

Meeting of South Ayrshire Health and Social Care Partnership	Performance & Audit Committee
Held on	20th August 2021
Agenda Item:	8
Title:	Progress report on the Social Isolation and Loneliness Strategy 2018-2027
Summary:	
<p>The purpose of this report is to provide the Performance and Audit Committee with an update on the progress of the implementation plan of the Social Isolation and Loneliness Strategy which covers the period 2019-2027.</p>	
Author:	Steven Kelly – Chair of Social Isolation Strategy Implementation Group
Recommendations	
<p>It is recommended that the Performance and Audit Committee:</p> <ul style="list-style-type: none"> i. Note the progress made in delivering the strategy; ii. Provide comment on future delivery of the strategy; and iii. Remits the report to Community Planning Partners for their consideration. 	
Route to meeting:	
<p>Routine progress report to Performance and Audit Committee of strategies approved by the Integration Joint Board.</p>	
Implications:	
Financial	<input type="checkbox"/>
HR	<input type="checkbox"/>
Legal	<input type="checkbox"/>
Equalities	<input type="checkbox"/>
Sustainability	<input type="checkbox"/>
Policy	<input type="checkbox"/>
ICT	<input type="checkbox"/>

Progress report on the Social Isolation and Loneliness Strategy 2019-2027

1. PURPOSE OF REPORT

- 1.1 The purpose of the report is to provide the Performance and Audit Committee with an update on the progress of the implementation plan of the Social Isolation and Loneliness Strategy which covers the period 2019-2027.

2. RECOMMENDATION

2.1 **It is recommended that the Performance and Audit Committee**

- i. Note the significant progress made in delivering the strategy**
- ii. Provide comment on future delivery of the strategy.**
- iii. Remits the report to Community Planning Partners for their consideration.**

3. BACKGROUND INFORMATION

- 3.1 The Social Isolation & Loneliness Strategy was approved by the Integration Joint Board at its meeting on 4 June 2019. The Strategy is accompanied with an Implementation Plan designed to take forward the three key Strategic Objectives namely 'Prevent', 'Respond' and 'Restore' as well as delivering both local and national outcomes. This is the first update on progress made against the strategy.
- 3.2 The attached update of the Implementation Plan ([Appendix 1](#)) produced through the Pentana Management System provides an update on each individual action as of 13th August 2021.
- 3.3 Social isolation and loneliness has been identified as a local priority within [South Ayrshire Local Outcomes Improvement Plan \(LOIP\)](#). The strategy has been progressed by the Social Isolation and Loneliness Strategy Implementation Group. The governance arrangements for the Group are provided by the Communities and Population Health Strategic Delivery Partnership within the [Community Planning Partnership](#) structure.

4. REPORT

- 4.1 It is proposed that the Performance & Audit Committee considers the progress which has been made against the actions set out in the Social Isolation & Loneliness Strategy Implementation Plan.
- 4.2 Despite the significant impact of the COVID-19 pandemic much work has continued or been initiated within the linked constraints. Although the group continued to meet online throughout the pandemic it was clear that the implementation plan could not progress within its current form; this is reflected in the progress report of the plan. However, other action in response to need

during the pandemic flourished and some of that work is reported here. The work carried out last year was reported in the Local Outcomes Improvement Plan Annual Report 2020.

4.3 In addition, VASA produced a report setting out the third/community sector response to Covid ([Appendix 2](#)).

4.4 It is proposed that the Performance and Audit Committee considers the progress which has been made against the agenda set out in the Social Isolation and Loneliness Strategy.

4.5

Status	Number
✔ Completed	1
▶ On Target	29
⚠ Showing Some Concerns	0
● Not on Target	0

4.6 Each action within the Implementation Plan supports the delivery of one of the three Strategic Outcomes with overlap on occasion. A brief summary of progress against each of the Strategic Outcomes is provided below:

Prevent: prevent people from becoming chronically socially isolated or experiencing loneliness (primary prevention)

4.7 Development of a branded 'network: 'Ageless and Active' was developed (pre-COVID-19) as a means of branding a range of opportunities to support older people with activities, networks, connections and support. Some branded work did take place but was stopped at the first lockdown period. This is something needing to be picked up as we move to a different pandemic phase

4.8 The Tenant Participation Team provided a range of opportunities for Council tenants to become involved with their Housing Service, many of whom live within single person households.

4.9 Training on social isolation and loneliness was in development pre-COVID-19, however this development has been paused due to staff being deployed to support the Health Protection response to COVID-19. It is anticipated that this will be re-established during the post-pandemic period.

4.10 Social isolation and loneliness awareness raising activity has taken place with Locality Planning Groups, Community Links Practitioners and other staff groups. In addition, the NHS Ayrshire & Arran 'Keeping Well during COVID-19' webpages included information on keeping connected during the height of the restrictions to slow the spread of COVID-19. Local workplaces were also provided with information on the importance of keeping connected with colleagues during this time; this was included within the Remote Working for Managers guidance and piloted with colleagues from DWP.

- 4.11 South Ayrshire Lifeline (formerly Life) moved to a different level of support during the first few months of COVID-19, offering a seven day per week help line staffed by staff and volunteers and providing direct practical support for those affected by the lockdown. The helpline answered more than 8000 calls and linked people in to a range of services including accessing food, medicines, hearing aids, etc but it became apparent that a significant number of calls were from those needing more regular contact – basically people who were isolated and lonely.
- 4.12 Because of this emergent need, VASA in liaison with HSCP staff, developed a telephone befriending service largely staffed by volunteers. A team of 71 volunteers are delivering over 135 hours of telephone befriending sessions to 123 clients each week. The number of volunteers and clients fluctuate depending on varying factors including demand for the service, clients moving on to other services or no longer needing the service Referrals still come in on a weekly basis from for example Community Link Practitioners, Mental Health Team, Social Work and Moving on Ayrshire. It should be noted that two of our previous clients have now become telephone befriender volunteers themselves.

CASE STUDY A

Mr M is in his mid-50's and spent many years battling addiction to alcohol and heroin. Around 15 years ago, Mr M turned his life around and has been sober/clean ever since.

During the pandemic, Mr M became anxious and isolated and feared his demons may return. He took early action and sought support for himself in the very early stages of lockdown in 2020. He was offered Telephone Befriending and was matched up with a local gentleman who phoned him several times a week.

The phone calls made a huge difference to Mr M and he felt he had “someone to look forward to speaking to” every week.

Once restrictions began to lift, he felt he no longer needed to receive calls but instead requested to volunteer. He said, “If I can give back even a little of the help that I have received, then I'll know I have helped make a difference in someone's world”.

Mr M has since been supported through the application process including training and induction and is currently awaiting his first voluntary role.

- 4.13 As anecdotal and national research highlighted the impact of people who were shielding, other services have also been developed such as 'Up and About' and 'Mix and Match' that provides personalised support for those struggling with isolation, loss of confidence and independence. South Ayrshire Lifeline has been re-launched and a self-management programme has been developed:

South Ayrshire Lifeline

- 4.14 The website has recently been relaunched and updated. The calls coming into the Freephone are also becoming more complex in nature from the general public, social work, Community Link Practitioners, Health Visitors, OTs etc. as the lifeline becomes the first point of contact. From the beginning of April there has been almost 3000 searches on the website and 836 signposting interactions from referral agencies. The staff have been trained in the use of credit unions and will soon be having debt management signpost training to a local cab.
- 4.15 The hearing aid battery service that started during lockdown continues to also be popular with 1063 packs sent out since the 1st of April.
- 4.16 The team are also supporting groups to reopen now that restrictions have been lifted. In the next few weeks drop-in sessions from some of the support groups will start again at the book and bun (which is the new home for South Ayrshire Lifeline).

Out and About / Mix and Match

- 4.17 This service which is aimed at prevention/early intervention only restarted six weeks ago again due to the restrictions that were in place. During this short time, we have had 17 referrals all for people with complex needs. 32 interactions have taken place and we will ensure that each client is supported until we can ensure they are on a clear pathway to integration into the community and look more towards self-management where appropriate. Some will form part of our self-management forum which will start in the next few weeks, join our walking group and or be introduced to likeminded people for social interaction.

Self-Management Living Well Programme

- 4.18 This is a free six-week programme aimed at people with long term health conditions which has been specifically designed to help participants develop skills to better manage their health conditions.
- 4.19 The Living Well Programme is open to any South Ayrshire resident who is living with a long-term condition including, but not limited to, diabetes, asthma, COPD, stroke, heart disease, MS and depression or low mood. The programme offers an opportunity to chat and get to know likeminded people who are dealing with isolation and the physical, emotional and social impact of living with a long-term health condition.

4.20 There have been 56 referrals and 7 programmes run already by a team of 6 trained volunteers. To date all of the programmes have been run via zoom, although a blended mix and some face to face programmes will be running in the coming months.

4.21 Some courses will be aimed at men only as they are the hardest to reach group. A Self-Management Forum/Network will also be established in the coming weeks to ensure that once the programme is complete the clients are not back in the same position as they started.

4.22 Feedback from participants include:

"I really enjoyed meeting other people who are having similar experiences to me"

"It has helped my mental health and motivated me to re-join activities again"

"It has helped me focus on helping myself"

"I feel less isolated now"

4.23 Scottish Government has also resourced the Connecting Scotland programme to enable those digitally disenfranchised to get access to laptops/tables, data packages and support. VASA has targeted older people and have a post to support people with technical information as well as a help-line to provide basic IT advice. To date more than 100 digital devices (iPads or Chromebooks) have been distributed to lonely/isolated people within the local community. Each person's device is set up to meet their needs and delivered to them. This is then followed up by a bespoke package of support depending on their ability and what they aim to use the device for. In fact, more than 800 hours of support has been given to these clients over the last few months. In some cases, a mobile phone has also been supplied to ensure that the client can continue to use their device going forward. For those with a visual impairment or with very poor literacy skills the devices have been adapted to meet there need.

4.24 The devices have enabled people to have visual contact with their family, research topics they enjoy, watch films etc. In addition, VASA also offer support to anyone within the community that has a device (this includes mobile phones, SMART televisions, Fire Sticks as well as laptops and tablets. Demand for this service is steadily growing as more and more people find out about the service.

CASE STUDY B

MH contacted the VASA Digital Helpline Service after being referred by VASAs Living Well Program, which they were set to join that day. MH couldn't access her emails on her iPad to follow the Zoom link and participate in the Living Well Programme. MH is a lady in her 60s and was very eager to join the programme that day but struggled hugely with the technical aspect of it.

MH had previously also been referred to the VASA Digital Community Connector which seen her receive an iPad to allow her to become digitally connected. She was not familiar with the iPad and had little confidence. Working with the VASA Helpline, MH slowly began to learn how to install and log into the necessary apps, increasing her confidence as the support progressed. She was eventually anticipating the guided support before instruction was given, and successfully accessed the relevant email link for her Zoom meeting.

After her meeting she called back into the Helpdesk to pass along her thanks - 'could not have done it without you', 'an excellent service'. She had also since set up a Zoom get-together with her daughter in Glasgow.

- 4.25 VASA also worked with Sheltered Housing staff to support tenants to get digital access. Accessing digital information and connections has been a very positive move forward for many older people.
- 4.26 mPower staff have also continued supporting older people with personalised support and wellbeing plans and there is now a Digital Connector to support people with early stages of dementia with digital support such as the ADAM app developed with Alzheimer Scotland.
- 4.27 The Health Programme provided by South Ayrshire Council Leisure Services has continued to provide activities and programmes for older people to maintain or increase their levels of physical activity. This includes programmes such as Invigor8, HARP, MacMillan Move More; these also include a social element to prevent/tackle social isolation and loneliness which is currently being evaluated. The work moved on to digital/virtual platforms during lockdown, but participants were also phoned and linked together and outdoor supports were initiated (e.g. buddy walks).
- 4.28 The Reminiscence project in Partnership with the Scottish Football Museum was just beginning to take some recovery steps following the initial impact of COVID, but is now making good progress. Content for the online presence by way of local images from participating authorities is underway with South Ayrshire submitting a good number of images to reflect social history – particularly on holidays! These images will be uploaded on to the Scottish Football Museum website and there will be sufficient content from many Scottish authorities to be able to use the site in a participative way. A Project Officer has been appointed and will make progress on the overall project. Once more progress has been made, we can look at how we can encourage access and participation to individuals and groups who are, or who are at risk of experiencing social isolation and/or loneliness.

Respond: prevent people from developing social isolation or loneliness following one of the known triggers or transitions (secondary prevention)

- 4.29 Local services such as Community Link Practitioners and South Ayrshire Lifeline have continued to respond to loneliness and promote reconnection within communities. Additionally, Mental Health Practitioners within GP

practices and CMHTEs are being encouraged to signpost individuals who are experiencing loneliness to community/third sector support.

- 4.30 There will shortly be 11 Mental Health Practitioners, nine Community Link Practitioners and six Self Help Workers linked to GP Practices and localities that can direct and refer people to wider supports. There is also a Community Connector within Learning Disability services

Restore: Prevent those who are chronically socially isolated or lonely from experiencing poor social or health outcomes (tertiary prevention)

- 4.31 It is probably fair to reflect that much of the above work has also linked to people already living with more chronic loneliness, perhaps magnified by the COVID-19 limitations.

Other progress through COVID-19 pandemic

- 4.32 Progress on delivering the existing Social Isolation and Loneliness Implementation Plan has been significantly impacted upon by the COVID-19 related restrictions. Whilst this has limited progress on some components of the implementation, other work has emerged linked to the overall response to COVID-19 and, for example, the collective response to the shielding population.

- 4.33 Examples of the response which also link to the Social Isolation and Loneliness Strategy include:

Local supports

- 4.34 There are many local supports that overtly or implicitly offer support to those who are isolated or lonely. The report from VASA that captured the third/community response in the first phase of COVID-19 set out how well communities had mobilised to offer practical and emotional support for their neighbours.

Awareness Raising

- 4.35 It is fair to say that the overall profile of the impact of social Isolation and loneliness is much higher than before the strategy although it is relevant to say that would also be the case at a national level.

- 4.36 Reporting into CPP structures (in strategy development, endorsement and on implementation) has allowed for a useful platform to raise the issue with CPP partners.

Dementia Friendly Work

- 4.37 There is a range of separately reported work seeking to make South Ayrshire more 'dementia friendly' both through locality-based work and through thematic work.

Carers support

- 4.38 The Adult Carers Strategy and Implementation Plan sets out a range of supports for carers many of whom will be living with social isolation and

loneliness. For example, the SA Carers Centre has various support groups, peer support, virtual activity groups, etc that support carers.

Decision Days and Local Grants

- 4.39 Many of the Locality Planning Partnerships have had social isolation and loneliness as local priorities and local Decision Days have allowed for small amounts of money to support these very local groups.
- 4.40 With the constraints of COVID-19, the approach moved to local grant making in autumn 2020 and this provided a means to provide small financial support to grass roots work often linked to loneliness

Inter-generational work

- 4.41 Pre-COVID19 there have been some good examples of inter-generational mechanisms to support lonely older people.
- 4.42 **Appendix A** sets out some case studies and stories linked to the impact of our collective work to tackle social isolation and/or loneliness.
- 4.43 **Next steps:** A 'Position Statement' report is currently being drafted that reflects back over the previous few years of this work, the progress that has been made with limited resources, and some options about where the work could go in future years.
- 4.44 A scoping exercise was carried out to investigate the change in landscape since the strategy was developed. This scoping paper highlights social isolation and loneliness as experienced across the life-course. It also highlights the need to consider the wider determinants of social isolation and loneliness and links to, for example, place-planning. A paper was taken to the CPP Communities & Population Health SDP with the Community Planning structure.
- 4.45 To reflect the changes in the landscape since the strategy was developed, the strategy is undergoing a refresh and a one-year implementation plan for 2021-2022 is being finalised. This one-year action plan will allow action to respond to emerging needs post-pandemic and allow time for a longer-term plan to be considered.
- 4.46 The capacity to co-ordination of plan requires to be considered following the movement of posts with the HSCP and within Public Health. Both of these posts are considered vital to the progression and co-ordination of this work.

5. STRATEGIC CONTEXT

- 5.1 The Social Isolation and Loneliness Strategy supports the Partnership's Strategic Objectives, particularly:
- We focus on prevention and tackling inequality
 - We nurture and are part of communities that care for each other
 - We work together to give you the right care in the right place
 - We help build communities where people are safe

6. IMPLICATIONS

6.1 Financial Implications

6.1.1 There are no specific financial implications arising directly from the consideration of this report.

6.2 Human Resource Implications

6.2.1 There are no specific human resource implications arising directly from the consideration of this report.

6.3 Legal Implications

6.3.1 There are no specific legal implications arising directly from the consideration of this report.

6.4 Equalities implications

6.4.1 The proposals in this report allow scrutiny of performance. The report does not involve proposals for policies, strategies, procedures, processes, financial decisions and activities (including service delivery), both new and at review, that affect the Council's communities and employees, therefore an equality impact assessment is not required.

6.4.2 A full Equalities Impact Assessment was carried out on the Strategy.

6.5 Sustainability implications

6.5.1 There are no environmental sustainability implications arising directly from the consideration of this report.

6.6 Clinical/professional assessment

6.6.1 There is no requirement for a clinical/professional assessment.

7. CONSULTATION AND PARTNERSHIP WORKING

7.1 This report has been prepared in consultation with relevant officers from across statutory and third sector organisations, predominantly through the Social Isolation and Loneliness Strategy Implementation Group.

8. RISK ASSESSMENT

8.1. There are no anticipated risks arising from the content and recommendations of the report.

8.2. In terms of the IJB Risk Management Strategy, the level of risk is low.

REPORT AUTHOR AND PERSON TO CONTACT

Name: Steven Kelly

Phone number: 01292 559373

Email address: steven.kelly@south-ayrshire.gov.uk

BACKGROUND PAPERS

[Social Isolation and Loneliness Strategy 2019-2027](#)

[LOIP Annual Report 2020](#)

13.08.2021