

COUNCIL CABINET 22 January 2014

Report of the Cabinet Member for Adults and Health

Tackling social isolation and lonelinessfaced by older people

SUMMARY

- 1.1 The majority of older people are not isolated and contribute significantly to life in Derby. National policy can unfairly portray older people as a burden on society, yet many of Derby's families and communities could not thrive without the active input of senior citizens.
- 1.2 Nevertheless, loneliness and social isolation is a significantrisk. Isolationdamages quality of life and impacts on communities deprived of affected individuals' positive contributions. The consequence for the council and statutory partners is that some older people developments that the council has a legalduty to meet.
- 1.3 Isolation occurs for different reasons, such as changes in mental or physical health, social causes and economic factors. There is no single way to tackle lonelinessand responsibility is shared across society. It is therefore important to develop a wide-ranging approach that involves a breadth of council services as well as statutory and community organisations. It is vital that older people are involved in articulating problems and defining solutions.
- 1.4 Due to the financial pressures imposed upon Derby City Council by the Coalition Government, the Council wishes to hold a wide ranging review with older people, their carers, the NHS and local organisations, to consider how the council can respond to best support its residents and communities.

RECOMMENDATIONS

- 2.1 Tolaunch a wide-ranging reviewidentifying factors contributing to social isolation for older people in Derby, strengths already in place and gaps that shouldbe addressed.
- 2.2 To ask Council Cabinet to consider conclusions from the review in summer 2014.
- 2.3 To agree to consider, as part of the review, the role of council services in alleviating loneliness and isolation by making best use of resources available within the Medium Term Financial Plan.

REASONS FOR RECOMMENDATIONS

3.1 The need to alleviate loneliness and isolation for older people has received local and national attention. The council cannot do this alone, especially in the current financial

climate, but is well placed to leadand coordinate to benefit older people in all neighbourhoods across the city.

- 3.2 The review must be conducted over a significant period of time to engage with older people and other stakeholders in Derby, and to consider all factors that can cause isolation and measures to alleviate it.
- 3.3 The council has responded to the coalition government's swingeing and indiscriminate cuts programme for several years. The authority faces a perilous financial challenge with vast savings required to balance the budget for 2014/15 and beyond. FullCouncil has agreed a £336,000 saving from day support for older people in 2014-15. Thereview must explore a range of models to tackle social isolation while enabling the council to remain within the allocation of resources afforded to it by the government.



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Report of the Strategic Director for Adults, Health and Housing

SUPPORTING INFORMATION

- 4.1 The proposed review will draw on range of national research. For example, Age UK's *Later Life in the United Kingdom*identifies key points relevant to the review:
 - One academic study quantifies the poor health outcomes from loneliness as equivalent to smoking 15 cigarettes a day;
 - People with a high degree of loneliness are twice as likely to develop dementia as those with a low degree of loneliness;
 - People participating in more health-maintaining behaviours are less likely to feel isolated;
 - 70 per cent of over 65s said they neverfelt lonely in the last fortnight but eight per cent said they felt lonely most or all days; and
 - Six per cent of over 65sstated they leave their house once a week or less.
- 4.2 This reinforces that social isolation is a serious issue for some older peoplebut thatit should not be regarded as an inevitable by-product of ageing. The majority of older people are not socially isolated and make a considerable personal contribution to society, alleviating loneliness for themselves and others. This contribution is essential in helping communities to develop capacity and resilience and the council is rightly increasing resourcein support.
- 4.3 Social isolation cannot be fixed by a rigid approach or a particular service. The findings in 4.1 and other research suggest arelationship between isolation and other health and well-being factors. The best way to tackle loneliness is to understand an individual's situation, perhaps rooted in physical or mental decline, inaccessible housing, bereavement or a combination of other factors. Understanding individual cases involves specific contact and support. This can only be delivered by partnerships between the council, other organisations supporting older people, and communities.
- 4.4 The proposed review of loneliness and isolation for older people must be broad to lead to a significant impact on underlying causes. The following paragraphs set out the main proposed themes for the review, and progress made to date in each.
- 4.5 Extending Local Area Co-ordination

The "solution" to loneliness and isolation is often found not through conventional services but by building the informal network of support found withincommunities. The council proposes to double the number of Local Area Coordinators from two to four from April 2014. External funding opportunities are being explored to extend this further. Local Area Coordinators work with vulnerable adults and older people to link them to local support networks. The development of Local Area Coordination is key to supporting individuals and neighbourhoods and reporting on progress will be an essential part of this review.

4.6 Improving co-ordination with the NHS

Poor physical and mental health can cause lonelinessand vice-versa. The isolation of older peoplemust be tackled by the council and NHS together. Council officers are working with the Southern Derbyshire Clinical Commissioning Group (CCG) to develop Community Support Teams (CSTs) linked to individual GP surgeries. CSTs will enable earlier and better coordinated responses to health and social care needs. Critically, CSTs with social care support will operate on a neighbourhood/locality basis and be well placed to work with communities on health and wellbeing issues. Social work teams supporting older people and other adults are being restructured to align with CSTs from April 2014.

4.7 Improving the reach of existing services and sources of support

Public resources are significantly constrained, but there are many services well placed to support older people and help alleviate social isolation. A workshop to tackle isolation and loneliness, attended by a cross-section of stakeholders, was hosted by the Cabinet Member for Adults and Health in November 2013. All organisations recognised that helping older people lead full and stimulating lives was everybody's business. All providers accepted a responsibility to provide services and support that older people could freely access. The action plan that arose involved improving clarity and communication about social opportunities for older people, collectively addressing gaps in provision, and collaborating to increase the numbers of older people that could be supported.

- 4.8 Improving day support for older people with eligible social care needs New approaches for day support are being successfully developed in Derby, giving customers flexible and "close to home"local options to pursue activities, while continuing to provide short breaks for family members. The council has very successfullyintroduced personal budgets, and is on course to achieve 70 per cent uptake by the end of 2013-14. In the 2012 Department of Health annual survey,79.7 per cent of our customers said they had control over their daily life, compared to 77.5 per cent among our local authorities group and 75.9 per cent nationally.
- 4.9 New models of service have grown substantially in recent months for adults with day support needs, chiefly in response to the staged closure of traditional day services for younger adults. Services now respond to individual preferences. The council's commitment to a more personalised approach has enabled services to be tailored to individual preferences, rather than accepting what the council traditionally offers.
- 4.10 Social enterprises such as Community Links enable people to tailor day support requirements. Support is provided to groups of customers or on a one-to-one basis. The council's Shared Lives scheme has significantly increased in size, including beginning to support older people, and provides day opportunities and overnight short breaks within local communities. These services have provided opportunities for council staff who previously worked in traditional day service settings, bringing their commitment and familiarity with individual customers into a much less institutional setting in which they can have a greater impact on outcomes.

- 4.11 Changes in day support for younger adults have created new opportunities for customers previously tied to traditional day centre support:
 - Two former council day centre employees have set up an independent day service for customers in Alvaston. This service, called "No Limits" uses a community base to access arrange of leisure and social opportunities and provides more local flexibility than is possible for a single, centralised day centre.
 - Three customers who attended the Wetherby Centre formed a close bond and were able to continue to socialise together after a council Support Planner worked with them to identify local day support.
 - One customer with mental health problems, aged in her sixties and living with her husband, is now supported by a Personal Assistant who has helped her access activities in the community that are of specific interest. The Personal Assistant arrangement has provided flexibility because day opportunities can be scheduled around the couple'sown circumstances.
 - Another customer, aged in her fifties with a significant visual impairment and mental health problems, had struggled to cope with the communal setting of the Wetherby Centre. She is now supported by two "Shared Lives" carers who have helped her access local older persons groups, coffee mornings and public transport.She has been on holiday with the local church supported by one of the Shared Lives carers.
- 4.12 The council's day centre for older people at Morleston Street has struggled to compete with customer expectations and developing alternatives. There are 98 people attending the centre, compared to 197 people attending council day centres in November 2010. When Whitaker Road Day Centre closed all customers transferred to Morleston Street. Over the last 20 months there has been a further decline of 21.4 per cent in the number of customers using Morleston Street Day Centre and a 31.1 per cent decline in the number of occupied places.
- 4.13 Previous consultation feedback suggested council day services needed to do more to improve their offer. Improvements at the Morleston Street Day Centre in the last two years include:
 - Small group activities developed to better meet customers' interests
 - Workers being trained to run therapeutic activities to support customers with dementia
 - A seasonal themed programme of activities developed to better engage customers
- 4.14 These measures have not arrested the decline in demand and this has affected the value-for-money provided by the service. At current levels of occupancy (assuming everybody attends as scheduled) the unit cost of Morleston Street Day Centre is now £84.58 per customer per day £12 more than the cost of six hours of one-to-one care for each resident in the community at current rates. Unless Morleston Street Day Centre can offerservices at a more attractive price, new customers are likely to use personal budgets or their own funding to purchase alternative services. There is a risk, then, that demand for the centre will continue to decline further.

4.15 It is therefore essential that that the council works with Morleston Street Day Centre and in particular the older people using the centre, their carers, the NHS and local organisations, to explore ways of increasing demand and considers different approaches, such as co-operative models or partnering with local voluntary and community organisations, toreverse the current decline.

OTHER OPTIONS CONSIDERED

5.1 Doing nothing would risk poor outcomes for some older people whose loneliness and risk of isolation could be tackled by building on current partnership work between the Council, other organisations and local communities.

This report has been approved by the following officers:

Legal officer	Robin Constable
Financial officer	Toni Nash
Human Resources officer	Liz Moore
Estates/Property officer	
Service Director(s)	
Other(s)	

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Background papers:	None
List of appendices:	Appendix 1 – Implications

IMPLICATIONS

Financial and Value for Money

1.1 The council's Medium Term Financial Plan has earmarked a £336,000 saving in 2014-15 against current expenditure on day services for older people. The proposed review will need to identify ways this could be achieved

Legal

2.1 None arising from this report.

Personnel

3.1 None arising from this report

Equalities Impact

4.1 The proposed review will consider equality issues relating to social or economic factors that affect the likelihood of older people from different backgrounds experiencing loneliness or isolation.

Health and Safety

5.1 None arising from this report

Environmental Sustainability

6.1 None arising from this report

Property and Asset Management

7.1 None arising from this report

Risk Management

8.1 None arising from this report

Corporate objectives and priorities for change

- 9.1 Tackling loneliness and isolation will support good health and well-being for older people in Derby, in particular:
 - More people living longer in better health.
 - Better mental health and well-being.
 - More choice and influence over services