

**Draft report on Social Isolation in South Cambridgeshire District Council**

**1.1** South Cambridgeshire District Council is made up of 103 villages surrounding Cambridge, but these villages are all unique with a range of residents from 100 - 4000, different transport challenges, different sport and activity facilities and different village design. Most importantly these differences can lead to a wide range of social actions or inactions. The council has therefore recognised that social isolation is key to the wellbeing of many of its residents and has initiated a task and finish group to examine this issue and make recommendations to address it.

**1.2. Members**

Cllr Sue Ellington (chairman)  
Cllr David Bard  
Cllr Nigel Cathcart  
Cllr Graham Cone  
Cllr Neil Davies  
Cllr Janet Lockwood  
Cllr Cicely Murfitt  
Cllr Tim Scott  
Cllr Hazel Smith

**1.3 Definition of Social Isolation**

Social Isolation is an objective state defined in terms of the quantity of social relationships and contacts as opposed to loneliness which is subjective, a negative experience associated with a perceived gap between the quantity of relationships that we have and those we want. (1)

**1.4 Purpose**

To investigate social isolation in South Cambridgeshire and make ambitious recommendations to cabinet on how SCDC can improve social networks for those affected

**1.5 Terms Reference**

1. A Clear vision for what the South Cambridgeshire “socially networked” village of the future looks like
2. A Clear evidence-base to support SCDC and partners’ actions
3. Costed recommendations to Cabinet on the changes to SCDC policies and actions required to support delivery of the “socially networked villages” vision
4. Case studies on the SCDC website celebrating best practice across South Cambs villages

**1.6 Areas for investigation**

1. Where in South Cambs are there socially isolated residents and communities? What is the social isolation profile of the District?
2. What works well to reduce and prevent social isolation?
3. What are the examples of best practice across SCDC villages and elsewhere?
4. What SCDC policies should be changed to help reduce social isolation and improve social networks?
5. Which partners do we need to work better with and influence to drive improvements in social networks?
6. What assets does SCDC have which could be used to reduce social isolation? e.g Communal rooms in sheltered housing schemes

**1.7. Process**

1. March 6th 2017 - Initial Task and Finish Group meeting to discuss purpose and scope
  2. March 20th-
  3. April 10th Speakers : Dr. Angelique Mavoridaris      Community Public Health  
Lynn Burn - Age UK  
Sue Westwood-Bate - Healthwatch and Public Health
  4. April 24th Speakers: Sandie Smith - Healthwatch  
Lynette Hurren - Care Network
  5. May 8th Speakers : Shaynie Harwood-Smith lead nurse for Gypsies and Travellers  
Jason Clarke Development Officer SCDC re Timebanking
  6. June 5th - Speakers : Stephen Hills, Director of Housing SCDC re Affordable Housing/New Developments?  
Helen Tunster - Public Health Research re Loneliness  
Jane Green - re Planning New Communities
- 1.8 Individual interviews - Bishop David of Huntingdon with Gemma Barron and Sue Ellington  
Wood Green Animal Centre with Sue Ellington  
Mark Freeman - CVS with Sue Ellington  
Caroline Lee - with Sue Ellington. Research associate of the Institute of Public health
- June - August - Members draft and agree report  
September - draft report presented to Leaders group  
October - draft report to Cabinet for agreement  
November - Cabinet agrees recommendations included in draft corporate plan and MTFS for 2018-19

### 1.9 Member Experience

Task and Finish Group Members brought a wide range of experience and knowledge to the group:-

- a) The range of services available in Histon and Impington was recognised as a significant commitment by individuals and the Parish Council to develop social and physical activities for the older and mentally ill members of the villages. It was also recognised that there had to be a viable number of residents for such a scheme to be sustainable.
- b) The concept of cluster villages was raised - to share social activity opportunities, car share and build social networks.
- c) Several members identified the need for a key person to lead developments - somebody who was known by residents and had the enthusiasm and drive to draw them together.
- d) It was recognised that religious organisations in the village were often the leaders of social events.
- e) A link into social prescribing by the GPs was recognised as essential as they may be the first point of contact for some residents following bereavements or life changing events. However GPs often didn't know in time when patients were being released from hospital and more needs to be done to liaise between the hospital services and support services in the villages.
- f) Several Parish Councils publicise their activities during the annual parish meeting - inviting each organisation to have a display and talk to residents.
- g) Community and public transport were seen to be key to many events and groups.

h) It was felt that SCDC planning policies could be updated to develop more socially friendly environments. e.g buggy and mobility scooter friendly paths, front doors that overlook each other a little and well kept common areas where people can meet casually.

## **I) South Cambridgeshire District Council Corporate Plan 2016-2021**

The District Corporate plan states -

(A) Support our communities to remain in good health whilst continuing to protect the natural and built environment

- Proactive intervention to improve mental health and emotional wellbeing for all
- support our residents to stay in good health as they grow older, with access to the services they need
- Ensure our new and established communities provide thriving, healthy, safe and attractive places to live. Including Northstowe Healthy town.

(C) Work with partners to ensure new transport and digital infrastructure supports and strengthens communities and that our approach to growth sustains prosperity

- support our villages to strengthen their communities and social networks, reducing isolation by improving access, delivering effective community-led services and targeted support for the rural economy.

South Cambridgeshire is recognised as a great place to live but in order to maintain that reputation it is important to fulfil the corporate objectives for an ageing population. In addition the NHS Sustainability and Transformation Programme seeks to support more residents to remain independent in their own homes. The District has a significant partnership role in achieving that objective.

## **2.The Effects of social Isolation on Health and Wellbeing**

**2.1** The Prevention of Ill Health in Older People JSNA (9) states “Social and emotional wellbeing is impacted by participation and engagement with family, friends, civic organisations and services in the neighbourhood. It goes on to list :

2.2 Social Capital, - the collective value of a person’s social networks which are key aspects of mental wellbeing and social infrastructure - including community development work, community facilities, groups and organisations, grant funding , learning skills development, volunteering and other mutual support.

**2.3** Research shows that social Isolation is harmful to health. The effect of a lack of social connections on mortality exceeds the impact of well known risk factors such as obesity and physical inactivity, and has an effect comparable to smoking 15 cigarettes a day. (2).

2.4 It contributes to physical as well as psychological ill health. High blood pressure, sleep problems, depression and cognitive decline are all associated with a feeling of loneliness. (12)

2.5 There is evidence to show that people who experience chronic social isolation have an increased risk of developing dementia by 64% (12)

2.6 Loneliness can increase the risk of premature death by 30% due to the vicious circle of poor health leading to social isolation which in turn leads to more poor health (11)

2.7 Loneliness is associated with increased use of health services, an increased risk of nursing home admission, and poorer outcomes of medical treatment (13)

2.8 Linked to a range of diseases:

- cardiovascular disease
- poor immune functioning and immune mediated inflammatory response

- increased risk of dementia
- depressive symptoms
- and higher levels of pain, fatigue and depression.(13)

2.9 There is a wealth of research around the needs of people with muscular skeletal problems who are unable to access facilities and activities due to their lack of mobility. This subsequently leads to social isolation and depression. - (10).

### **3. Methods of Identifying Those who are Socially Isolated**

3.1 In South Cambridgeshire there are approximately 29,600 people over 65 who are lonely according to 2016 population forecast (Cambs County Council Research Group 2013 based on population forecasts)

3.2 Loneliness and social isolation are common - 17% of older people are in contact with family friends and neighbours less than once a week and 11% are in contact less than once a month.(2)

3.3 The National Campaign to End Loneliness has developed several methods of identifying people who are socially isolated. There are several approaches which can be implemented to raise the topic of loneliness with individuals and seek their permission to refer them appropriately

3.4 There are a range of public servants who visit individuals e.g South Cambs Council residents are visited by housing staff and Mears repair services; the Fire Service now visits many elderly people; the local GP and health services are becoming more prepared to socially prescribe and local knowledge is vital.

3.5 The Campaign to End Loneliness has placed an officer into the offices of Care Network for one day a week

3.6 But Social Isolation is not confined to the elderly. there are many physically disabled people who have problems with socialising due to mobility issues - It should be possible to identify some of those through Social Service and GP contacts.

3.7 The young are also not immune to social isolation due to poor transport links and rural environment. Here again we should be able to identify some of those through the educational service.

3.8 There are also many lonely people such as young mothers at home with children, home workers, and unemployed. Many of these may be accessed through other public services.

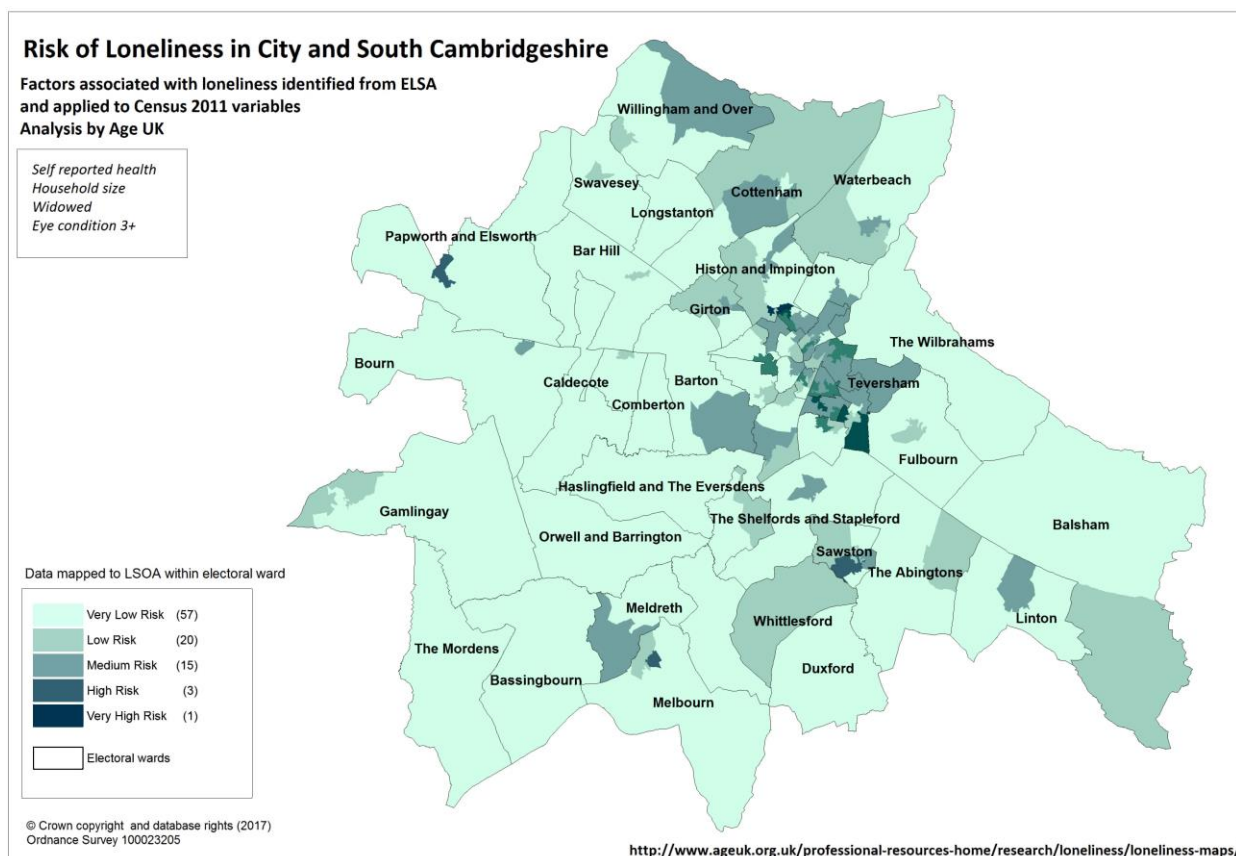
### **Population statistics (5)**

South Cambridgeshire estimate for 2016 shows a total population of 154,900,

- 76,700 are male and 78,200 female

- The age profile shows 37,500 over 60 years of age currently but rising by 32.9% in the next 15 years.

3.6 Life expectancy is currently 83 for men and 85 for women but it is expected to rise with advancing health care.



## 4. Transport and Health JSNA (4)

4.1 “The availability and accessibility of means of transport is important as an enabler of access and travel to services and social opportunities. Expert opinion and local stakeholders argue that transport is a gateway to participation and a vital element in the prevention of isolation and loneliness.”

4.2 Community transport schemes are a good response but are usually only used to access medical appointments rather than social opportunities. The reliance on volunteers makes this a limited resource.

4.3 “Nonetheless, even when transport is available and accessible there may be other important access barriers that limit travel and mobility. The importance of transport locally is advocated by many Cambridgeshire residents. This includes participants within a focus group on transport drawn from across the County Council-funded partnership boards and facilitated by Cambridgeshire Alliance for Independent living “transport is an enabler or gateway to services and interventions.”

4.4 The absence of good public transport links between villages and to the towns is cited as a common problem for all age groups. The young are unable to join after hour groups at College and the last bus may be inappropriately timed if it exists.

## 5 Volunteers

5.1 Volunteering is seen as having a twofold association with loneliness. To volunteer increases social networks and serves to increase social networks for others,

**5.2** 27% of over 16 year olds take part in various regular volunteering activities. 42% engage in occasional volunteering activities

5.3 There are barriers due to different population groups and different activities. The need for DBS checks is often cited as a barrier because of the administration involved and the increasing need for risk assessments and procedures.

**5.4** Many services for older people in villages are run by charitable organisations e.g:

- dementia choir in Landbeach (Care Network)
- dementia choir in Histon (Church)
- lunch clubs once a week in many villages
- village mobile warden schemes (Age UK)
- Visiting Schemes (Care Network)
- Help at Home (Care Network)
- Stroke Club (Histon)
- Care for Carers (Carers Trust)

## **6. Cambridgeshire County Council response to FOI on Social Isolation (6)**

**6.1** The County Council has developed services which all impact on the lives of some socially isolated residents;

- Visiting Service
- Community Warden Service
- Community Navigators
- 3 year time credits programme - supporting skills, employment, older people and strengthening families
- Cambridgeshire Adult Learning Fund
- Digital inclusion work
- Reaching out to potentially lonely and isolated individuals as part of Adult Social care.

### **6.2 Relevant strategies**

- Cambridgeshire Public Mental Health Strategy
- Transforming Lives strategy
- Social Care strategy for Adults with Mental Health Needs
- Older Peoples' Integration Strategy
- Older Peoples' Accommodation Strategy
- Cambridgeshire Health and Wellbeing strategy 2012-2017

6.3 In addition the county runs a drop-in session for Gypsies and Travellers at Cottenham

## **7. Stakeholder Partners**

7.1 Cambridgeshire Acre undertook a survey of Town and Parish Clerks to determine their day to day activities, their needs and their challenges. (14) Their conclusions include the need for villages to network, to share their activities and experience, and to increase their capacity. They feel they need training and support in various aspects of their new evolving role.

7.2 The Institute of Public Health which is based on the Addenbrookes Site has undertaken a review of the literature around Timebanking and are about to publish their report. Talking to Caroline Lee who is one of the research Officers they had difficulty in finding

quantitative evidence to support Timebanking but there was a wealth of qualitative evidence with many case studies which clearly showed the value to wellbeing

7.3 The Institute of Health Research are keen to undertake research looking at changing risk behaviours and promoting cognitive health in older adults.

## **8. Conclusions**

8.1 The Task and Finish Group heard a wealth of evidence and information - too much to record but references are listed. We believe that there is a significant need to invest in community developments which will enable and encourage increased social and physical activity to improve the health and wellbeing of our residents. We will seek to work in partnership with a range of public, voluntary and 3rd sector providers to achieve the following :

8.2 Our recommendations are:

### **A. A Social Network Village of the Future :-**

- A Village “Hub” /centre where residents of all ages feel comfortable to play cards, drink coffee, eat cake, socialise and plan activities
- A wide range of social activities within 10 miles of their homes
- People looking out for each other
- Individuals making choices about activities which are free from transport concerns
- Shared knowledge of activities/opportunities
- Transport schemes to cover regular and irregular trips
  - bus services
  - Mini-bus services (including links with day centres, clubs, cubs, scouts football etc)
  - Time banking arrangements, car share and community transport
  - “A get you there service”
- Small and medium size villages working together - cluster villages

### **B. A Parish Toolkit including:-**

A Pick and Mix approach to specific activities and Groups to include advice on the what , where and how of each . e.g. what it involves, where it is running well, who will give you advice and support, and where to get grants if necessary.

Help with establishing clusters/links with other villages

Help with advertising and communications events and activities

### **C. Timebanking schemes across the District**

Establish a pilot scheme of 2 centres for Timebanking in 2017/8 with the view to expanding the scheme to x cluster villages in 2018/9

**D. Village clusters**

Promote Village clusters to increase sustainable activities and social networks

**E. Transport links**

Promote car share schemes and community transport scheme for the Northern villages

**F. Faith Audit**

Work with Diocese of Ely to carry out a Faith Audit into social isolation initiatives in South Cambridgeshire

**G. “Through the Door “**

Establish the “Through the Door “ project with the Granta Practice to set up a social prescribing scheme.

**H. “Home from Hospital Support”**

Work with the local hospitals and village groups to ensure patients leaving hospital are supported locally when they get home.

**I. “Promote Volunteering”**

South Cambs to publicise the opportunities for volunteering through the South Cambs Magazine and the website.

**J. “Communal rooms”**

Encourage the use of communal rooms in sheltered housing complexes

**K. “Design Retirement Villages”**

Encourage retirement village planning to include appropriate housing design and activities

**L. Review and Evaluate the programme**

Seek partners to undertake a research project to evaluate some or all the interventions included in this paper

**References**

**(1).Promising Approaches - to reduce loneliness and Isolation in later life - Age UK Jan 2015**

(comprehensive review of approaches as part of Campaign to End Loneliness)

**(2) The Missing Million - In search of the loneliest in our communities - Campaign to End Loneliness 2015**

**(3) Volunteering , Inequalities & Public Health: Barriers to Volunteering Summary Report. Volunteering Matters - Leeds Beckett University 2017**



- (4) Access to Transport - Cambridgeshire Transport and Health JSNA 2015**
- (5) South Cambridgeshire Area Profile Key Statistics October 2016**
- (6) Response to Request for Information - Cambridgeshire County Council July 2015**
- (7) Primary Prevention of Ill Health in Older People 2014 - Cambridgeshire and Peterborough Clinical Commissioning Group - CCC** *(This document focuses almost entirely on Physical and Mental illness and does not cover social Isolation)*
- (8) Prevention of Ill Health in Older People - Full Report 2014 - Cambridgeshire county Council JSNA**
- (9) Primary Prevention of Ill Health in Older People - Cambridgeshire Joint Strategic Needs Assessment 2014\_**
- (10) Providing physical activity interventions for people with musculoskeletal conditions. Dept.of Health 2016**
- (11) Health and Wellbeing in Rural Areas - LGA and Public Health England 2017**
- (12) Hidden Citizens - Campaign to End Loneliness 2016.**
- (13) Dr Helen Tungsten Public Health Research - Lecture notes 2017**
- (14) Cambridgeshire town and Parish clerks survey 2017 - Cambridgeshire Acre**
- (15) Cambridgeshire Health and Wellbeing strategy 2012-2017**