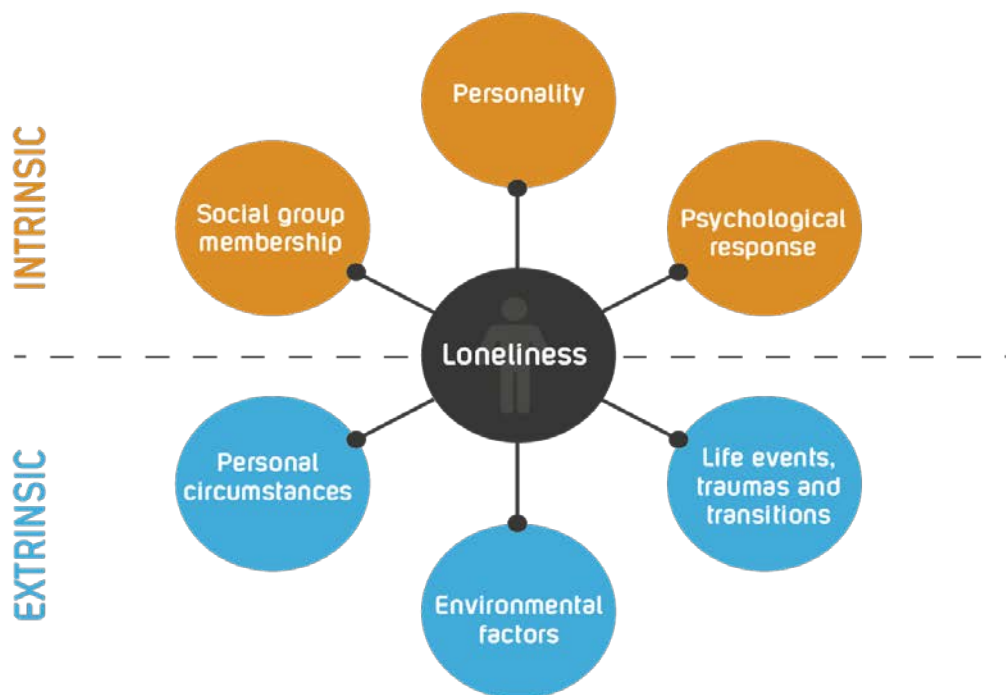


Combating Loneliness in Southampton Scrutiny Inquiry - Draft

“The most terrible poverty is loneliness” - Mother Teresa



PANEL MEMBERSHIP

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Chair's Introduction



Councillor Furnell - Chair of the Combating Loneliness Inquiry Panel (2016/17)

'A sad soul can kill you quicker, far quicker than a germ.' – John Steinbeck

The Scrutiny Panels remit to look into the problem of loneliness in Southampton was set out in August 2016. We have attempted to review current progress being made, to understand best practice elsewhere and identify what initiatives could improve our ability to tackle the scourge of loneliness in Southampton.

As the report shows loneliness can affect anybody of all ages from young people to the very old. Loneliness can be caused by personal factors as well as factors in the wider society. The common estimate is that about 1 in 7 people are lonely at any one time, which, when extrapolating this data indicates that there could be over 30,000 people who are currently experiencing loneliness in Southampton.

There are considerable health risks associated with loneliness and isolation and evidence has identified that loneliness is a comparable risk factor for early death as smoking 15 cigarettes a day.

There is strong evidence that loneliness has a dramatic knock on affect to society and can increase the pressure on a wide range of public services. Many problems only emerge when people are referred to health or local authority services.

We have spoken to countless organisations and individual people about their experiences in tackling loneliness and their experience of it. We have heard presentations from a diverse selection of people at our five consultation meetings. We have heard and read submissions from cabinet members, council officers, Age UK, Communicare, NHS Southampton City CCG and other health professionals, The Campaign to End Loneliness, groups working with young people, the BAME community, GP's, chaplains, street pastors and other community champions. This gave us a good overall view of what is currently happening and how it can be improved.

I thank everyone for their valued contribution to our final report. I would also like to thank council officers and the councillors on the Inquiry Panel for their contributions.

I am confident that we have highlighted the problems facing Southampton in regards to loneliness and we have identified additional measures which, if enacted, can alleviate problems associated with loneliness and isolation. It is incumbent on all of us, whether we are councillors or not, to be aware of this issue and work towards solutions.

Combating Loneliness in Southampton

The Aim of the Inquiry

1. Loneliness is a significant and growing issue. Acute loneliness has been consistently estimated to affect around 10-13 per cent of older people¹ but it is recognised that loneliness affects all age groups.
2. Professor Kevin Fenton, Public Health England National Director for Health and Wellbeing, stated that:
*'The devastating impact loneliness can have on our mental and physical health makes it an issue we can ill-afford to ignore.'*²
3. Loneliness is amenable to a number of effective interventions and the Campaign to End Loneliness, working with Age UK, have developed a framework which sets out a series of practical interventions to address loneliness.
4. Taking action to reduce loneliness can benefit residents, communities and reduce the need for health and care services in the future.
5. In recognition of the importance of this issue, and the potential to make a significant difference for residents and communities across Southampton, the Overview and Scrutiny Management Committee, at its meeting on 11th August 2016, requested that the Scrutiny Inquiry Panel undertake an inquiry looking at combating loneliness in Southampton.
6. The set objectives of the Inquiry were:
 - a. To review progress being made in Southampton to combat loneliness.
 - b. To understand what is being done to reduce loneliness elsewhere.
 - c. To identify what initiatives could work well in the City to help people make connections and improve their wellbeing.
7. The full terms of reference for the Inquiry, agreed by the Overview and Scrutiny Management Committee, are shown in Appendix 1.

How the inquiry was conducted

8. The Scrutiny Inquiry Panel undertook the inquiry over 5 evidence gathering meetings and received information from a wide variety of organisations. This included health professionals, charitable and voluntary organisations, volunteers, commissioners, academics and lonely residents in receipt of support. A list of witnesses that provided evidence to the Inquiry is detailed in Appendix 2.
9. To deliver the set objectives the agreed project plan identified that each evidence gathering meeting of the inquiry would focus on an aspect of the framework for loneliness.

¹ LGA, Combating Loneliness: A guide for local authorities, Jan 2016, Foreword

² Campaign to End Loneliness & Age UK, Promising Approaches to reducing loneliness and isolation in later life, Jan 2015, Foreword

10. At each meeting guests were invited to inform the Panel of the impact loneliness is having in Southampton, outline activities being delivered and to identify gaps and issues. This enabled the Panel to undertake a mini audit of the strengths and weaknesses/opportunities in the city and to recommend key actions that, if implemented, would help Southampton combat loneliness.
11. In undertaking this inquiry the Panel were made aware that combating loneliness was a complex and cross cutting issue and that councils, working in partnership with others, are well placed to lead on this ambition.
12. The key findings, conclusions and recommendations from the inquiry are detailed succinctly later in this report.

Consultation

13. The inquiry has sought to engage with lonely people and to ensure that their views are reflected. At meeting two the Panel heard from clients and volunteers engaged in the befriending service run by Communicare; at meeting 3 case studies from Age UK Southampton service users were presented to the Panel; additional consultation was also undertaken by officers to get a BME perspective on loneliness, this included a visit by the Scrutiny Manager to the Milan Group, an older Asian women's group in Southampton supported by WEA at the Clovelly Centre.
14. Members of the Panel would like to thank all those who have assisted with the development of this review, in particular Adrian Littlemore, Senior Commissioner within the Integrated Commissioning Unit, who has provided the Panel with invaluable advice throughout the inquiry.

Introduction and Background

Loneliness and social isolation

15. Although these two issues are often considered to be the same thing there are important distinctions between loneliness and social isolation. It is possible to be isolated and not lonely and vice-versa.
16. Isolation is objective and is a measure of the number of contacts or interactions; loneliness is subjective and was described to the Panel by the Interim Director of the Campaign to End Loneliness as:

“The unwelcome feeling of a gap between the social connections we want and the ones we have.”

How many people are lonely? – National Data

17. There are a number of different statistics that have been published that seek to quantify the prevalence of loneliness in the UK.
18. The Local Government Association’s guide to combating loneliness identifies that acute loneliness has been consistently estimated to affect around 10-13 % of older people. Indeed recent estimates place the number of people aged 65 who are often or always lonely at over one million.³
19. The number of people who feel chronically lonely is expected to increase as our population ages as studies show that the likelihood of experiencing loneliness increases with age.
20. To provide context to the statistics The Campaign to End Loneliness have published the following findings from research conducted:
 - 17% of older people are in contact with family, friends, neighbours less than once a week, 11% are in contact less than once a month (Victor et al, 2003)
 - Over half (51%) of all people aged 75 and over live alone (ONS, 2010)
 - Two fifths of older people (about 3.9 million) say the television is their main company (Age UK, 2014).
21. The above findings reflect loneliness amongst older people, however loneliness can be felt by people of all ages. The Campaign to End Loneliness website provides links to research that shows that loneliness in the UK peaks at two points in our lives; those aged 25 years and under and those aged over 65 years tend to experience the highest levels of loneliness.
22. However, to emphasise the point that loneliness can be felt by all ages, research commissioned to assess the changing face of social interaction in the UK by the ‘Big Lunch’ found that two-thirds of adults have experienced loneliness at some point and the ONS Opinions and Lifestyle Survey 2014/15 reported that, whilst the figure was higher for over 80’s (29.2%), 15.4% of all residents surveyed experienced high levels of loneliness in their daily lives.

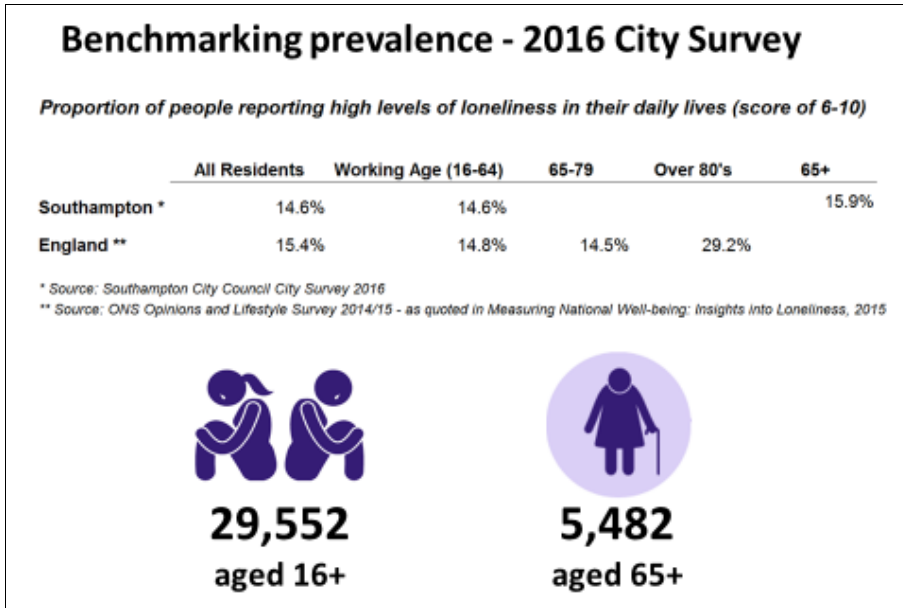
How many people are lonely in Southampton?

23. The 2016 Southampton City Council City Survey asked residents (aged 16+) a question about the extent they felt lonely in their daily life. The findings largely

³ LGA, Combating Loneliness: A guide for local authorities, Jan 2016, Foreword

reflected the national data with 14.6% of all residents responding that they experienced high levels of loneliness, the figure was 15.9% for over 65's.

24. Extrapolating this data indicates that there could be approximately 30,000 residents aged 16+ who are experiencing loneliness in Southampton. A breakdown of the data is shown in the table below.

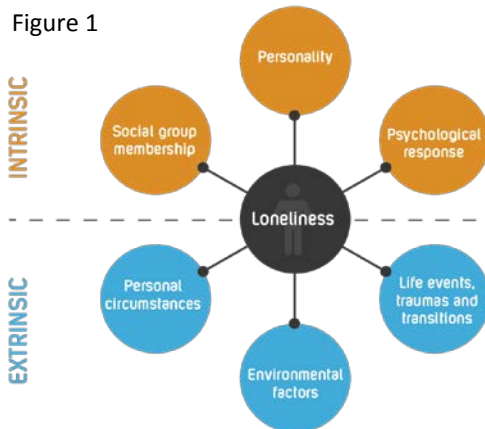


25. The above statistics relate to people aged over 16. Whilst no accurate statistics were available reflecting loneliness for children and young people aged under 16 in Southampton, the Panel were informed that, of the 5,865 young people No Limits offered information and support to in 2015/16, 21% discussed feelings of loneliness or difficulty relating to others.

Risk factors for loneliness

26. Loneliness is a deeply personal experience, its causes and consequences are unique to every individual. Loneliness stems from a combination of personal, community and UK wide factors rather than the product of one event or change in circumstances.
27. Whilst loneliness is unique a number of risk factors have been identified that increase the likelihood of experiencing feelings of loneliness. The diagram below from the Campaign to End Loneliness divides the risk factors into intrinsic and extrinsic factors, the table into personal and wider societal factors:

Figure 1



Personal	Wider Society
Age	Lack of public transport
Poor health	Physical environment (e.g.no public toilets)
Sensory loss	Housing
Loss of mobility	Fear of crime
Lower income	High population turnover
Bereavement	Demographics
Retirement	Technological changes
Becoming a carer	

SCC - Public Health presentation to Inquiry

28. Given the risk factors detailed on the previous page it has been possible to identify groups who are at particular risk of isolation and loneliness. The presentation to the Panel by the City Council's Public Health Consultant identified the following at risk groups:
- Mothers of young children / Teenage mothers
 - Children and young people who do not conform to local norms of appearance, language or behaviour
 - Young people and adults who care for others
 - Lesbian, gay, bisexual and transgender people
 - People in ethnic minority groups
 - People with long-term conditions and disability
 - Young people not in education, employment or training (NEET)
 - People who are unemployed
 - Working-age men
 - People who suffer from addiction
 - Homeless people.
29. The recently published report, '*Trapped in a bubble – An investigation into triggers for loneliness in the UK*', added to understanding of risk by identifying key life events or transitions that are risk factors for loneliness. Research showed that 73% of people surveyed who stated that they were always / often lonely fell within one of the following six groups:⁴
- Young new mums (aged 18-24)
 - Individuals with mobility limitations
 - Individuals with health issues
 - Individuals who are recently divorced or separated
 - Individuals living without children at home (empty nesters)
 - Retirees.
30. This research appears to corroborate the information provided to the Panel by the service users who are being supported by Communicare's befriending service when they identified the causes for their loneliness; feedback from the Community Navigator pilot and from Dr Ros Simpson, Southampton GP.

What is the impact of loneliness?

31. The report '*Trapped in a bubble – An investigation into triggers for loneliness in the UK*' concludes that:
- 'Loneliness can have serious consequences and negative impacts at both a personal and community level. Loneliness can cause and, at times, worsen existing personal problems (psychological, social, and behavioural) and community level issues (fewer social connections, lack of confidence to leave the home). Loneliness also has serious consequences for isolated individuals including increased morbidity, lower life satisfaction, and a predisposition towards low mental and physical health. It can affect all aspects of their life, including an impact on other social relationships and behaviours.'⁵

⁴ Kantar Public, *Trapped in a bubble – An investigation into triggers for loneliness in the UK*, 2016, p6

⁵ Kantar Public, *Trapped in a bubble – An investigation into triggers for loneliness in the UK*, 2016, p49

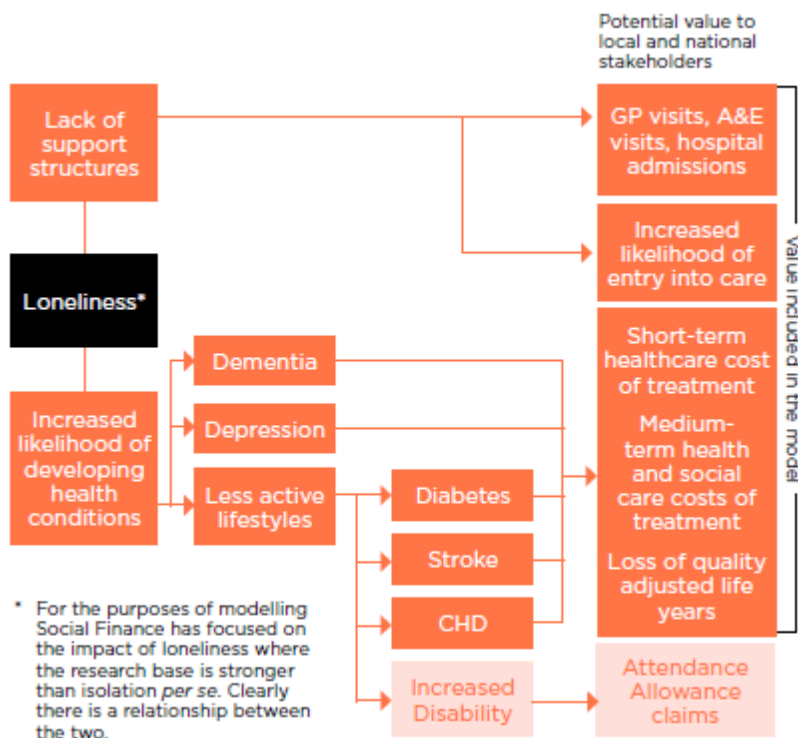
Physical Health and Mental Health

32. Research presented by the Campaign to End Loneliness shows that loneliness, as well as being a deeply painful experience, is harmful to our health: lacking social connections is a comparable risk factor for early death as smoking 15 cigarettes a day, and is worse for us than well-known risk factors such as obesity and physical inactivity. Loneliness increases the likelihood of mortality by 26%.
33. Lonely people are more likely to smoke and drink alcohol; more likely to be overweight and have poor diets; more likely to skip medication.
34. Loneliness is linked to the development of depression; can delay the recovery time from illness; can predict the suicidal behaviours in older age. More details on the impact of loneliness on health is available at: <http://www.campaigntoendloneliness.org/about-loneliness>

Costs to Public Services

35. There is strong evidence that loneliness can increase the pressure on a wide range of local authority and health services. It can be a tipping point for referral to adult social care and can be the cause of a significant number of attendances at GP Surgeries. This is outlined in Figure 2 below.

Figure 2: The impact of loneliness on public sector resources



36. A study by Social Finance assessed the average 'cost' of being chronically lonely to the public sector. Using national averages for baseline service usage of older people, they estimated that increases in service usage by chronically lonely people creates a cost to the public sector of on average c.£12,000 per person over the medium term (15 years).⁶

⁶ Social Finance, Investing to Tackle Loneliness – A discussion paper, June 2015, p10 inc Figure 2

The impact of loneliness - Southampton

37. Throughout the inquiry the Panel has sought to evidence the impact of loneliness in Southampton. Focusing on a number of high risk groups identified previously the Panel were able to develop their understanding of the issue within the city.
38. Given the scale and prevalence of loneliness it has not been possible to hear from each 'at risk' group during the inquiry. The information presented below, through quotes and statistics, therefore does not pretend to provide a comprehensive reflection of loneliness in Southampton. It is a snapshot that attempts to provide an insight into the impact loneliness is having on the emotional, physical, mental and social wellbeing of the city.

Older People	
<ul style="list-style-type: none">• Estimated 5,482 people aged over 65 lonely in Southampton.• <i>"When I got severe arthritis I had to quit my job and then I nursed my very ill father for seven years. During this period my social life was not very good, as I could not go out."</i> – Janet, Age UK Southampton service user	<p><i>"Evenings and weekends are the most challenging times"</i> - Communicare service user</p>
Carers	
<p><i>"I didn't feel isolated while I was able to go out to work and do caring. Once I tried to be a carer here full-time, I felt totally isolated because your whole network's gone. People come round for a while but not for long."</i> - Alone in the Crowd</p>	<ul style="list-style-type: none">• Estimated 36,000 carers in Southampton.• Carers slide into invisibility, lose support networks and often lose or give up jobs, friends and families – Phil Lee, Carers in Southampton
Young Carers	
<ul style="list-style-type: none">• Southampton Young Carers Project is currently supporting over 150 children and young people at any one time.• The impact on these children and young people's lives is profound. They become isolated, marginalised, lacking in confidence, they have low self-esteem and they are unable to go out to play with their peers.	
Minority Ethnic Communities	
<ul style="list-style-type: none">• Feedback identified older members of the community; young mothers; those who have recently arrived in the UK and those with limited incomes as those most likely to experience loneliness.• Inability to speak fluent English can limited ability to integrate, communicate, socialise and can lead to isolation.• Within some communities shame and dignity may discourage people from seeking help, especially issues around isolation and depression.	

Mental Health

“My anxiety and depression isolate me from people, stop me from being able to do the things I’d like to do so socially it cuts me off.” – Solent Mind service user

- Loneliness was a factor in a number of suicides in Southampton
- **Case Study – Male, lived halls of residence, Two years + studying. No known mental health issues or other health conditions. Committed suicide. No one seemed to know him.**

Children and Young Adults

- 1,245 young people discussed feelings of loneliness or difficulty relating to others (No Limits – Information and support data)
- Find it hard to trust people therefore find it difficult to make friends – (Care Leavers - Youth Options)
- Although students often have a reputation for partying, for many the experience of going away to university can be lonely, and have an impact on their mental health.

“Going to bed or thinking about what others are doing tends to emphasise the loneliness.” – Solent Mind service user (impact of social media)

Working Men

- Loneliness amongst working men is a real issue. **Stress and pressure to be successful can leave people isolated** – Mandy Harding, Southampton Street Pastors
- A number of ‘hidden’ people living on estates that do not come out and are isolated – Mandy Harding, Southampton Street Pastors

Homeless

- Loneliness is inherent in the state of homelessness, usually the complex trauma experienced by people who find themselves sleeping on the streets or lodged in a hostel or other temporary accommodation has likely been extreme enough to divest them of any social capital they may have had.
- **High rates of completed suicide amongst people who find themselves homeless owes a great deal to the social isolation they experience.** - Pamela Campbell, Consultant Nurse Homelessness and Health Inequalities, Southampton

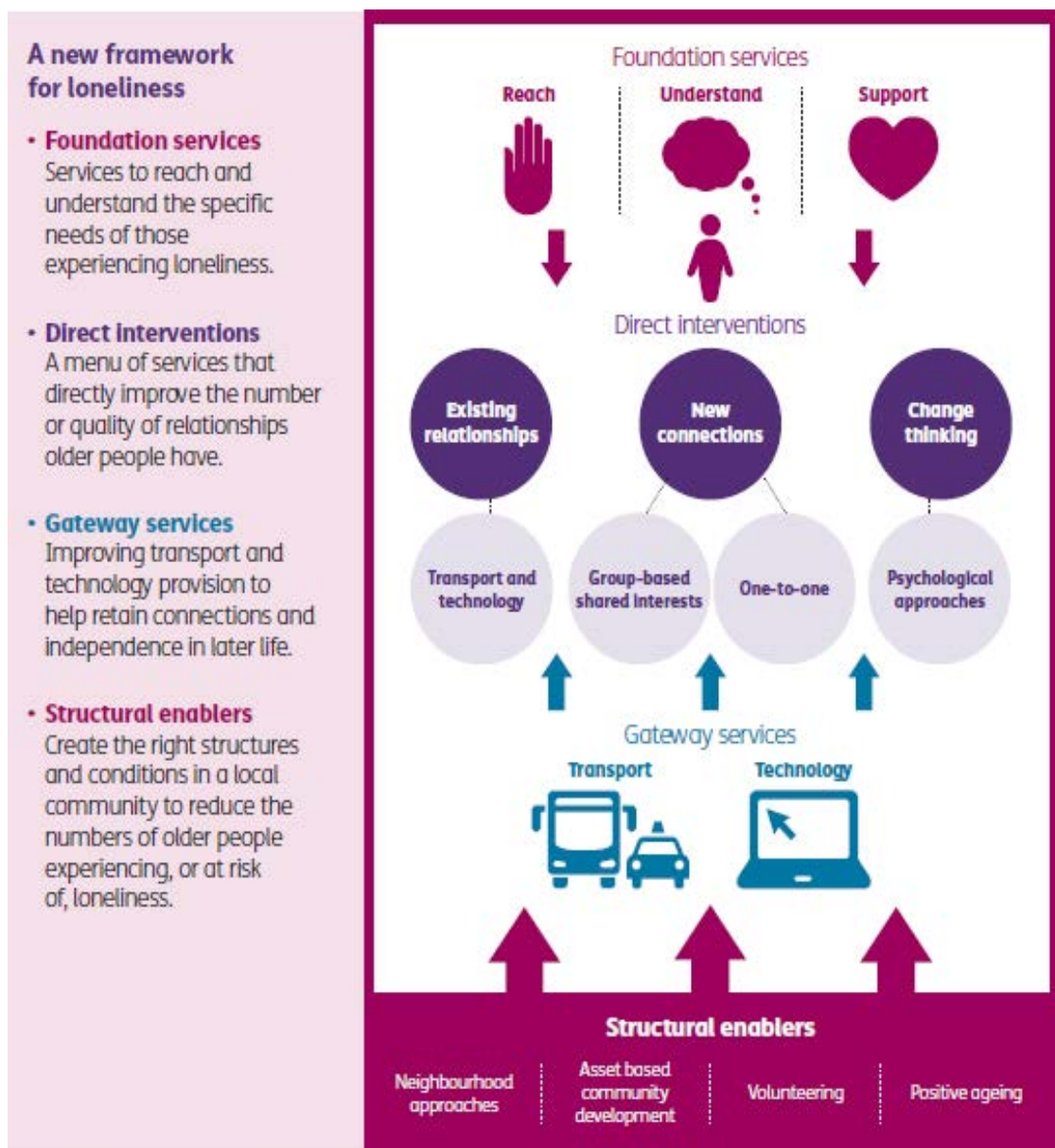
Health and Care System

- **“Loneliness is a big problem in Southampton, not just for the elderly, with a significant impact on the health system”** – Dr Ros Simpson, Brook House Surgery

39. Further details on the impact of loneliness in Southampton is identified in the summary of key evidence for each meeting attached as Appendix 3, and all presentations delivered to the Inquiry Panel are available at: <http://www.southampton.gov.uk/modernGov/ieListMeetings.aspx?Committeed=660>

A Framework for Addressing Loneliness

40. As previously identified loneliness is a deeply personal experience, unique to each individual, a problem with different causes and consequences for every one of us.
41. This is what makes addressing loneliness so complex. There has been a knowledge gap about what really works to tackle loneliness. To fill this gap in 2015 the Campaign to End Loneliness and Age UK produced '*Promising Approaches to reducing loneliness and isolation in later life*'. In this report, they asked the question 'What works?' and identified a large number of different sorts of services where there was some evidence that they had reduced loneliness.
42. A framework, shown below, was developed that identifies the full range of interventions needed in a local area to support people experiencing, or at risk of experiencing loneliness. This framework formed the structure for each inquiry meeting enabling comparison with support available in Southampton.



*Diagram adapted from 'No one should have no one' – Age UK

Conclusions and Recommendations

43. A summary of the key evidence presented at each of the inquiry meetings is attached as Appendix 3. In addition a summary of findings for Southampton against the framework for loneliness is attached as Appendix 4. Conclusions were drawn from each meeting and disseminated to the Panel. All of the reports, presentations and minutes from the inquiry meetings can be found here:

<http://www.southampton.gov.uk/modernGov/ieListMeetings.aspx?Committeed=660>

Conclusions

- The inquiry has clearly demonstrated to the Panel that loneliness is a significant issue in Southampton that has devastating and costly impacts for numerous residents, communities and the city as a whole.
- Loneliness is amenable to a number of effective interventions and there are clear incentives, as well as a moral obligation, to take action to address loneliness as combating loneliness can reduce the need for health and care services in the future.
- The Panel were encouraged by the progress made in Southampton to reduce and prevent loneliness, and the variety and diversity of activities and support currently being delivered, predominantly through the voluntary and community sector and the band of volunteers who work tirelessly to support vulnerable residents, to help make connections and bring communities together.
- The Panel are aware that a considerable number of the Loneliness Framework interventions needed in a local area to support people experiencing, or at risk of loneliness, are now in place or are in development, and that when a number of the new initiatives become established and rolled out across the city outcomes will improve.
- The area where the Panel felt most passionately about was the importance of strengthening neighbourhoods. Strong communities, looking out and supporting each other will inevitably reduce isolation and loneliness as well as providing numerous other benefits.
- The Panel support the development of the Community Solutions Groups, the proposals to develop a community development service to support voluntary and community organisations, reduce duplication and improve co-ordination, and to increase grant funding available for neighbourhood groups to encourage community led initiatives. Community led solutions offer significant potential to combat loneliness.
- However, Southampton can and must do more to combat loneliness and changes can be made that improve the timeliness of support offered to lonely people and help to prevent vulnerable people from becoming lonely, particularly acutely lonely, in the future.
- A priority must be to reach out more effectively to those who are most isolated and lonely, using and developing the data available and understanding of what causes loneliness, and which transition points can

make people vulnerable, to promote services and target appropriate support when it is required.

- Additionally there is a clear requirement to improve the provision of community focussed information, advice and guidance provided to lonely people and the co-ordination of effort and activity to encourage digital inclusion in Southampton.
- Examples of good practice exist nationally and it is advisable that the Council takes up the invitation from the Campaign to End Loneliness to provide support as Southampton seeks to combat loneliness.
- It is essential that in the drive to combat loneliness the views and opinions of lonely people must be at the heart of any decisions and that consideration should be given to hearing the voice of lonely people throughout the process.
- The findings and recommendations identified during the inquiry are reflected within Southampton Better Care vision; which is to join up care and support for each and every unique person in our city needing our care.

Recommendations

44. Reflecting the key findings and conclusions the following actions are recommended to combat loneliness in Southampton:

Foundation Services

1. **Southampton index of isolation and loneliness** – Incorporating segmentation data from MOSAIC, build on existing data sources to develop a comprehensive local index of isolation and loneliness that will enable neighbourhoods which have a higher likelihood of having individuals that are socially isolated or lonely to be identified.
2. **Data sharing and targeting support** – To increase the effectiveness of interventions share the index of isolation and loneliness with relevant organisations across Southampton, including the voluntary and community sector and the Council's Digital Transformation Team. This should enable services and prevention activity to be targeted to groups and neighbourhoods that are particularly vulnerable to loneliness.
3. **Transitions and key life events** – There is growing awareness that certain transitions and key life events such as bereavement, motherhood or retirement are risk factors for loneliness. Consideration should be given to the timely support and information that can be provided to residents experiencing these transitions and events to prevent and respond to loneliness.
4. **Southampton Information Directory (S.I.D)** – To maximise the potential of a citywide, but community focussed, information directory, a co-ordinated approach needs to be developed that results in either improvements to the existing Southampton Improvement Directory so that it is fit for purpose, or the purchasing of an additional platform to meet the needs of the city.

5. **Community Navigation** - Dependent upon the evaluation of the pilot scheme, commission and roll out the Community Navigation Scheme across Southampton to support residents to find the most appropriate support (utilising and updating the S.I.D) and to act as a link between lonely residents, local Community Solutions Groups and statutory services, including GP's.
6. **GENIE** – To help lonely people make new connections and reduce demand for health and care services, develop a plan to implement the GENIE tool across Southampton using trained volunteers and the improved S.I.D.
7. **Communications** – Develop a communications plan to improve awareness of loneliness, both among professionals and older people themselves, and to identify appropriate methods to communicate with lonely people.

Direct Interventions

8. **Befriending Services and Peer Support** – The Panel were informed of the lengthy waiting list for befriending services and peer support in Southampton. Linked to the development in the city to support prevention and early intervention it is recommended that consideration be given to identifying opportunities to increase capacity for the much valued befriending and peer support schemes in Southampton.

Gateway Services

9. **Digital Inclusion** – A Digital Strategy for the Council is currently in development. The Panel recommends that the Council co-ordinates its' approach with partners across the city to support digital inclusion, reduce duplication and target support effectively, utilising the index of social isolation and loneliness, including digital support for communities whose first language is not English.
10. **Community Transport** - The Community Solutions Sub-group are actively considering innovative approaches to the transport needs of people who cannot or find it difficult to use public transport. It is recommended that, if the business planning by the University of Southampton identifies the solution is achievable and sustainable, the Council and partners consider the support that they can offer to help the proposals come to fruition.

Structural Enablers

11. **BME Engagement in Community Solutions Groups** - Seek to engage BME communities and new communities in the local community solutions groups.
12. **Role of Councillors** – Councillors can be key catalysts in bringing communities together. It is recommended that Southampton City Councillors

lead by example, alongside local community solutions groups, by actively promoting neighbourliness and community action in their wards.

13. **Matching Students with Lonely Householders in Southampton** - To help solve the problems of affordable accommodation for young people and loneliness, particularly among house owning 'empty nesters' or bereaved, explore opportunities to encourage the creation of an organisation that pairs older people with students in Southampton, similar to the [Homeshare](#) scheme operating in Paris.
14. **City Makers** - To encourage more civic pride and volunteers, consideration be given to the idea proposed by Love Southampton of creating 'City Makers', similar to the 'Games Makers' scheme developed for the London Olympics.

Strategic Direction

15. **Combating Loneliness Plan** - The initiatives and recommendations proposed in this report are more likely to be effective if they are built into an overarching plan to combat loneliness in Southampton. It is recommended that the plan is owned by the Health and Wellbeing Board and linked to Better Care.
16. **Age Friendly Southampton** – It is evident that Southampton has the potential to become a recognised 'Age Friendly City'. It is recommended that the Council explores the steps required to become accredited and, if deemed achievable and desirable, commits Southampton to becoming Age Friendly.
17. **Social Impact Bonds** – If progress combating loneliness in Southampton is not being made at the pace required by the Better Care Scheme, it is recommended that the potential to deliver the step change in outcomes through the use of Social Impact Bonds is explored by the Council. (A definition of a Social Impact Bond is found on P48)
18. **Evidence what success looks like** – To enable effective monitoring of progress it is appropriate that a mechanism is developed by which success in combating loneliness can be measured against.

Appendices

Appendix 1 – Inquiry Terms of Reference

Appendix 2 – Inquiry Plan

Appendix 3 – Summary of Key Evidence

Appendix 4 – Summary of Findings

Appendix 1 – Terms of Reference

Combating Loneliness in Southampton Terms of Reference and Inquiry Plan

1. Scrutiny Panel membership:

- a. Councillor Furnell (Chair)
- b. Councillor Coombs (Vice Chair)
- c. Councillor Burke
- d. Councillor Laurent
- e. Councillor Murphy
- f. Councillor Parnell
- g. Councillor T Thomas

2. Purpose:

To review progress being made in Southampton to combat loneliness and to understand what is being done to reduce loneliness elsewhere, and what initiatives could work well in the City to help people make connections and improve their wellbeing.

3. Background:

- i. Loneliness is a significant and growing issue. Acute loneliness has been consistently estimated to affect around 10-13 per cent of older people but it is recognised that loneliness can affect all age groups.
- ii. Its impacts are devastating and costly – with comparable health impacts to smoking and obesity.
- iii. Loneliness is amenable to a number of effective interventions. Taking action to reduce loneliness can reduce the need for health and care services in the future
- iv. The Campaign to End Loneliness and Age UK have developed a framework which sets out a series of practical interventions to address isolation.
- v. Loneliness has been identified by the Better Care Programme as a major issue for people living in Southampton and work, co-ordinated by the Integrated Commissioning Unit, is underway to produce a plan to tackle loneliness in the City.

4. Objectives:

- a. To review progress being made in Southampton to combat loneliness.
- b. To understand what is being done to reduce loneliness elsewhere.
- c. To identify what initiatives could work well in the City to help people make connections and improve their wellbeing.

5. Methodology:

- a. Benchmarking our current progress against framework
- b. Seek stakeholder views

- c. Undertake desktop research
- d. Identify best practice

6. Proposed Timetable:

Six meetings between September 2015 and March 2016.

7. Draft Inquiry Plan (subject to the availability of speakers)

Meeting 1: 8 September 2016

- Introduction, context and background
 - What is loneliness / social isolation?
 - What are the issues faced and impact on individuals and local services?
 - What groups are at risk and what are the risk/trigger factors?
 - Types of support we need to consider having in place
- Overview of current position in Southampton.

To be invited:

- Cabinet Member for Health and Sustainable Living
- Representative from The Campaign to End Loneliness

Meeting 2: 6 October

Issue – How do we identify people who are lonely?

- Raising awareness
- Using data

To be invited:

- To be confirmed

Meeting 3: 17 November 2016

Issue – What works effectively to combat loneliness for **older people** and how can we help?

To be invited:

- To be confirmed

Meeting 4: 8 December 2016

Issue - What works effectively to combat loneliness for **children and young people** and **working age adults** and how can we help?

To be invited:

- To be confirmed

Meeting 5: 19 January 2017

Issue – Identifying the Gateway services and blockages

To be invited:

- To be confirmed

Meeting 6: 2 March 2017

To approve the final report of the inquiry and recommendations.

Appendix 2 - Inquiry Plan

DATE	MEETING THEME	TOPIC DETAIL	EVIDENCE PROVIDED BY
08/09/16	Agree Terms of Reference and introduction to the Inquiry	Introduction, context and background.	<ul style="list-style-type: none"> • Councillor Shields (Cabinet Member for Health and Sustainable Living) • Marcus Rand (Interim Director, Campaign to End Loneliness) • Adrian Littlemore (Senior Commissioner, Southampton Integrated Commissioning Unit)
06/10/16	Foundation Services	To develop an understanding of the current position in Southampton and best practice.	<ul style="list-style-type: none"> • Annie Clewlow (Chief Executive), Barry Worth (Trustee) and service users and befrienders - Communicare • Dan King (Service Lead, Intelligence and Strategic Analysis, SCC) • Sarah Weld (Public Health Consultant, SCC) • Dr Ros Simpson (GP Brook House Surgery) • Ian Loynes (Chief Executive, Spectrum CIL) • Samia Stubbs (Senior Community Navigator, Spectrum CIL) • Dawn Buck (Head of Stakeholder Relations and Engagement, NHS Southampton CCG)
17/11/16	Direct Services – Combating Loneliness for older people	To develop an understanding of the current position in Southampton and best practice.	<ul style="list-style-type: none"> • Phil Williams (Health & Wellbeing Development Officer, Age UK Southampton) • Paul Hedges (Senior Project Officer, Saints Foundation) • Rev Erica Roberts (City Chaplain for Older People) • Professor Anne Kennedy (Principal Research Fellow, Faculty of Health Sciences, University of Southampton) • Professor Anne Rogers (Professor of Health Systems Implementation in the Faculty of Health Sciences, University of Southampton and Research Director of the NIHR CLAHRC Wessex)

DATE	MEETING THEME	TOPIC DETAIL	EVIDENCE PROVIDED BY
			<ul style="list-style-type: none"> Jean Brown (Service Lead, Wellbeing and Prevention, SCC) – Jean’s presentation on Housing Services work to combat loneliness was delivered by Adrian Littlemore
08/12/16	Direct Services – Combating Loneliness for children and young people and working age adults	To develop an understanding of the current position in Southampton and best practice.	<ul style="list-style-type: none"> Sally Denley (Public Health Development Manager, SCC) Clare Grant (Peer Support Officer, Solent Mind) Julie Marron (Project Officer, Southampton Young Carers) Phil Lee (Project Manager, Carers in Southampton) Debbie Burns (Deputy Chief Executive, Youth Options) Alison Ward (Operations Manager, No Limits) Mandy Harding (Southampton Street Pastors Co-ordinator and Love Southampton) Pamela Campbell (Consultant Nurse Homelessness and Health Inequalities, Solent NHS Trust)
19/01/17	Gateway Services – Technology and Transport and Structural Enablers	To develop an understanding of the current position in Southampton and best practice.	<ul style="list-style-type: none"> Rebecca Ayres (Transformation Programme Manager, SCC) Beverley Smith (Business and Account Manager, IT and Customer Service, SCC) Adrian Littlemore (Senior Commissioner, Southampton Integrated Commissioning Unit) Carole Binns (Interim Director of Adult Social Services, SCC) Councillor Lewzey (Chair - Community Solutions Group)
02/03/17	Agree final report	Approve report for submission to OSMC	N/A

The minutes for each meeting, the evidence submitted to the Scrutiny Inquiry Panel and presentations delivered at each meeting is available at: - <http://www.southampton.gov.uk/modernGov/ieListMeetings.aspx?Committeeld=660>

Appendix 3 – Summary of Key Evidence

Scrutiny Inquiry Panel – Combating Loneliness in Southampton

Inquiry Meeting – 8 September 2016

Introduction to the inquiry

Summary of information provided:

Cabinet Member for Health and Sustainable Living, SCC – Councillor Shields

- Welcomes the inquiry. Recognition that loneliness presents a significant health risk that impacts on all ages, even in urban areas.
- Issues such as poverty, new communities and transient housing exacerbate the problem in Southampton.
- Opportunity to make a real difference in Southampton.

Interim Director, Campaign to End Loneliness – Marcus Rand

- A [presentation](#) was delivered by Marcus Rand – Campaign to End Loneliness
- The Campaign to End Loneliness are keen to work with Southampton to help the city become a world leader in combating loneliness.

Prevalence:

- Studies since the 1940s have shown that approximately 6 – 13% of people aged 65 and over feel lonely all or most of the time (so this hasn't changed in over 50 years – it's not getting worse, but it's not getting better either...)
- However – the number of people who feel chronically lonely will increase as our population ages.
- Research – including from academics, Office for National Statistics, Public Health England – all consistently show that likelihood of experiencing loneliness increases with age.
- Additionally: A recent Campaign to End Loneliness survey of over 1200 people revealed that 20% of people who experience loneliness feel they have no-one that they can turn to.
- There are a number of things that increase our vulnerability to loneliness. Loneliness can happen at any age but the risk factors are more likely to increase and converge, and our resilience to them reduces, as we age.
- National organisations such as the NSPCC, Ageing Without Children, Movember and CALM (Campaign Against Living Miserably) are all actively seeking to address loneliness in younger people.

Impact:

- Evidence presented identified the link between loneliness and physical and mental health. Evidence is also emerging of the cost to society caused by loneliness and the UK Parliament is launching a Commission on Loneliness in January 2017.
- The cost of being chronically lonely to the public sector on average is around £12,000 per person.

- The health service is a place where lonely people are frequently presenting. It has a significant impact on health and care systems.
Good Practice:
- Preventing loneliness can boost independence and reduce costs. It is a complex problem to solve and no one-size fits all.
- It is a challenge for society to solve. Individuals can all do something, the council's challenge is to empower people to help and develop opportunities that give meaning to lives.
- The Campaign to End Loneliness seeks to offer some practical answers to that big question, 'what works in tackling loneliness?' The Campaign to End Loneliness has identified good practice to combat loneliness in older age, published in the '[Promising Approaches](#)' report.
- A [Framework](#) has been developed, drawn from the Campaign's online guidance for local authorities, and highlights the full range of interventions needed from stakeholders across the community to support older people experiencing, or at risk of experiencing, loneliness. These are **Foundation Services, Direct Interventions, Gateway Services and Structural Enablers**.
- Key to success is to build on existing services and partnerships such as the data sharing agreement between Cheshire Fire and Rescue Service and Age UK Cheshire to find lonely people.

Senior Commissioner, Southampton Integrated Commissioning Unit – Adrian Littlemore

- A [presentation](#) was delivered by Adrian Littlemore providing an overview of the work being undertaken in Southampton to combat loneliness.
 - Better Care has been a catalyst for change through focussing on early intervention and support to prevent health issues, and increasing emphasis on self-management and independence.
 - Through the Community Solutions process Better Care Community Cluster Action Planning Groups identified needs and priorities in each of the 6 clusters in the city.
 - Each cluster identified the same 3 priorities:
 - Loneliness and social isolation
 - Access and support to use available information
 - Access to community transport for those unable to use public transport
- Loneliness and social isolation**
- A workshop on combating loneliness, led by the Campaign to End Loneliness, was held in May and a workshop to engage businesses is scheduled for October.
 - Vision to have a good neighbour and leader on every street as well as rolling out national examples of good practice such as Men in Sheds, expand the Time Bank scheme and using the GENIE tool in Southampton. More will be identified in future meetings.
 - Work is progressing - For example the Integrated Commissioning Unit is engaging with the Co-op to potentially link those recently bereaved to referral partners.

- Work being undertaken to address the 'Access and support to use available information' and the 'Access to community transport for those unable to use public transport' priorities is also helping to combat loneliness in Southampton.
- There is a need to recognise the value of the people who volunteer in the community.
- A priority for the city must be to help prevent people from becoming lonely in the first place as well as help those who are lonely.

Conclusions from meeting:

- Loneliness presents a significant health risk in Southampton that impacts on all ages.
- It is a complex problem to solve and no one-size fits all but good practice exists and there is a framework that helps support the process.
- Southampton is already taking steps to address the issue of loneliness.
- To maximise the benefits across the city the focus in Southampton must be about preventing loneliness as well as supporting those who are lonely.
- There is an opportunity for Southampton to be a leading city in combating loneliness.

Inquiry Meeting – 6 October 2016

Foundation Services – Reaching lonely individuals

Summary of information provided:

Representatives from Communicare's befriending service – Annie Clewlow (Manager), Barrie Worth (Trustee), Gary Collett, David Rogers, Jean Petersen, Vera Lowman, Karen Mitchell, Dorothy Perkin

- The Panel were informed by the invited guests of the various reasons they had become lonely. The following contributory factors were identified:
 - Bereavement
 - Retirement
 - Poor Health / Inability to get out of house to socialise / Caring for partner
 - Moved to a new city
- Evenings and weekends were the most challenging times
- Volunteers are often lonely as well and can benefit from increased social interaction.
- Communicare's befriending service provides positive support and is highly valued.
- Demand on service is increasing. They help approximately 360 people during a year. There is currently a waiting list of 170. There is a need for more capacity, resources and volunteers.

Service Lead, Intelligence and Strategic Analysis, SCC – Dan King
Public Health Consultant, SCC – Sarah Weld

- A [presentation](#) was delivered by Sarah Weld and Dan King that provided an overview of opportunities for using data to identify loneliness and the work that we are doing now in Southampton, or have planned, to reach lonely individuals.
- The Joint Strategic Needs Assessment acknowledges social isolation and loneliness, but there is a gap around data specifically measuring this issue.
- The 2016 City Survey asked residents questions about social isolation, including the extent to which they felt lonely in their daily life. 1 in 7 (14.6%) of residents aged 16+ in Southampton say they feel lonely in their daily life.
- Analysis of this data and extrapolating the information estimates that in Southampton there are approximately 29,552 lonely people aged over 16 (**14.6%**) and 5,482 aged over 65 (**15.9%**). The survey did not survey those under 16.
- The presentation identified key risk factors for loneliness some of which can be measured using routine data:

Personal	Wider Society
Age Poor health Sensory loss Loss of mobility Lower income Bereavement Retirement Becoming a carer	Lack of public transport Physical environment (e.g.no public toilets or benches) Housing Fear of crime High population turnover Demographics Technological changes

- The following groups were identified as being at greatest risk:
 - Mothers of young children
 - Children and young people who do not conform to local norms of appearance, language or behaviour
 - Young people and adults who care for others
 - Teenage mothers
 - Lesbian, gay, bisexual and transgender people
 - People in ethnic minority groups
 - People with long-term conditions and disability
 - Young people NEET
 - People who are unemployed
 - Working-age men
 - People who suffer from addiction
 - Homeless people
- Social isolation and loneliness analysis planned for 2016/17. Further investigation is required into how need is identified and sources of information. Opportunity to work with academics on this.
- Possible to map many of the indicators of loneliness, but individually they do not robustly identify people who are lonely.
- Age UK have mapped relative risk of loneliness across England, including Southampton. Only applicable to over 65's.
- Further work is needed to refine this locally, reflecting wider population and risk factors. Opportunity to use the MOSAIC market segmentation tool to identify neighbourhoods which have a higher likelihood of having individuals that are socially isolated.
- This data would then need to be used intelligently by agencies to target support and prevention activity.

- Currently working with Hampshire Fire and Rescue Services (commissioned through Public Health England) to undertake targeted home safety checks. This includes checks for loneliness. This is a [scheme](#) being delivered throughout England.
- Data tools should be seen alongside the GENIE tool that will be discussed at the next meeting of the Panel.

GP, Brook House Surgery – Ros Simpson

- Experience as a GP enables Dr Simpson to identify loneliness as a big problem in Southampton, not just for the elderly, with a significant impact on the health system.
- Lonely people often present at GP surgeries. They need somewhere to go. Possibly a reflection on a generation of people who are more insecure without emotional stability as they grow up.
- The lonely people attending the surgery can be categorised as presenting with the following:
 - Young Men with mental health issues (including ADHD and autism)
 - Women with mental health issues presenting with anxiety, sometimes linked to domestic violence. Often agoraphobic preventing making friends.
 - The bereaved who lack strong family support – Regular visitors to A&E
 - Carers – This role can make people isolated, lonely and depressed.
 - Housebound
- In Millbrook a lot of people are fearful of going out after dark. This limits activity, volunteering and people are scared to socialise and ask for help.
- Dr Simpson identified the following solutions to the problems identified:
 - Whole person approach adopted by health and care professionals – Expand cluster working and prioritise loneliness
 - More patient and doctor friendly information that can signpost individuals to services and activities
 - Value and support for carers
 - More specific over 75's nurses – Help the housebound and prevent issues
 - Greater focus in primary care on mental health
 - More safe volunteering opportunities
 - Support to organisations that deliver the befriending services and community navigation.

Chief Executive, Spectrum CIL – Ian Loynes

Senior Community Navigator, Spectrum CIL - Samia Stubbs

- Spectrum CIL are currently delivering a community navigator pilot in parts of Southampton. The pilot commenced 18 months ago.
- GPs and social care staff in the city regularly see people who find it difficult to access the health, social care and voluntary services they need and who would benefit from extra help and support. In several areas across the country, including the pilot in Southampton, community navigator type roles have been created to help with this, focussing on tackling emerging health and wellbeing issues early and promoting continued independence.

- Knowledge of local services is key. It is also advantageous that the pilot is being delivered by a voluntary sector provider as this increases the likelihood that people will engage with the service.
- Difficulty keeping track of services being provided. Some reluctance for providers in voluntary sector to work together.
- Community Navigators Pilot: The story so far – 300 referrals, majority from health and care professionals. 93 referrals concerning social isolation / loneliness, the majority relate to older people. The lonely people referred to the community navigators can be categorised as presenting with the following:
 - Housebound – Feeling isolated and lonely
 - Mental health issues – Anxiety and depression. Fear of leaving house.
 - Single parents
- The following barriers to accessing support have been identified:
 - Lack of co-ordination between agencies
 - Accessing transport to place of activity and sometimes supporting people in and out of vehicles
 - Capacity within befriending services (waiting lists at Communicare and Age UK)
 - Cultural differences – Activity outside traditional community can stigmatise and isolate individuals
 - IT and new technology – Positive if you can master it but alienating if not
 - Criminal background – Limits opportunities for volunteering
 - Hoarding behaviour – Embarrassed to let people into their home
- Adrian Littlemore informed the Panel that additional financial support is available from the Clinical Commissioning Group (CCG) to support community navigators. However, at present there is duplication as similar role being performed by other service providers, including SCC Housing. Keen to remove duplication, redesign and roll out a single community navigator scheme for Southampton.
- The Integrated Commissioning Unit is keen to support good neighbourly work across Southampton to help combat loneliness. Held 'Good Neighbours Workshop' on 5th October with resident association and neighbourhood watch co-ordinators invited. Local Community Solutions Groups are being established to help encourage closer working across neighbourhoods.
- The Community Solutions Group in Cluster 5 is starting to map groups in the area. The plan is to add this info to the Southampton Information Directory so that people can identify and access local resources/activity.

Head of Stakeholder Relations and Engagement, NHS Southampton CCG – Dawn Buck

- Dawn offered the following to help improve awareness of loneliness in Southampton:
 - To use our existing engagement networks to raise awareness about the issues of loneliness and isolation and to help identify those who are lonely and/or isolated.
 - Include loneliness and isolation as a topic in our health roadshows. These are planned to take place in the coming financial year.
 - Agree some key messages with other agencies to raise awareness

- Explore some innovative ways to tackle issues of loneliness with younger people
- Support initiatives such as ‘the Big Cuppa’.
- Map all the available support services to enable effective signposting for patients/ public and health professionals.

Conclusions from meeting:

- The Panel recognised the invaluable work being undertaken by volunteers across Southampton to combat loneliness.
- Southampton’s Joint Strategic Needs Assessment acknowledges social isolation and loneliness, but there is a gap around data specifically measuring this issue.
- Social isolation and loneliness data analysis is planned for 2016/17. Age UK have mapped relative risk of loneliness across England, including Southampton. Further work is needed to refine this locally, reflecting wider population and risk factors. There is an opportunity to use the MOSAIC market segmentation tool to identify neighbourhoods which have a higher likelihood of having individuals that are socially isolated. This data would then need to be used intelligently by agencies to target support and prevention activity.
- Loneliness has a significant impact on health services in Southampton. Lonely people often present at GP surgeries with a plethora of reasons for attendance.
- Additional resources are being provided to increase the support for people to access the health, social care and voluntary services they need. The community navigator pilot has seen some promising results. There is an opportunity to remove duplication, redesign and roll out a single community navigator scheme for Southampton.

Inquiry Meeting – 17 November 2016

Direct Services – Combating Loneliness for older people

Summary of information provided:

Health & Wellbeing Development Officer, Age UK Southampton – Phil Williams

- The Panel were informed about the national [initiative](#), being delivered in Southampton, between Age UK and the Fire and Rescue Services to target preventative services at the most vulnerable over 65s.
- AGE UK Southampton currently deliver a number of services to combat loneliness amongst older people, including lunch clubs, exercise classes, computer clubs and a befriending service, as well as working with numerous partners.
- It can be difficult for users to get to activities but once they have overcome the communication and transport barrier the benefits become evident. Need to support people to come to the initial activity. Difficult to make them financially self-sufficient.

- Groups can become support networks and participants often socialise outside the activity sessions.
- Age UK Southampton are currently focussing on advice services, service navigation, and befriending services. Would like to do more early intervention work but increasingly clients of Age UK have existing complex and multiple needs. New services can be started quickly.
- Keen to develop the work undertaken with SCC Housing Services to use communal facilities in housing complexes as hubs for Age UK and other services. This would maximise use of facilities and encourage integration between residents in the accommodation and the wider population, strengthening the community.
- Transport and effectively communicating information on available activities are barriers to reducing loneliness in Southampton.
- We need a multi-dimensional and collaborative approach, working in partnership with multiple organisations who at any one time may have access to a lonely or isolated person. Engagement is sensitive and is best tackled with a partner who can act as an “introducer” to ease the building of the relationship and trust.
- We also must consider “capacity” meaning the resource available in our city to support people. The way in which we manage this is critical if we are avoid being overwhelmed by demand. For example the growing number of requests for our befriending service means we are always running with a waiting list.
- [Age UK Southampton case studies](#)

Senior Project Officer, Saints Foundation – Paul Hedges

- A [presentation](#) on the Generation Gains project was delivered by Paul Hedges. Recognition of the important role exercise can play in improving outcomes for older people, especially in reducing falls that can lead to a reduction in confidence in going out.
- Ethos of celebrating the fact, not bemoaning it, that more people are living longer and maximise the opportunity’s for older people to continue to contribute to society.
- Some sessions are seeking to bridge the inter-generational gap connecting older people with school children.
- Working with Solent University on their volunteering programme for 2nd and 3rd year students.
- Looking to expand sessions, more can be done. Working with SCC to bring sessions to supported housing communal facilities. Keen to hold sessions in facilities across Southampton reflecting the transport barriers identified and difficulties getting information out to communities.
- Bath University have been commissioned to evaluate the effectiveness of the project. The evaluation will be shared with commissioners to help inform decision making.

City Chaplain for Older People – Rev Erica Roberts

- Spiritually supporting older people in Southampton and working in partnership with others, including Age UK and Saints Foundation, to bring resources and communities together. Partnership working is essential.

- Love Southampton is a collaboration project between all the churches in the city, working in partnership with Southampton City Council to find new and innovative ways to serve the city. Keen to reach out with partners to support most vulnerable people in community, including lonely older people.
- Church leaders undertook a resource audit in city. Fewer resources on east of city.
- Engaged in Community Solutions Group and keen for a Chaplain to be represented in each cluster group.
- Older people are a resource. We need to encourage them to get involved.

Principal Research Fellow, Faculty of Health Sciences, University of Southampton – Professor Anne Kennedy & Professor of Health Systems Implementation in the Faculty of Health Sciences, University of Southampton and Research Director of the NIHR CLAHRC Wessex - Professor Anne Rogers

- A [presentation](#) on GENIE was delivered by Professor Kennedy and Professor Rogers.
- The tool works by following 3 steps:
 - Map personal community of support in circle diagram with a facilitator
 - Complete on-line preference questionnaire
 - Link interests to database and Google map of local activities and resources
- Outcomes from case study on the Isle of Wight:
 - People took up, on average, 3 new activities or resources over a year following the GENIE intervention.
 - Healthcare workers have integrated GENIE into their work with evidence of use in 200 cases.
 - This study provided greater understanding of how GENIE works in producing a positive health effect.
- Expectation that this will lead to cost savings nationally for public services as people become less reliant on medical help.
- Key to success are:
 - the visual maps of networks and support options;
 - Guided help to assist engagement and constructive discussion of support and preferences for activities;
 - a reliable database, tailored preferences, option reduction for ease of use.
- NHS England are keen to roll GENIE out nationally. There is a willingness amongst all partners to pilot implementation in Southampton.
- The Community Solutions Group is currently identifying volunteers to undertake the GENIE facilitators training with a view to commencing training in the New Year.
- The proposal is for the Southampton Information Directory (SID) to be the database of local, activities. Community Navigators are being lined up to be responsible for updating the SID ensuring it is a live directory. This is key to the success of GENIE.

Senior Commissioner, Integrated Commissioning Unit – Adrian Littlemore

- Adrian provided the Panel with an overview of the key issues from Jean Brown's [presentation](#) on how Housing Services are supporting the drive, in partnership with others, to combat loneliness in Southampton.

- Encouraging SCC age related housing to be vibrant hubs – Socialising, volunteering, contributing, learning, active.
- Extra Care schemes are being developed with the intention that they will be hubs for a community. Looking to build more Extra Care accommodation, especially in the east of the city.
- There is some overlap with other services with regards to community navigation – linking people with services in the area. There is a need to look at services that overlap, provide greater alignment, reduce duplication and clearer access routes.
- Currently considering how Day Services can be re-configured to encourage more people to remain active and to support more activities to operate in Southampton.

Conclusions from meeting:

- The Panel recognise that a number of activities are being delivered by different service providers, often in partnership, across Southampton to combat loneliness experienced by older people.
- Barriers such as transport and communicating the activities to the target market exist and can inhibit further initiatives and attendances.
- Panel welcome developments designed to increase vibrancy of SCC communal housing hubs. It is essential that communities come together to build bridges and reduce loneliness. The Community Solutions Group and developing Local Community Solutions Groups are integral to this.
- Need to review services to provide greater alignment, reduce duplication and clearer access routes.
- The approach to communicating and co-ordinating messages about living well in later life is piecemeal. Need to be clearer about what is available locally. Start early and it is never too late.
- GENIE could be a valuable tool to help combat loneliness and all reasonable steps should be taken to ensure that Southampton is at the forefront of the development and implementation of GENIE.

Inquiry Meeting – 8 December 2016

Direct Services – Combating Loneliness for children and young people and working age adults.

Summary of information provided: Loneliness and Mental Health

Public Health Development Manager, SCC – Sally Denley and Peer Support Officer, Solent Mind – Clare Grant

- [Presentations](#) (presentations and additional information) outlining the links between loneliness and mental health were delivered by Sally Denley and Clare Grant.
- Loneliness is both a cause and an effect of mental distress. When the person isolates more they face more mental distress. With more mental distress they

may isolate themselves more. Those with severe mental illness are the most isolated.

- Loneliness was a factor in a number of suicides in Southampton.
- Social contact is a recognised key contributor to good mental wellbeing. *'My anxiety and depression isolate me from people, stop me from being able to do the things I'd like to do so socially it cuts me off.'*
- Social media can add to loneliness for young people.
- Difficulty is accessing those who need the services most as they are often the hardest to reach. Making the first move is hard for people with mental health problems. That is why Solent Mind started delivering 1-1 peer support, developing friendships and relationships. Elefriends is Mind's online support network.
- Solent Mind have about 40 volunteers. Many of them have been service users previously and want to give something back. Volunteers even catch the bus with service users to develop confidence in going out.
- There is often an emphasis on isolation in older people, but surveys suggest that the issue is even more prevalent among young people. Student Minds engages with universities, including a suicide prevention group. Halls of residence wardens are becoming befrienders keeping an eye out for students. Need to engage private companies who run student accommodation.
- Solent Mind have done some engagement with new communities and BME communities. Slower to engage BME communities.
- People are falling through the gaps in SCC provision, especially at key transition points. Would like to undertake more preventative work to stop people's conditions developing.

Summary of information provided: Loneliness and Carers

Project Officer, Southampton Young Carers – Julie Marron

- The Southampton Young Carers Project (SYCP) provides specialist support, respite and activities to children and young people (aged 6 to 24) who are caring for a family member in their home. SCC directly funds support for 6-16 year olds.
- Due to their caring role they may not be able to access the opportunities their peers can. They can suffer with issues around confidence and self-esteem and their caring role may impact significantly on their school attendance and educational attainment and ability to sustain friendships.
- SYCP is currently supporting over 150 children and young people at any one time and supports over 200 young carers per year. Demand is rising.
- The impact on these children and young people's lives is profound. They become isolated, marginalised, lacking in confidence, they have low self-esteem and they are unable to go out to play with their peers.
- The SYCP provides an opportunity to give back some of their childhood. Activities and support offered are identified [here](#) (Presentations - P37/38).

Project Manager, Carers in Southampton - Phil Lee

- There are an estimated 36,000 carers living in Southampton. All of us will be a carer or need the support of a carer in our lives.

- Loneliness is a significant issue for carers. Carers often slide into invisibility losing their support network or giving up jobs, friends and family.
- Carers can withdraw from social networks and before they know it they are restricted and lonely and no one wants to ask them about how they are, the focus is always on who they care for.
- In Southampton the Council and CCG commissioned the service for carers 2 years ago. Carers in Southampton have sought to engage with carers providing support and signposting to services and seek to make Southampton more carer friendly and raise profile of carers. Progress has been made but there is a lot more to do.
- Southampton Strategy for Unpaid Carers and Young Carers has been published and Carers in Southampton have launched a carers card to aid identification and recognition for carers. It is hoped that this card, and the discounts it offers, will help to access isolated carers.
- They provide a number of interventions to support and identify lonely carers. This includes a listening service, phoning and contacting people pro-actively, and engaging lonely carers where they can, including some home visits.

Summary of information provided: Loneliness and Children and young people

Deputy Chief Executive, Youth Options – Debbie Burns and Operations Manager, No Limits – Alison Ward

- Debbie and Alison delivered a [presentation](#) (p29) on aspects of loneliness and children.
- Youth Options run the 'next steps' project for children in care and care leavers in Southampton. Programmes are also delivered for young people who are NEET, unemployed or excluded from school.
- Of the 5,865 young people No Limits offered information and support to in 2015/16 21% discussed feeling of loneliness or difficulty relating to others.
- Pressure from social media, the press and mainstream media can lead to young people becoming isolated and anxious.
- Schools are struggling – The education system is putting considerable pressure on young people with less time for creative lessons or wellbeing as the focus is on attainment, especially in Maths, English and Science.
- No Limits does deliver emotional health and wellbeing work within schools. Referrals are overwhelming. Family navigators work with families but not enough capacity to deliver 1-1 support. Schools funding for developing wellbeing is under pressure.
- No Limits have established Safe Houses, activity based support groups for people who are in similar situations that enable mutual support networks to be formed.
- Lack of youth clubs and activities for young people was identified as an issue in Southampton. More activity for young people would help to reduce loneliness.

Summary of information provided: Loneliness and men / homeless

Southampton Street Pastors Co-ordinator and Love Southampton – Mandy Harding and written evidence from Consultant Nurse Homelessness and Health Inequalities, Solent NHS Trust – Pamela Campbell

- Street Pastors started in Southampton 7 years ago to help decrease violence and aggression within the night time economy. They provide 7,000 ‘helps’ a year. Most support is simply listening to people. It is often a time when people are ready to talk and they talk to Street Pastors because they wear a uniform but are not from a statutory service. Men do talk but at the right time and place for them.
- Loneliness amongst working men is a real issue. Stress and pressure to be successful can leave people isolated.
- A number of ‘hidden’ people living on estates that do not come out and are isolated.
- The Safer Students Forum could be more effective at tackling loneliness amongst students, especially in Freshers’ Week. Especially an issue for students who choose not to drink alcohol and can be marginalised for this decision, and foreign students.
- The voluntary sector is strong in Southampton and partnership working is effective but Street Pastors are seeing a drop in resilience and wellbeing across the city. Men are being worn down and are reaching a tipping point.
- Street Pastors are now running patrols in evening and early evening across different parts of the city, including Millbrook, city centre and Hoglands Park.
- Need to build resilience and develop social skills in Southampton.
- To encourage more civic pride and volunteers the idea of creating ‘City Makers’, similar to the ‘Games Makers’ scheme developed for the London Olympics, was recommended.
- Pamela Campbell provided [written evidence](#) (p39) to the Inquiry Panel outlining the inherent problem of loneliness experienced by homeless people.

Conclusions from meeting:

- The Panel were informed that, although much less attention has been paid to how loneliness affects other age groups, it is evident that loneliness is prevalent amongst the wider population.
- Some groups have a higher risk of loneliness and isolation. Innovative work is being undertaken in Southampton, often led by the voluntary sector, to help identify and support lonely people through initiatives such as peer support, counselling and befriending.
- Social media bring gives us more ways to connect with other people than ever, in some cases it can actually add to loneliness, particularly for young people.
- Need to review services to provide greater alignment, reduce duplication and clearer access routes.
- The voluntary sector and partnership working was identified as a strength in Southampton. Opportunities need to be considered to further strengthen the resilience and community mindedness of Southampton.

Inquiry Meeting – 19 January 2017

Gateway Services – Technology and Transport

Summary of information provided: Digital Transformation

Programme Manager - Transformation, SCC – Rebecca Ayres

- A [presentation](#) (presentations and additional information) on the work being undertaken by Southampton City Council to remove barriers preventing people from getting on-line was delivered by Rebecca Ayres.
- Key principle behind the Council's approach – To make sure that we are meeting the needs of the people who *can't* get online while continuing to work to change the behaviour of the people *who choose* not to transact with us online.
- The Council have used our insight capability to identify the three main digitally vulnerable groups: Older people; Low income households; Residents with either a learning or physical impairment.
- Using MOSAIC we are able to map where these residents are most likely to be located in the city and can also identify which services they are most likely to be using.
- There are approximately 13,000 digitally vulnerable households in Southampton as characterised by the 'do the least digitally' Mosaic segment. Of which up to 78% already use the internet for utilities or banking.
- A subset of the "Do the least Digital" group will also have a higher probability of experiencing social isolation. These households represent around 5% of Southampton and may create a double barrier by potentially being harder for the council to reach out to and channel shift.
- The National Digital Inclusion strategy identifies 4 main kinds of challenges that people face to going online:
 - **Access** - the ability to actually go online and connect to the internet
 - **Skills** - to be able to use the internet
 - **Motivation** - knowing the reasons why using the internet is a good thing
 - **Trust** - a fear of crime, or not knowing where to start to go online
- The Panel were informed about a number of initiatives that the Council and partners were working on to overcome the barriers including targeted activities to support older people, people on low incomes and people with disabilities.
- A Digital Strategy for the Council is currently in development. There is a need to co-ordinate the approach with partners across the city to support digital inclusion, reduce duplication and target support effectively.

Summary of information provided: Southampton Information Directory

Business and Account Manager, IT and Customer Service, SCC – Beverley Smith

- The Southampton Information Directory (S.I.D) contains information and support for adults, carers, families and children and young people with special educational needs. It is accessed via the SCC website.

- The site was well received when it launched in 2015 and currently receives 20,000 visits a month. It involved a lot of SCC officer resource to establish and populate. Assessed community groups are responsible for updating their information. The directory is not comprehensive and there is an opportunity to add further information.
- It is recognised that effective early support and signposting by a comprehensive directory can aid prevention, and could help reduce loneliness by informing people about local events and activities and could work with the GENIE tool.
- Officers recognise that the S.I.D is functional but has limitations. To increase the effective of the directory it needs to be up to date, easy to use and visual. The Council is considering whether it is possible to keep the S.I.D and develop it so that becomes a community focussed information, advice and guidance tool or whether another model is required and 2 systems are operated. The Council's Management Team is looking at this.
- The Inquiry Panel were informed about the [Leeds Directory](#) as an example of good practice. The Council needs a more co-ordinated approach to providing information.

Summary of information provided: Community Transport

Senior Commissioner, Integrated Commissioning Unit – Adrian Littlemore

- A number of issues have resulted in concerns with regards to accessing transport. These include – Fear of crime, changing bus timetable and routes, cost of taxis, limited dial-a-ride service that is difficult to build a social network around.
- A sub group of the Community Solutions Group, comprising representatives from key community, statutory and voluntary groups and transport providers has been meeting for a number of months to try to resolve these issues.
- The group has been mapping community needs and wants. A questionnaire is going to be distributed across the city to establish what the barriers to transport are and what community needs there are. A separate questionnaire is going to organisations that have access to transport to identify if it is being used to capacity.
- The expectation is that the transport resource in the city could be used more effectively if organisations would support a more collective / community approach to transport provision.
- There are clearly difficulties associated with this approach as organisations need re-assurance that their transport will be accessible to them when they need it. It is potentially easier to deliver community transport solutions in rural areas where the target market is clearer to define.
- Looking at possibly starting with a pilot scheme in a specific location. Scale and the number of partners are barriers.
- The Joint Strategic Needs Assessment (JSNA) and MOSAIC are being utilised to identify where car ownership is low and there are high levels of disability etc to help target services.
- The University of Southampton is supporting the approach by developing a business plan for the new model for community transport.

- If it can be delivered the initiative offers a potential solution to a barrier that contributes to loneliness for a number of people in Southampton.
- The Community Solutions Sub-Group is also in support of the Communicare idea of having volunteer conductors on certain bus routes to support people on the bus and give confidence to people about using busses again.
- The Community Cluster and Community Hubs approach is also hoping to reduce transport barriers by providing key services in accessible locations within local community hubs.

Structural Enablers

Summary of information provided: Working with the Voluntary Sector

Interim Director of Adult Social Services, SCC – Carole Binns

- The Panel were informed about the approach of the Council and CCG to support prevention and early intervention to enable people to remain active and independent for as long as possible. People living independently in communities can help to reduce loneliness by enabling people to maintain existing social and support networks.
- There are a lot of voluntary organisations providing services in the city, both large national bodies and small local organisations. At present activity is not co-ordinated and there are barriers (resources, time and capability) preventing some organisations from scaling up and doing more. The focus of commissioners is on reducing these barriers within the limited resources available. Two key elements (subject to the outcomes of consultation):
 - To support more participatory budgeting to give communities a greater say on where money is spent and increase the level of small grant funding available, via the Community Chest Scheme, from £50k to £100k. This funding supports the development of neighbourhood and street level groups. Good outcomes for small outlay, supporting community groups to run local services and help more people locally. This clearly could have a positive impact on reducing loneliness and reflects the findings from the consultation with BME communities on small grant funding initiatives.
 - Commission a community development service to support voluntary and community orgs to be able to scale up and offer more. Consultation is beginning shortly to identify the sort of help that is needed and which bring the best outcomes.

Summary of information provided: The Community Solutions Approach

Chair of the Community Solutions Group – Cllr Lewzey

- Community Solutions initiative is linked to Better Care. There is a need to look at things from the perspective of where people live and their neighbourhoods instead of just seeing people's health and service needs. Build on the strong networks in existence in the city.
- At the Itchen to Bridge the Gap Community Solutions Group various faith, voluntary, community, housing, health and care groups are represented and

attend monthly meetings to network and look at how the statutory sector can be supported.

- The community navigator for the cluster is involved and is key. They know what is happening locally and are developing a database of local resources. A directory to underpin the work is key – something that everybody can use.
- Neighbourhood watch groups are encouraged to become more active and to do more for their communities, including keeping an eye on lonely and vulnerable people.
- Building communities and neighbourhoods is incredibly important. This approach, seen alongside the developments outlined by Carole Binns, is a small step to re-building communities and can help to prevent loneliness and support people who are lonely.
- Need to link the 500+ groups in Southampton more effectively from faith to neighbourhood watch to tenants and residents associations.
- Street parties, arts events, sports events, inter-generational activity etc help to bring communities together. Councillors are useful catalysts for this.
- Recognition that more effort needs to be made to engage BME communities within the community solutions cluster groups.
- Need to see lonely people as an asset. They have skills to offer.

Conclusions from meeting:

- The Panel were informed that initiatives are being delivered to reduce digital exclusion in the city. More can be done to co-ordinate activity. A Digital Strategy is in development.
- The Southampton Information Directory provides some valuable information on groups and activities in the city. A new approach is required to maximise the potential of a citywide, but community focussed, information directory. The Council needs a more co-ordinated approach to providing information.
- The Community Solutions Sub-group are considering innovative approaches to the transport needs of people who cannot or find it difficult to use public transport. This work needs to be supported if business planning identifies the solution is achievable and sustainable.
- A number of approaches are being developed to strengthen and develop neighbourhoods and community cohesion. Community led solutions offer significant potential to combat loneliness.

Appendix 4 – Summary of Findings

Framework for Loneliness	Positive Developments in Southampton (based on evidence provided to the Panel)	Weaknesses / Opportunities for Southampton (based on evidence provided to the Panel)	Recommendations
<p>Foundation Services (Services to reach and understand the specific needs of those experiencing loneliness)</p>	<p>Reaching lonely individuals:</p> <ul style="list-style-type: none"> • Data – The Council is developing a statistical understanding of loneliness in Southampton, including recognition of key risk factors. • Data – Utilising the Age UK loneliness heat map for Southampton. • Data – Improving analysis of loneliness is a priority for 2017. • Transitions – The Integrated Commissioning Unit (ICU) is engaging with funeral directors to link those recently bereaved to referral partners. • Targeting action – Hampshire Fire and Rescue Services, in partnership with Age UK and the ICU, are using intelligence (including loneliness data) to target preventative services at the most vulnerable older people in Southampton. • Voluntary/Community/Faith services – Recognition that a number of groups and organisations across the city help to reach out to lonely people including chaplaincy, neighbourhood watch, Carers in Southampton, Street Pastors, resident associations. 	<p>Reaching lonely individuals:</p> <ul style="list-style-type: none"> • Data – Gap around data within the Joint Strategic Needs Assessment. • Data – Further work needed to understand local situation. • Data – Opportunity to use MOSAIC market segmentation tool, alongside other data sources to develop a comprehensive Southampton Index of loneliness and isolation. • Data – Opportunity to share the index with relevant organisations across Southampton, including the voluntary and community sector and the Council’s Digital Transformation Team to improve targeting of activity. • Transitions – There is awareness of the link between certain transitions and life events to loneliness. Opportunity for Southampton to be more proactive and target support to individuals experiencing these transitions. 	<p>Reaching lonely individuals:</p> <ol style="list-style-type: none"> 1. Incorporating segmentation data from MOSAIC, build on existing data sources to develop a comprehensive local index of isolation and loneliness that will enable neighbourhoods which have a higher likelihood of having individuals that are socially isolated or lonely to be identified. 2. To increase the effectiveness of interventions share the index of isolation and loneliness with relevant organisations across Southampton, including the voluntary and community sector and the Council’s Digital Transformation Team. This should enable services and prevention activity to be targeted to groups and neighbourhoods that are particularly vulnerable to loneliness. 3. Consideration should be given to the timely support and information that can be provided to residents experiencing these transitions and events to prevent and respond to loneliness.

Framework for Loneliness	Positive Developments in Southampton (based on evidence provided to the Panel)	Weaknesses / Opportunities for Southampton (based on evidence provided to the Panel)	Recommendations
	<p>Understanding and supporting lonely individuals to make meaningful connections:</p> <ul style="list-style-type: none"> • S.I.D - A Southampton Information Directory (S.I.D) has been developed that contains information and support for adults, carers, families and children and young people with special educational needs in the city. It is accessed via the SCC website and contains helpful information for lonely people to make new connections. • Community Navigators - Spectrum CIL are delivering a community navigator pilot in parts of Southampton. A community navigator is someone that helps people to find their way through the services available so they get the right service to meet their needs. They also help people develop a plan that works for them and link people with community resources to support them in taking action to improve their health and wellbeing, including loneliness. Promising results so far. • Communication – Engagement networks exist in Southampton to help raise awareness of health issues. 	<p>Understanding and supporting lonely individuals to make meaningful connections:</p> <ul style="list-style-type: none"> • S.I.D – The S.I.D is functional but has limitations. It is not comprehensive or intuitive, needs updating and re-designing to maximise the potential of a citywide but community focussed information directory. Examples of good practice, such as the Leeds Directory, were circulated to the Panel. • Community Navigators – Opportunity to roll out the scheme across the city, subject to evaluation of the pilot. Potential for community navigators to update the information directory. • GENIE - The University of Southampton have developed an interactive tool called GENIE. The tool is designed to engage and link people to social activities and support they value and find useful. Outcomes have been positive on the Isle of Wight where on average people took up 3 new activities or resources following the GENIE intervention. Potential to link with the information directory. 	<p>Understanding and supporting lonely individuals to make meaningful connections:</p> <ol style="list-style-type: none"> 4. A co-ordinated approach needs to be developed that results in either improvements to the existing Southampton Improvement Directory so that it is fit for purpose, or the purchasing of an additional platform to meet the needs of the city. 5. Commission and roll out the Community Navigation Scheme across Southampton to support residents to find the most appropriate support (utilising and updating the S.I.D) and to act as a link between lonely residents, local Community Solutions Groups and statutory services, including GP’s. 6. Develop a plan to implement the GENIE tool across Southampton using trained volunteers and the improved S.I.D 7. A Communications Plan is developed to improve awareness of loneliness, both among professionals and older people themselves, and to identify appropriate methods to communicate with lonely people.

Framework for Loneliness	Positive Developments in Southampton (based on evidence provided to the Panel)	Weaknesses / Opportunities for Southampton (based on evidence provided to the Panel)	Recommendations
		<ul style="list-style-type: none"> • Communication – Opportunity to use existing networks to raise awareness of loneliness; include loneliness as a topic for health roadshows; explore innovative ways to communicate with lonely people utilising data from Southampton index of isolation. 	
<p>Direct Interventions (A menu of services that directly improve the number or quality of relationships people have)</p>	<p>It is evident that Southampton has a wealth of services and organisations supporting new connections. Information provided to the Panel, and gathered during a loneliness workshop in May 2016, identified a number of services but there is recognition that not all are services are identified below:</p> <p>Group Based Shared Interests:</p> <ul style="list-style-type: none"> • Generation Gains – Saints Foundation • Solent Mind Peer Support • Next Steps – Youth Options • Safe House – No Limits • Southampton Young Carers Project • Milan (older Asian Women) – WEA • Asian Elders • SIGN (Southampton Intergenerational Network) • Lunch clubs • Exercise classes 	<p>One to One Support:</p> <ul style="list-style-type: none"> • Apparent that demand for some support services in Southampton exceeds capacity. This was evident when considering demand for much valued befriending and peer support services in Southampton where there are waiting lists for Communicare and Age UK befriending services in the city. 	<p>8. Consideration be given to identifying opportunities to increase capacity for the much valued befriending and peer support schemes in Southampton.</p>

Framework for Loneliness	Positive Developments in Southampton (based on evidence provided to the Panel)	Weaknesses / Opportunities for Southampton (based on evidence provided to the Panel)	Recommendations
	<ul style="list-style-type: none"> • Good Companions • Surestart • Groundswell • Dementia friendly Fridays • Activities at 5cc and 60plus housing complexes • Over 60s Club, Sholing • Timebank • Library Reading Group, Portswood • Community allotment at Weston • Communicare • Dementia Action Group, Portswood • Leisure clubs • Intergeneration project, Oasis Academy • Depression Alliance • City of Sanctuary • Men’s Sheds • Community Workshop Freemantle • Dads and Lads, SJRMC One to One Support: • Solent Mind Peer Support • Street Pastors • Communicare - Befriending • AGE UK Southampton – Befriending • Carers in Southampton • Southampton Young Carers Project • Citizens Advice 		

Framework for Loneliness	Positive Developments in Southampton (based on evidence provided to the Panel)	Weaknesses / Opportunities for Southampton (based on evidence provided to the Panel)	Recommendations
	<p>Psychological Approaches:</p> <ul style="list-style-type: none"> • Cognitive Behaviour Therapy (IAPT Service NHS) • Emotional health and wellbeing – No Limits deliver this in schools 		
<p>Gateway Services (Improving transport and technology provision to help retain connections and independence)</p>	<p>Technology:</p> <ul style="list-style-type: none"> • Frequent and multiple training courses: 19 locations that provide workshops and courses around Southampton • 16 amenities available where customers can access online facilities within the vicinity of Southampton • Multiple (Over 100) access points onto public WiFi including free options • IT support sessions provided to SCC housing tenants • IT sessions provided at libraries • Third party training courses specific for those with disabilities; Southampton Sight IT Support • Housing association workshops • Jobseekers workshops • CLEAR project- Providing IT skills for refugees and asylum seekers • Telecare & emergency alarm services • Southampton Information Directory • A Digital Strategy for the Council is currently in development. 	<p>Technology:</p> <ul style="list-style-type: none"> • There is limited evidence of co-ordination across sectors to target IT support to digitally vulnerable households. • Opportunity - IT support in different languages and in community settings to support uptake in BME and new communities. <p>Transport:</p> <ul style="list-style-type: none"> • Communicare has proposed the introduction of volunteer conductors on certain bus routes to support and give confidence to users (discussed at Community Solutions Sub-group). • Opportunity - The Community Solutions Sub-group are actively considering innovative approaches to the transport needs of people who cannot or find it difficult to use public transport and will be reporting findings in due course. 	<p>9. The Council co-ordinates its' approach with partners across the city to support digital inclusion, reduce duplication and target support effectively, utilising the index of social isolation and loneliness, including digital support for communities whose first language is not English.</p> <p>10. If the business planning by the University of Southampton identifies the transport approaches being developed by the Community Solutions Sub-group are achievable and sustainable, the Council and partners should consider the support that they can offer to help the proposals come to fruition.</p>

Framework for Loneliness	Positive Developments in Southampton (based on evidence provided to the Panel)	Weaknesses / Opportunities for Southampton (based on evidence provided to the Panel)	Recommendations
	<p>Transport:</p> <ul style="list-style-type: none"> • The Community Solutions Sub-group are actively considering innovative approaches to the transport needs of people who cannot or find it difficult to use public transport. • SCA Community Transport / Dial-a-ride • SVS Shopmobility • Taxi operators • Train and bus services 		
<p>Structural Enablers (Create the right structures and conditions in a local environment to reduce those affected by, or at risk of, loneliness)</p>	<p>Evidence provided to the Panel reinforced the view that creating supportive communities is fundamental to preventing loneliness as well as helping lonely people.</p> <p>Better Care vision: As part of the Better Care programme the City Council and Clinical Commissioning Group (CCG) has been working with neighbourhood, community and faith groups as well as voluntary sector providers and local business to build the capacity of the community to support people in need in their communities, forming the Community Solutions Group (CSG). The CSG organised a series of workshops in the 6 Cluster areas of the City to identify local priorities and produce</p>	<p>Neighbourhood Approaches:</p> <ul style="list-style-type: none"> • There are a lot of voluntary organisations providing services in the city, both large national bodies and small local organisations. At present activity is not always co-ordinated, there is duplication and there are barriers (resources, time and capability) preventing some organisations from scaling up and doing more. • Opportunity – Subject to consultation the Council is proposing to reduce these barriers within the limited resources available by: <ul style="list-style-type: none"> a. Supporting more participatory budgeting to give communities a greater say on where money is spent, 	<ol style="list-style-type: none"> 11. Seek to engage BME communities and new communities in the local community solutions groups. 12. Councillors can be key catalysts in bringing communities together. It is recommended that Southampton City Councillors lead by example, alongside local community solutions groups, by actively promoting neighbourliness and community action in their wards. 13. To help solve the problems of affordable accommodation for young people and loneliness, particularly among house owning ‘empty nesters’ or bereaved, explore opportunities to encourage the creation of an organisation that pairs older people with students in

Framework for Loneliness	Positive Developments in Southampton (based on evidence provided to the Panel)	Weaknesses / Opportunities for Southampton (based on evidence provided to the Panel)	Recommendations
	<p>a joint plan between communities and statutory services to address need and gaps in support.</p> <p>Neighbourhood Approaches:</p> <ul style="list-style-type: none"> • Common Solutions Group and Local Community Solutions Groups. • Held good neighbours workshop with neighbourhood watch co-ordinators and residents associations. <p>Asset Based Community Development:</p> <ul style="list-style-type: none"> • SCC Housing - Activity Co-ordinators promoting social inclusion within SCC housing complexes. • SCC Housing - Community facilities within SCC housing complexes encouraging usage from wider local elderly population. • SCC Housing - New complexes (Extra Care) designed to bring communities together and encourage social interaction. <p>Volunteering:</p> <ul style="list-style-type: none"> • Southampton has a strong and committed voluntary and community sector and the contribution made by volunteers in Southampton is immense. 	<p>and increase the level of small grant funding available, via the Community Chest Scheme, from £50k to £100k. This funding supports the development of neighbourhood and street level groups.</p> <p>b. Commission a community development service to support voluntary and community organisations develop by writing funding proposals, support DBS checks on individuals, help recruit volunteers and improving co-ordination across the city.</p> <ul style="list-style-type: none"> • Community led solutions offer significant potential to combat loneliness. Opportunity to engage with BME and new communities in the local community solutions groups. • Opportunity – For City Councillors to act as catalysts to bring communities together. <p>Asset Based Community Development:</p> <ul style="list-style-type: none"> • Opportunity - In Southampton the Panel noted the request by Itchen College for Homestay Hosts paying homeowners to allow a student to live in their home. If such initiatives 	<p>Southampton, similar to the Homeshare scheme operating in Paris.</p> <p>14. Consider creating ‘City Makers’, similar to the ‘Games Makers’ scheme developed for the London Olympics.</p>

Framework for Loneliness	Positive Developments in Southampton (based on evidence provided to the Panel)	Weaknesses / Opportunities for Southampton (based on evidence provided to the Panel)	Recommendations
	<p>Positive ageing:</p> <ul style="list-style-type: none"> Progressing towards becoming Dementia Friendly Southampton 	<p>could link students with lonely home owning residents it could help resolve two issues, loneliness and affordable accommodation.</p> <p>Volunteers:</p> <ul style="list-style-type: none"> Opportunity – To encourage more civic pride and volunteering Love Southampton proposed the idea of ‘City Makers’ for Southampton, similar to the concept of ‘Games Makers’ employed by the London Olympics. 	
Strategic Direction	<ul style="list-style-type: none"> The Joint Strategic Needs Assessment acknowledges social isolation and loneliness is an issue in Southampton. 	<ul style="list-style-type: none"> Opportunity for Southampton City Council to take the lead in ensuring a coherent and consistent strategy and action plan for tackling loneliness. Opportunity - The concept of an ‘age-friendly city’ was developed by the World Health Organisation (WHO) and the term refers to a city that enables and encourages people to age well according to their needs, desires and capacities. WHO has established a global network of 287 age-friendly cities and communities across 28 countries. Twelve are in the UK. 	<p>15. Develop an overarching plan to combat loneliness in Southampton. It is recommended that the plan is owned by the Health and Wellbeing Board, delivered in partnership with the Community Solutions Groups, and linked to Better Care.</p> <p>16. It is recommended that the Council explores the steps required to become accredited and, if deemed achievable and desirable, commits Southampton to becoming Age Friendly.</p>

Framework for Loneliness	Positive Developments in Southampton (based on evidence provided to the Panel)	Weaknesses / Opportunities for Southampton (based on evidence provided to the Panel)	Recommendations
		<ul style="list-style-type: none"> Opportunity - A report from the Social Finance, <i>Investing to tackle loneliness</i>, has been produced that identifies the potential to use Social Impact Bonds as a mechanism to fund and test innovative ways of identifying and supporting those suffering from loneliness. <p>A Social Impact Bond is a financial mechanism in which investors pay for a set of interventions to improve a social outcome that is of social and/or financial interest to a government commissioner. If the social outcome improves, the government commissioner repays the investors for their initial investment plus a return for the financial risks they took. If the social outcomes are not achieved, the investors stand to lose their investment. Social Impact Bonds provide investment to address social problems and look to fund preventative interventions. As such, they present an opportunity to provide support to reduce the strain on acute services.</p>	<p>17. The potential to deliver the step change in outcomes through the use of Social Impact Bonds is explored by the Council if progress combating loneliness in Southampton is not being made at the pace required.</p> <p>18. To enable effective monitoring of progress it is appropriate that a mechanism is developed by which success in combating loneliness can be measured against.</p>

