

**REPORT TO:** Cabinet

16 November 2017

**LEAD OFFICER:** Director, Health and Environmental Services

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## **Reducing Social Isolation in South Cambridgeshire**

### **Purpose**

1. To outline the findings of the elected member Tackling Social Isolation Task and Finish Group.
2. To consider recommendations put forward by the Task and Finish Group.
3. This is not a key decision.

### **Recommendations**

4. It is recommended that Cabinet considers the recommendations from the elected member Tackling Social Isolation Task and Finish Group and agrees to adopt the final recommendations, with or without amendments.

### **Reasons for Recommendations**

5. The Tackling Social Isolation Task and Finish Group has carried out research into who is impacted by social isolation and investigated what the Council could do to reduce social isolation in South Cambridgeshire. The recommendations are backed up with research as well as local knowledge. Four of the recommendations have been agreed by the Health and Wellbeing Portfolio Holder because they were already being progressed or were able to be implemented during the current financial year and within already agreed budgets. Cabinet is asked to consider the remaining recommendations.

### **Background**

6. The Tackling Social Isolation Task and Finish Group was first announced by the Leader at Council on 26 January. The first meeting was held on 6 March and met seven times. The final meeting was held on 5 June 2017. All meetings were noted.
7. Membership of the group was:
  - Councillor Sue Ellington (Chairman)
  - Councillor David Bard
  - Councillor Nigel Cathcart
  - Councillor Graham Cone
  - Councillor Neil Davies
  - Councillor Janet Lockwood
  - Councillor Cicely Murfitt
  - Councillor Tim Scott
  - Councillor Hazel Smith

8. At its first meeting the group agreed its Terms of Reference, which can be found at Appendix A. The purpose of the group was “to investigate social isolation in South Cambridgeshire and make ambitious recommendations to Cabinet on how SCDC can improve social networks”.

### **Considerations**

9. During the course of its meetings the group heard from a number of speakers, both internal and external to the Council. In addition, members of the group also held meetings or spoke with other key individuals outside of the formal meetings and then fed back to the group. The group spoke with:

- (a) Lynne Byrne, Age UK Cambridgeshire and Peterborough
- (b) Angelique Mavrodaris, Helen Tunster and Shaynie Larwood-Smith, Public Health, Cambridgeshire County Council
- (c) Sue Westwood-Bate and Sandie Smith, Healthwatch Cambridgeshire
- (d) Lynette Hurren, Care Network
- (e) Bishop David of Huntingdon, Church of England
- (f) Caroline Lee, Cambridge Institute of Public Health
- (g) Wood Green Animal Centre, Godmanchester
- (h) Stephen Hills, Director of Affordable Housing
- (i) Jane Green, Head of New Communities
- (j) Jason Clarke, Development Officer

10. The speakers shared a variety of facts and thoughts, and looked at the difference between loneliness and social isolation and how each can be tackled. The following definitions were given to the group by Public Health:

Loneliness is “the discrepancy between a person’s desired and actual social relationships” – subjective concept.

Social isolation is related to the quantity of social interactions and the integration of an individual into their surrounding social environment – objective concept.

11. Increased social interaction and networks may not help someone who is feeling lonely; however, they can help with talking social isolation. Cognitive Behavioural Therapy, for example, is most appropriate to tackle loneliness.

12. The risk factors with the strongest association with loneliness / social isolation include:

- old age,
- widowhood,
- institutional care,
- living alone,
- impairment of physical functioning,
- poor health,
- depression,
- anxiety,
- sensory impairment
- small social networks with few social contacts

13. Based on estimates in the Campaign to End Loneliness toolkit, it is estimated that between 1,700 and 3,840 people aged 65+ are lonely in South Cambridgeshire. The

prevalence of social isolation amongst older people is estimated to be similar to that of loneliness.

14. Whilst social isolation is more commonly associated with older age, it can occur at all life stages and some individuals will be more vulnerable to social isolation than others. Public Health England's "Local action on health inequalities: Reducing social isolation across the lifecourse" (September 2015), provides a summary of the evidence on the link between social isolation, poor health outcomes and health inequalities, identifies who is at risk and at what life stages, and also provides an outline of interventions to reduce social isolation (e.g. timebanks, community transport).<sup>1</sup>
15. According to the Campaign to End Loneliness toolkit, interventions that can reduce social isolation include:
  - (a) Social or physical activity programmes that enable individuals to make new connections
  - (b) Support and home visiting services that provide one-to-one connections
  - (c) Community Navigator-type initiatives to signpost to existing group based shared interest activities where individuals can make new connections or get one-to-one support
  - (d) Transport and technology, especially around existing relationships, but also as gateway services for all
16. In considering the facts and thoughts presented to the group, and also from personal experiences, the group developed a vision of "what a South Cambs Network Village of the future looks like" and recommended a number of actions for adoption by the Council.
17. The Health and Wellbeing Portfolio Holder agreed four of the recommendations at her Portfolio Holder meeting on 12 October because they were already being progressed or were able to be implemented during the current financial year and within already agreed budgets:
  - (a) Recommendation B: To allocate staff time from within the Portfolio to develop a Parish Toolkit on Reducing Social Isolation.
  - (b) Recommendation C: To support the allocation of £20,000 towards timebanking in 2017/18 on the understanding that this funding will be used commission a third party to support up to two parishes to establish new timebanking and evaluate the schemes.
  - (c) Recommendation F: To use the existing budget to carry out a Faith Audit, in partnership with the Diocese of Ely, into Social Isolation Initiatives.
  - (d) Recommendation G: To use existing resources to fund a two-year pilot of the Through the Door (social prescribing) Project with Granta Medical Practice.
18. The complete set of recommendations, including draft costings can be found below.
  - (a) **Recommendation A: That Cabinet agrees to adopt the group's Vision for a Social Network Village of the Future**

- (i) A local hub or centre where residents of all ages feel comfortable to play cards, drink coffee, eat cake, socialise and plan activities.
- (ii) People looking out for each other.
- (iii) A wide range of activities within ten miles of their homes.
- (iv) Individuals making choices about activities that are free from transport concerns.
- (v) Shared knowledge of activities and opportunities.
- (vi) Transport schemes that cover regular and irregular trips.
- (vii) Small and medium sized villages working together in clusters.

The vision would be taken into consideration when the Council develops new policies, procedures and projects, for example.

- (b) **Recommendation B: That the Health and Wellbeing Portfolio Holder allocates staff time from within the Portfolio to develop a Parish Toolkit on Reducing Social Isolation**

#### **AGREED BY THE PORTFOLIO HOLDER**

Work is already taking place to help parishes and community groups to share information about the excellent work they are doing, help them learn from each other and work together where it makes sense to do so. However, the Task and Finish Group believes that this work could be strengthened further if the Council developed a toolkit, specifically in relation to reducing social isolation. The toolkit would allow for a pick and mix approach by villages and also encourage parishes to consider tools that are likely to assist in their own specific circumstances. Tips for evaluation could also be included.

The group suggests that the toolkit should include the following:

- (i) general advice about types of activity,
- (ii) regulation (e.g. safeguarding, health and safety risk assessments),
- (iii) best practice examples, and
- (iv) sources of grants, advice and support.

**Cost:** Staff time can be allocated to this initiative in Quarter 4 (January to March 2018). It is hoped that a draft toolkit could be produced by 31 March.

- (c) **Recommendation C: That Cabinet considers further supporting timebanking in the district, following future evaluation of the work the Health and Wellbeing Portfolio Holder is currently progressing with staff**

#### **AGREED BY THE PORTFOLIO HOLDER FOR 2017/18 ONLY**

Through discussions with officers involved in timebanking and Time Credits, the group were impressed with the evidence showing how timebanking can help to build social networks and provide a structure to volunteering, which can help people who are not already involved in volunteering or who would like to exchange skills on an hour for an hour basis. Time Credits can be used alongside timebanking, or separately, and allow people to exchange an hour of their time for a Time Credit, which can be spent on a variety of activities.

Cambridgeshire County Council has supported a few communities set up timebanking and Time Credit schemes over the past few years, but has

limited resources to do so. Should the District Council want to promote either scheme it could do so alongside the County Council. The only timebank currently operating in South Cambridgeshire is in Cambourne and is coordinated by The CHS Group. Time Credits are currently only available in South Cambridgeshire via the Cambourne Timebank and can currently only be spent out of the district e.g. at entertainment venues and leisure facilities in Cambridge.

The Cambourne Timebank currently has 95 individual members (volunteers) and 17 organisations who are members.

**Cost:** £20,000 has been allocated towards timebanking in 2017/18. The funding will be used to commission a third party to support up to two parishes to establish new timebanks and evaluate the schemes. The Institute of Public Health has already provided some assistance regarding evaluation and other schemes have been evaluated nationally. A bid for a further £20,000 for 2018/19 has been submitted as part of the financial planning process.

(d) **Recommendation D: That the Council continues to support parishes to work in clusters where it makes sense to do so**

During discussions the group felt strongly that villages should work together in order to increase the sustainability of activities and increase social networks. It was agreed that clusters cannot be forced and need to grow organically, however, staff and members can encourage and support clustering where it is appropriate.

There are a number of examples of clustering in the district, and one village may choose to cluster with a variety of different villages depending on the initiative. Clustering with one group of villages for one project should not preclude working with others on another if it makes sense to do so.

**Cost:** Staff in the Sustainable Communities and Wellbeing service currently have time available to support parishes to cluster where it is appropriate to do so, and where they would like support. To date, staff have provide support by way of facilitation, and also through supporting parishes to formalise arrangements through drawing up clear agreements between parishes that set out roles and responsibilities.

The impact of this recommendation would be difficult to measure, however, anecdotal evidence from parishes regarding their ability to deliver initiatives would be sought.

(e) **Recommendation E: That the Council continues to promote community car schemes and works with partners to ensure greater community transport coverage for the north villages**

The district is very well covered with community car schemes, however, many villages are less well-served by community transport schemes that can accommodate wheelchair users and transport larger groups of people. As stated earlier, accessible transport is a gateway service that is essential to reducing social isolation through enabling the maintenance of existing relationships and building new relationships.

There is a particular gap around the north villages, which may be possible to plug through working with local parishes and/or the voluntary sector. However, the Council may need to directly fund or source funding toward the set up of a scheme and would also expect to receive an additional application for funding through the existing three-year service support grants if they are continued beyond the current three-year agreement that runs until 31 March 2019.

**Cost:** It is suggested that an initial meeting with parishes and the voluntary sector be hosted by the Council to discuss the gap, and potential solutions, to community transport within the north villages. Options would need to be costed and discussed again at a later date. The social impact of introducing a new scheme locally could also be looked at, however, there is national evidence to support community transport in reducing social isolation.

More information about the schemes currently operating in the district can be found in the Council's recently updated South Cambridgeshire Transport Directory: <https://www.scambs.gov.uk/community-transport>

- (f) **Recommendation F: That the Portfolio Holder uses existing budget to carry out a Faith Audit, in partnership with the Diocese of Ely, into Social Isolation Initiatives**

#### **AGREED BY THE PORTFOLIO HOLDER**

Following discussion within the group, and also with the Bishop of Huntingdon, it was agreed that faith groups contribute a vast amount to reducing social isolation in the district. The extent of the contribution is however unknown and the Diocese of Ely has agreed to work with the Council in order to gain a better understanding of this contribution so that we can better understand where gaps might exist. This piece of work would cover all faiths and Christian denominations.

The Diocese of Ely has nominally stated that it may be able to contribute up to £3,000 towards this piece of work, which would require a member of staff to commission an outside organisation to map and then visit all faith groups in the district to request information about how they are reducing social isolation and the role they feel they can play.

**Cost:** It is estimated that the total cost for this piece of work would be in the region of £6,000 (including any contribution from the Diocese), plus staff time to liaise with the Diocese of Ely and manage the contract. This can be funded in 2017/18.

This piece of research will help to guide where future resources are allocated because it will help the Council to have a more accurate picture of what provision is already in place. This information can also be better shared with residents.

- (g) **Recommendation G: That the Council funds a two-year pilot of the Through the Door (social prescribing) Project with Granta Medical Practice**

#### **AGREED BY THE PORTFOLIO HOLDER**

The Council, with the Local Health Partnership, has been working with the Granta Medical Practice to set up a pilot social prescribing scheme. Through the Door is the working title of the pilot project, which will provide GPs with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing, thus linking patients in primary care with sources of support within the community and helping people to build social connections.

The project team has researched good practice from across the country, spent time understanding how social prescribing fits with other health and community initiatives and has got as far as drafting referral processes, a job description and person specification, and evaluation criteria. The next step is to secure pump-priming funds to enable the scheme to get off the ground, and hopefully to a point whereby it is self-sustaining through health budgets.

**Cost:** It is estimated that the project will cost £17,500 per annum, which includes salary, oncosts and travel expenses for a part-time worker. Officers are also investigating alternative funding sources to enable this initiative to begin, however, the process is likely to be lengthy and therefore should the Council wish to progress sooner a decision to under-write the project would be beneficial. Re-prioritising existing budgets, would result in the project being able to be funded for two years in total, but split across financial years.

This project will be fully evaluated using recognised evaluation methods.

(h) **Recommendation H: That the Council works with local hospitals and village groups to ensure that patients leaving hospital are supported locally when they get home**

Residents can be vulnerable to social isolation when they leave hospital if they do not have support in place to help them collect prescriptions and cook meal, for example. The group found that GPs often do not know when patients are being released from hospital and that more needs to be done to liaise between hospital services and support services in the villages. This will focus on supporting the community end of the process, adding value to the work of Adult Social Care rather than duplicating its work, and not on the clinical process.

**Cost:** It is suggested that this is fulfilled through elected members and staff harnessing existing relationships with hospitals, health professionals and local communities rather than initiating additional work.

(i) **Recommendation I: That the Council promotes opportunities for volunteering**

Evidence shows that volunteering increases social networks for those volunteering and can also serve to increase social networks for others. There are many opportunities for residents to volunteer in their own villages and more widely within the area, however, people do not always know what opportunities are available to them.

**Cost:** This can be done within existing resources, in the South Cambs Magazine and on the website, as and when appropriate to do so.

(j) **Recommendation J: That the Council encourages the use of the communal rooms in sheltered housing complexes**

The group understands that this recommendation is linked to a review of the communal rooms that is currently taking place. The group hopes that this will be considered as part of the review because the rooms are currently seen to be an underutilised Council asset that exists within villages.

(k) **Recommendation K: That the Council encourages retirement villages with appropriate housing design and activities**

The group heard from the Director of Affordable Homes regarding the positive impact that retirement villages can have in reducing social isolation. It was felt that retirement villages could benefit to South Cambridgeshire residents, and that it would give people more choice regarding where they live in older age. This would need to be considered within planning policy and planning processes.

(l) **Recommendation L: That the Council commits to working with partners to evaluate any of the initiatives that are implemented, along with the programme as a whole**

Whilst some of the recommendations will be easier to evaluate than others, it is important to ensure that the programme as a whole is also evaluated. The group feels strongly that the impact of the individual elements, as well as the whole, is evaluated so that resources can be focused in the future. Many of the recommendations are all based on evaluated practice from elsewhere, however, some are based on local knowledge and a desire to strengthen what local communities are already delivering.

**Cost:** This has been calculated into the costs of each recommendation where there is a framework for evaluation in existence, and partners have also indicated a willingness to work with the Council to evaluate the programme. The cost of an evaluation will depend on which elements are agreed by Cabinet.

19. The Task and Finish Group's full report can be found at Appendix B. A draft implementation schedule, based on all recommendations being agreed in their current form, can be found at Appendix C.

### **Options**

20. Cabinet could:
- (a) consider the recommendations from the elected member Tackling Social Isolation Task and Finish Group and agree to adopt the final recommendations, with or without amendments, or
  - (b) consider the recommendations from the elected member Tackling Social Isolation Task and Finish Group and agree to adopt a selection of the final recommendations, with or without amendments, or
  - (c) consider the recommendations from the elected member Tackling Social Isolation Task and Finish Group and refuse to adopt the final recommendations.

### **Implications**



21. In the writing of this report, taking into account financial, legal, staffing, risk management, equality and diversity, climate change, community safety and any other key issues, the following implications have been considered: -

***Financial***

22. Some of the projects recommended within the report are currently budgeted within 2017/18. Estimated costs for each element are set out with the recommendation and funding would need to be sought via the Council's budgetary processes if they cannot be funded through re-prioritisation.

***Staffing***

23. Through reallocating priorities during the current financial year, staff time should be able to be allocated to the projects as stated within the recommendations. These projects sit outside of the staff requirements that were allocated through the Business Planning process, which is why existing work would need to be reprioritised. Where additional resource is required it has been costed within the recommendations.

***Equality and Diversity***

24. An Equalities Impact Assessment may be required for new projects and initiatives. The Policy and Performance Team will be consulted.

**Consultation responses**

25. See paragraph 9 for the list of persons consulted as part of the work undertaken by the Task and Finish Group.
26. All of the recommendations were commented upon, and supported, by elected members in attendance at the Health and Wellbeing Portfolio Holder Meeting on 12 October.
27. All of the recommendations were commented upon, and supported, by members of the South Cambridgeshire Local Health Partnership on 17 October 2017.

**Effect on Strategic Aims**

**LIVING WELL**

28. The Council is committed to supporting communities to remain in good health through proactive intervention to improve mental health and emotional wellbeing for all as well as supporting residents to stay in good health as they grow older. The recommended actions to reduce social isolation link closely to the types of intervention specified at paragraphs 14 and 15 and therefore should have a positive impact on the Council's objectives.

**CONNECTED COMMUNITIES**

29. The Council is committed to working with partners to ensure new transport and digital infrastructure supports and strengthens communities. The recommended actions to reduce social isolation link closely to the types of intervention specified at paragraphs 14 and 15 and therefore should have a positive impact on the Council's objectives. Whilst there is no specific action suggested in relation to digital infrastructure the group is aware that the Council is continuing to work with partners on this priority.

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