



INFORMATION ITEM

REPORT OF	MEETING	DATE	ITEM NO
RESOURCES DIRECTORATE	ENVIRONMENT, HEALTH AND HOUSING COMMITTEE	3 SEPTEMBER 2019	
ADDRESSING LONELINESS, SOCIAL ISOLATION AND HEALTH INEQUALITIES			

PUBLIC ITEM

This item is for consideration in the public part of the meeting.

SUMMARY OF INFORMATION

Increasing numbers of people, especially older adults, are becoming socially isolated or lonely. Chronic social isolation can reduce life expectancy by an equivalent amount to smoking, with chronic loneliness increasingly recognised as having far reaching consequences for the health and wellbeing of both individuals and wider communities. Social isolation and loneliness impact significantly on health and social care systems, both directly and through leading to long-term conditions. This is estimated to cost health and social services in Lancashire £100s of millions.

Fylde Council is committed to working with partners to improve the health and wellbeing of all residents. This is a priority in the corporate plan, with particular emphasis on tackling loneliness and social isolation and improving health inequalities.

This report provides information on the work that is ongoing with partners and communities to address the high levels of social isolation and loneliness across Fylde, supporting residents with suitable and effective activities to encourage participation and combat some of the associated health conditions.

SOURCE OF INFORMATION

Lancashire County Council, Public Health; Fylde and Wyre Clinical Commissioning Group; NHS England; Fylde District Profile 2019

WHY IS THIS INFORMATION BEING GIVEN TO THE COMMITTEE?

To update the Members of the Environment, Health and Housing Committee on the work being done across the borough to improve the general health and wellbeing of our local residents, including tackling loneliness and social isolation.

FURTHER INFORMATION

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Loneliness and Social Isolation

1. Social isolation has been shown to reduce life expectancy, and loneliness leads to greater risk of developing depression, dementia, or physical conditions such as high blood pressure. People who are lonely are more likely to visit their GPs or accident and emergency departments and are more likely to have emergency admissions. In addition, estimates suggest that people who are socially isolated and lonely are three times more likely to enter local authority funded residential care. Being socially isolated or lonely has significant impacts on people's physical and mental health. Research suggests that being socially isolated reduces life expectancy, through affecting health as strongly as smoking 10 to 15 cigarettes a day or alcoholism.
2. Some people are at much greater risk. The risk relates to both individual characteristics and circumstances, especially triggers of events involving loss - for example of health, of a partner or friends, or of work. Such events tend to become more frequent with advancing age, and living in more deprived circumstances also tends to increase the risk.
3. Many factors can impact on social isolation and loneliness, most of them outside our individual control. These include aspects of the places and communities we live in, and wider socio-economic factors, as well as our own personal characteristics and circumstances.
4. Because social isolation and loneliness is essentially a hidden issue, it is hard to know exactly who or how many people are affected and where they are. There is a strong imperative to tackle social isolation and loneliness, and it is prioritised in a number of policies and strategies for partner organisations in Lancashire.
5. Social isolation and loneliness is likely to affect 10s of thousands of people in Lancashire. It is estimated that, across Lancashire, at least 22,000 households (or 35,000 people) contain one or more household members who are chronically socially isolated. Most, though not all, affected households are older adults aged over 70.
6. As a general rule, likelihood of being socially isolated or lonely tends to rise both with age and deprived circumstances. The coastal and rural areas of North Lancashire are likely to have the highest levels of social isolation and loneliness in Lancashire, with 7% of all Fylde households (2,400) estimated to be socially isolated, including 9% of all households in Lytham and St Anne's.
7. Fylde is one of the smallest boroughs in Lancashire, with the third lowest population (78,863). It is estimated that between 2014 and 2039 the population of Fylde will increase by 9.2% and that the number of households will increase by 16.6%. Fylde has an increasingly mature population, currently 26.9% of the population are aged 65 years and over. By 2039, the population aged 65 or over in Fylde is projected to increase to around 50% of the population and 40% are projected to be one person households by 2041.
8. People who are socially isolated can be helped through engaging with social group activities or through using technology to connect with others. To help people already experiencing social isolation and/or loneliness, or who are at high risk of this, we need to consider a complete pathway to reach, understand and support people.
9. This involves statutory, third sector organisations and businesses working together with each other and communities. Strong partnership working at local level is essential to complement this and make it work effectively. This includes making full use of, and supporting, community groups and activities, with good information sharing via the FYI Directory; as well as innovative approaches to find and engage with people who are socially isolated or lonely.

Well North Initiative

10. Fylde Council is committed to working with partners and the local community to tackle the increasing challenge of loneliness and social isolation in support of our most vulnerable residents.
11. There are many relevant existing activities and community groups at a local level within Fylde to help people who are isolated. The difficulties are mainly that activities are insufficiently coordinated or joined up and that many people who could benefit miss out through being hidden from view.
12. Fylde Officers are working in partnership with other colleagues from business, councils, voluntary sector and health to develop a collective vision for a healthier Fylde. This is a new initiative funded through the CCG and facilitated by Well North Enterprises (<https://wellnorthenterprises.co.uk/>). The aim is to improve the wellbeing of the people of Fylde and ensure everyone has a sense of belonging by promoting the many

fantastic assets of the borough to improve the quality of life. The goal is to dig deep into the everyday lives of communities to find out what's important to them and establish a culture of innovation, collaboration and modernisation to help deliver transformative change.

13. The initial scheme will focus on Kilnhouse and Central wards as these have the highest levels of social isolation and loneliness in the borough, with pockets of extreme deprivation and very poor health outcomes for local residents, including higher than average rates of respiratory disease, diabetes and premature mortality:
 - Central ward has the highest percentage of people claiming out of work benefit in Fylde and the highest proportion of rented houses
 - Central ward has the 2nd highest rates of binge drinking and alcohol related hospital admissions in Fylde and significantly higher alcohol related hospital admissions than the national average
 - Kilnhouse Ward has above average levels of alcohol related hospital admissions and is ranked 5th in Fylde
 - Central ward has the highest rates of 11-15 year-old smokers and nearly double the England average
 - Kilnhouse Ward is above the national average rate of 11-15 year-old smokers
 - Central and Kilnhouse Wards also have rates higher than the national average for children's hospital admissions caused by unintentional and deliberate injuries to children and young people aged 0-17.
14. In general, the population health across Fylde is better than the England average with low deprivation and low poverty. Life expectancy is fairly similar to the England average although there is a significantly higher proportion of residents living with a limiting long term illness or disability and a high proportion of residents living in bad or very bad health.
15. The Well North pilot looks to address a number of these health and wellbeing concerns with a view towards learning from best practice and extending this approach across other areas of the borough as time moves on.

Regeneration, Heritage, Health & Well-being

16. There is a good and growing evidence base that historic places and assets can have a wide range of beneficial impacts on the physical, mental and social wellbeing of individuals and communities. Engagement with heritage and the arts can make a powerful contribution to individual health and wellbeing and improve overall community health.
17. The modern digital age has revolutionized human communication & connectivity. Ironically one of the side effects of this has been an atomisation of society, manifesting as a sense of isolation and loneliness and other mental health issues like depression and anxiety. It seems this phenomenon is increasingly affecting both young and older people. Online shopping, for example, has eroded much of the high street – once the hub of social and economic activity for most towns and centres. Such societal upheavals and dislocations on this scale haven't been seen since the Industrial Revolution and create profound challenges for policy makers and service providers. As the digital and trans-humanist revolutions accelerate rapidly, solutions to mitigate loneliness and isolation will urgently need to be found. Arts, heritage & place based regeneration programmes which re-connect socially isolated people with each other and their heritage will become increasingly important. They should provide new and repeat opportunities for meaningful social interactions and experiences and build a sense of collective belonging and identity. Town centre regeneration is obviously pivotal to this. Therefore they should absolutely be a key ingredient in town centre regeneration programmes.
18. Approaches like Neighbourhood Action and *Asset Based Community Development* (ABCD) – utilising assets, both people, institutional and place based to drive development, deliver both regeneration and public health outcomes – a win-win situation. For example, empty shops & units on the high street can be re-purposed as temporary venues to deliver a whole host of well-being interventions, from social prescribing, Arts on Prescription to Timebanks. This exchange between people creates the connections which are a vital asset to the community, in turn this enhances vitality, builds social capacity and improves local economy.
19. Policy Reports such as Historic England's Well-being and the Historic Environment, Royal Society Public Health's Health on the High Street, Public Health England's Healthy High Streets – Good Place Making in an

Urban Setting and the LGA's Report 'Combating Loneliness – A Guide for Local Authorities' all agree upon number of key points in relation to public health loneliness

- Healthy high streets can be considered an asset that promotes and improves the health of local residents and the wider local community.
 - Badly designed high streets with the wrong mix of shops can negatively impact health and well-being. Contrawise, good design and regeneration can improve health & well-being.
 - Neighbourhood action is important in building and harnessing communities' own capacity to tackle loneliness. Local authorities should support neighbourhoods to build resilience.
 - Interventions associated with culture, heritage and historic places can deliver multiple health outcomes, including tackling loneliness.
 - Humans are hard wired to need social interaction and thrive when connected in meaningful ways to a place, shared culture and history.
 - Research demonstrates that older people spend more time in their immediate neighbourhood making the immediate locality an extremely significant influence on their wellbeing
20. Funding is currently being sought from Historic England through the High Streets Heritage Action Zones (HSHAZ) programme to regenerate the historic market town of Kirkham. If successful, partners from the Councils, NHS, CCG, County Public Health & Museums Team, local GP practice and VCS groups will come together to identify and develop a number of exciting and innovative heritage themed cultural activities, events, workshops and sessions to feature in the HS HAZ area.
21. Some of the themes included in the proposal include:
- Memory, Place & Identity
 - Social & health inequalities
 - Museums on Prescription
 - Coping with Dementia
 - Mental Health and Heritage
 - Diet & Obesity through History
 - Drug & Alcohol Therapy through the Ages
 - Walking & Heritage
22. The benefits of working with the wellbeing agenda include focusing on diversity and inclusion by breaking down barriers to access; working with local authorities to raise aspiration in areas of high indices of multiple deprivation; promoting wellbeing and engagement with the historic environment through social prescribing; achieving local sustainability in new ways; building the relationship between people and place, while demonstrating the public value of the historic environment.
23. The guiding principles of the Kirkham HS HAZ initiative are that high streets must meet the needs of our communities, enhance health well-being and that any development should be co-produced with active community partnerships. The proposals are complementary to the development of local Primary Care Networks and align with community based approaches to well-being social prescribing and greater collaboration with partners

Other Initiatives in Fylde

24. Good health is about staying fit and well but it is also about the mind as well as the body. There are thousands of opportunities across the Fylde Coast through various groups, clubs and services for people to get out, socialise and learn new skills as part of a healthy lifestyle. A range of other services and initiatives are already on going across the Borough to address health and wellbeing issues and improve the quality of life for Fylde residents. These include:
- Befriending services
 - Volunteering
 - Park Run
 - Coach to 5k
 - YMCA Your Move Program

- Healthy workplace initiatives
- Health Walks
- Dementia awareness
- FYI Directory
- Self care week initiatives (18th – 24th November) – ‘think self care for life’
- The Big White Wall
- Care and Repair & DFG’s provide support to assist many with long term conditions
- Affordable Warmth schemes are beneficial in addressing COPD & respiratory illnesses amongst others
- Housing enforcement and homelessness services help those suffering acute health inequalities

25. Locally, the NHS is working collaboratively with neighbourhoods to build positive working relationships in order to develop and implement plans to improve health, with primary care teams, local authority, voluntary and community sector organisations and patients, public and informal carers all working together. This has seen GP practices working with local groups to set up projects including singing clubs, arts projects and friendship groups to combat loneliness and isolation. The main priorities are to focus on healthy lifestyle choices, increase levels of social prescribing, value the role of people and communities in their health and wellbeing, support and integrate the voluntary, community, faith and social enterprise sector.

26. In Fylde and Wyre, the CCG has worked closely with its GP surgeries and neighbourhoods to develop project work that is unique to those individual areas, focussing on six key principles:

- Care and support is person-centred: personalised, coordinated, and empowering
- Services are created in partnership with citizens and communities
- Focus is on equality and narrowing inequalities
- Carers are identified, supported and involved
- Voluntary, community and social enterprise and housing sectors are involved as key partners
- Volunteering and social action are recognised as key enablers.

Social Prescribing

27. Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services and link them in with non-medical support in the community.

28. In January 2019, the British Medical Association and NHS England agreed plans to fund social prescribing link workers for Primary Care Networks in England. NHS England aim to recruit up to 1,000 link workers by 2020/21 who will be directly embedded within local GP surgeries and recruitment is already ongoing in Fylde.

29. Also known as social prescribers, navigators or community connectors, social prescribing link workers will have, a central role to play to ensure the success of social prescribing schemes and help patients address the wider determinants of health. Their primary role within these networks will be to help GPs, patients and their carers to navigate the voluntary and community services environment through signposting, but also referring patients to appropriate VCS services.

30. Social Prescribing schemes are targeted at patients who visit their GPs but do not necessarily immediately require clinical treatment. These schemes aim to address the wider determinants of health with supported access to community groups and voluntary organisations running a wide range of activities from benefits advice, singing and cooking classes, to sports, gardening and housing help.

31. An increasing body of literature on social prescribing reveals that patients referred to these schemes can benefit from a health offering which might be more appropriate to their needs. While the evidence is still emerging, some local initiatives have proved really effective at tackling health inequalities and cost saving.

32. Health leaders and GPs are confident that embedding link workers within local surgeries will contribute to reducing GP workload, as well as repeat attendance and admission to hospital too.