach in tackling social isolation.**

## 2 Summary of evidence used to support this assessment

- *Eg: Feedback from consultation, performance information, service user records etc.*
- *Eg: Comparison of service user profile with Medway Community Profile*

The strategy has been informed by taking account of evidence, the outcomes of the focus groups and data estimates.

Social isolation can affect anyone, although certain groups in the population are at increased vulnerability to social isolation. Older people are significantly more likely to suffer from social isolation with contributing factors being 'loss of friends and family, loss of mobility or loss of income'. Other population groups at risk include; carers, refugees and those with mental health problems.

Evidence shows that reducing social isolation can decrease the demand for health and social care interventions and there are a number of interventions that can have a positive impact on reducing social isolation. The quality of the relationships in the interventions is a vital component. Interventions that tackle social isolation include befriending schemes, community navigator schemes, supportive group sessions and volunteering.

There are limited data available that robustly measure social isolation. To address the limited availability of data, a composite 'isolation index for Medway' from consumer data has been developed using a range of factors which can lead to social isolation. This index estimates the areas of Medway that has the highest proportion of isolated households.

A total of seven focus groups have also been undertaken to inform this strategy with; older people, carers, mental health service users, black and minority ethnic communities, residents from Peninsula ward and a men's health support group. A number of key themes emerged from the focus groups that influenced how people accessed services and activities and isolation levels. These key themes included cost, transport accessibility, involvement of communities in designing activities that they will use.

**3 What is the likely impact of the proposed change?**

*Is it likely to :*

- *Adversely impact on one or more of the protected characteristic groups?*
- *Advance equality of opportunity for one or more of the protected characteristic groups?*
- *Foster good relations between people who share a protected characteristic and those who don't?*

*(insert ✓ in one or more boxes)*

Protected characteristic groups	Adverse impact	Advance equality	Foster good relations
Age			✓
Disability			✓
Gender reassignment			
Marriage/civil partnership			
Pregnancy/maternity			
Race			✓
Religion/belief			✓
Sex			

Sexual orientation			
Other (eg low income groups)			

**4 Summary of the likely impacts**

- Who will be affected?*
- How will they be affected?*

There are a number of components in in the strategy which aim to have a positive impact on protected characteristic groups.

The strategy aims to ensure that the Medway population have an increased awareness of social isolation and improve the availability of information and advice on existing services and activities that reduce loneliness and isolation.

The strategy aims to encourage individuals within local communities to take responsibility for identifying, ‘reaching out’ and supporting potentially isolated people within their own area.

The strategy aims to work with communities to facilitate local social activities; encourage intergenerational contact and ensure local people have a voice in local decision making

**5 What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?**

- Are there alternative providers?*
- What alternative ways can the Council provide the service?*
- Can demand for services be managed differently?*

No adverse effects on protected characteristic groups are likely from the strategy. None of the actions highlighted in each of the strategic themes are detrimental to any protected characteristic groups.



**6 Action plan**

- *Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence*

Action	Lead	Deadline or review date

**7 Recommendation**

*The recommendation by the lead officer should be stated below. This may be:*

- *to proceed with the change implementing action plan if appropriate*
- *consider alternatives*
- *gather further evidence*

*If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.*

**To proceed with the change with no actions necessary to mitigate likely adverse impact. The reason for this is due to the strategy not having actions that have negative effects on any of the protected characteristic groups.**

**8 Authorisation**

*The authorising officer is consenting that:*

- *the recommendation can be implemented*
- *sufficient evidence has been obtained and appropriate mitigation is planned*
- *the Action Plan will be incorporated into service plan and monitored*

<b>Assistant Director</b>	
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<b>Date</b>	
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## Health and Wellbeing Board – 21 October 2014

The Consultant in Public Health introduced this report which provided details of the Strategy to Reduce Social Isolation 2014/2018. He informed Board Members that this was an opportunity to provide any final views on the draft Strategy prior to consideration and final approval at Cabinet on 25 November 2014.

He provided details as to the background to the issue of social isolation and how this was different to loneliness and could be measured objectively. He referred Board Members to page 7 of the draft Strategy which set out two maps that showed an index of relative social isolation per household at lower super output area level of persons aged under 65 and over 65 which had been developed to identify areas where residents may be more likely to be socially isolated.

He informed Board Members of the consultation that had been carried out on the draft Strategy including focus groups and key stakeholders. He stated that three key strategic themes had been identified: raising awareness, action for individuals and community action. It was noted that there would be a range of targeted actions for each of the themes and he gave some examples of pilot projects in support of the issue.

Board Members welcomed the strategy and discussed a number of issues including:

- The extent to which geographical and financial factors could have an impact on social isolation with Board Members providing examples of potential geographical factors in Rainham and Gillingham/Chatham.
- The need to raise awareness of front line staff and the community about social isolation and to find ways of engaging people with the range of opportunities available in Medway.
- The need to improve communication channels to better highlight the availability of resources/services.
- The need to promote and increase volunteering to assist in reducing social isolation
- The “men in sheds” pilot scheme was seen as an excellent initiative to tackle social isolation and Board Members were keen to see this programme extended. It was confirmed that this scheme would be delivered by the Sunlight Development Trust, however, the number of schemes would be subject to the level of available funding.
- The need to develop an Action Plan to ensure that the Strategy would be delivered and to report back to the Board on key actions. The Director of Public Health informed Board Members that she would need to identify an officer to undertake this work because the current Consultant would shortly be leaving the Council’s employment.
- To ensure appropriate reference was made to the De Jong loneliness scale.

- It was confirmed that the NHS Medway Clinical Commissioning Group would also be considering the Strategy at its November Governing Body meeting to consider its role in taking the Strategy forward.

**Decision:**

- A) The Health and Wellbeing Board noted the draft Strategy and noted that the Strategy would be submitted to Cabinet for formal approval and adoption on 25 November 2014.
- B) The Health and Wellbeing Board agreed that an Action Plan be referred back to the Board for consideration in due course.