Healthwatch Central West London

Meeting the needs of socially isolated older people in RBKC

June 2017

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Introduction

As a result of increasing awareness around the impact of social isolation and loneliness on health and wellbeing Healthwatch Central West London (Healthwatch CWL) have conducted a review into social isolation and loneliness of older people across the RBKC.

Isolation and loneliness have both been identified as priorities for social care, public health and the North West London Clinical Commissioning Groups (CCGs). Furthermore, loneliness has been recognised as one of the nine focus areas in the new healthcare plans (Sustainability and Transformation Plans) being introduced locally.

The priorities can be broken down further into those most at risk of social isolation and loneliness. Older people have been identified as one of the groups most at risk due to the various social, environmental and health barriers that they may face.

Background and aims

Understanding social isolation and loneliness

While 'social isolation' and 'loneliness' are often used as if they were synonymous, there are clear distinctions between the two. 'Social isolation' is objective and is described as the inadequate quality and quantity of social relations with other people at the different levels where human interaction takes place. While loneliness is a subjective experience and is defined as an emotional perception that can be experienced by individuals regardless of the breadth of their social networks.

Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income and with increased longevity, more people are living alone for longer. It is estimated that among those aged over 65, between 5 and 16 per cent report loneliness and 12 per cent feel isolated. These figures are likely to increase due to demographic developments including family dispersal and the ageing of the population (evidence).

- **17 per cent** of older people are in contact with family, friends and neighbours less than once a week (Victor et al, 2003)

- **11 per cent** are in contact less than once a month (Victor et al, 2003).

- **51 per cent** of all people aged 75 and over live alone (ONS, 2010)

- **Two fifths** of all older people (about 3.9 million) report that the television is their main company (Age UK, 2014).

An ever-evolving society has an impact on the ageing population. With the rapidly growing housing market, families are more likely to move out of London to places with more affordable housing. Refurbished accommodation in London is typically being bought or rented by young professionals. This has an impact on the local community structure that may have previously been in place, for example, neighbours supporting one another, may no longer take place at the same level. Additionally with regular development in communication technologies, many are being left behind. 36 per cent of people in the UK aged 65 and over feel out of touch with the pace of modern life and 9 per cent say they feel cut off from society (GfK/NOP, 2005).

Impact on health and services

Evidence shows the vast impact that social isolation and loneliness can have on **quality of life** and **health**, this in turn impacts on the services providing health and social care. Loneliness has been linked to increased risk of:

- coronary heart disease and stroke (Valtorta et al, 2016)

- high blood pressure (Hawkley et al, 2010)

- the onset of disability (Lund et al, 2010)

- cognitive decline (James et al, 2011). 64per cent have an increased chance of developing clinical dementia (Holwerda et al, 2012)

- depression (Cacioppo et al, 2006) (Green et al, 1992)

- suicide in older age (O'Connell et al, 2004)

- mortality by 26 per cent (Holt-Lunstad, 2015)

The effect of loneliness and isolation are significant and can be as harmful to health as smoking 15 cigarettes a day, and is more damaging than obesity (Holt-Lunstad, 2010).

Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill (Marmot, 2010).

The health risks listed above impact upon **health and social care services**. Individuals experiencing social isolation and loneliness are more likely to:

- visit their GP more often (Cohen, 2006)

- have higher use of medication (Cohen, 2006)

- use accident and emergency services independent of chronic illness (Geller, Janson, McGovern and Valdini, 1999)

- be admitted to adult social care

- more use of mental health services

- have early admission to residential or nursing care (Russell et al, 1997)

Social isolation and loneliness in RBKC?

Age 65 + >> Risk of Loneliness
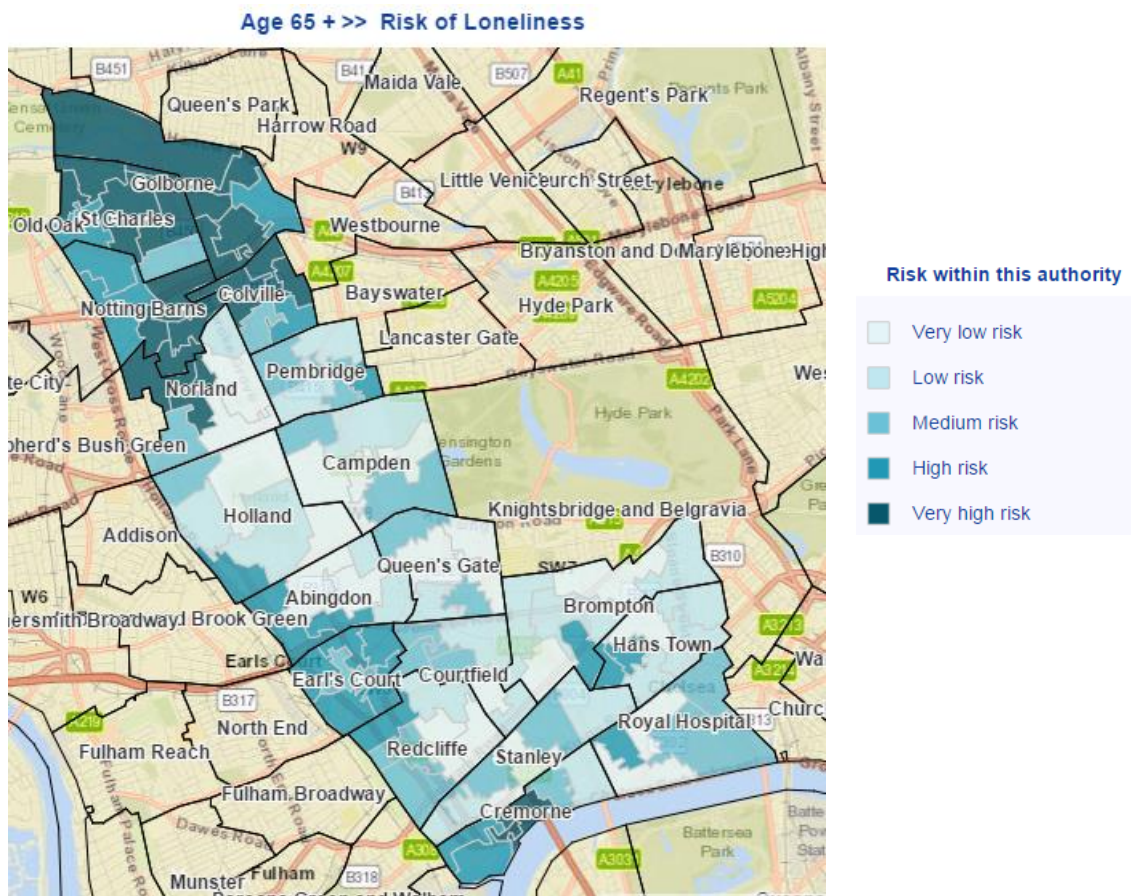
The local population

- Approximately 14 per cent of the RBKC population are **65 or over**, this is above the London average of 11 per cent. There is expected to be a 37 per cent increase in the number of people 65+ living in Kensington and Chelsea by 2030.

- In the 2011 census, 60 per cent of older people were reported to live in a **Lone Pensioner Household**. This is the case across the borough. Some residents with a higher socioeconomic status may be living in a big home, but alone.

- The **Age UK risk of loneliness heat map** calculates the risk of loneliness according to the following factors; marital status, self-reported health status, age, household size. The map demonstrates that there is a higher risk of loneliness and isolation in the North of the borough. Majority of the wards in the North of the borough at very high risk of loneliness.

- 10 per cent of the Kensington and Chelsea population are providing **unpaid care**. 17 per cent of those are 65+, this is slightly higher that the London average of 16 per cent.

- 4 per cent of older people (65+) in Kensington and Chelsea have had a recorded diagnosis of **dementia**.

- Just over 10,000 people aged 65 and over are estimated to be living with one or more **long-term conditions**. This is expected to rise to over 16,000 over 15 years.

- Overall there are fewer deaths in hospital for the 65+ RBKC population compared to London however the borough has more **hospital deaths** than England in the over 85s group.

- Deaths in care homes are lower than London and England however **deaths at home** for the over 65s are far higher.

- Between 2012 and 2015 there were 101 excess winter deaths in the over 65s, 33 were ages 85+.

- There is a **high level of crime** in Kensington and Chelsea, however people typically report that they do not feel worried about anti-social behaviour in the borough or walking alone at night.

Local services

- A new **integrated care service** 'My Care, My Way' has been introduced locally by the West London CCG. The service has been introduced to support the health and wellbeing of local people who are aged 65 and over to help keep them well, closer to home. A range of organisations including GP surgeries, NHS hospitals, local community and social care services as well as voluntary sector organisations work collaboratively to meet the needs of individuals.

- There are a **range of services** available in RBKC specifically targeting some of the factors creating isolation and loneliness in RBKC. "I think that we are lucky in Kensington and Chelsea with the number of activities that are provided," Age UK member.

The aims of this review are to identify:

- The **strengths and services** available in RBKC

- Those **most at risk** of social isolation in RBKC

- Where there are **gaps** in services and support

- **Recommendations** for addressing the gaps and barriers identified

Methodology

Information and feedback was collected from organisations and services working with older people as well as people with experience of social isolation, loneliness or older age.

Healthwatch Central West London organised an event called **'Meeting the needs of socially isolated older people in RBKC'** for organisations and service providers working with older people. The event brought together people from various settings including; health, care, housing and the voluntary sector (see appendix a for a list of organisations). The meeting was broken into two halves:

Organisational feedback

1. A **series of speakers**

   - Healthwatch CWL- Overview of social isolation and loneliness in RBKC

   - NW London- Social isolation and mental health

   - West London CCG- Whole Systems Integrated Care

   - NW London- dashboard

   - Open Age- services targeting social isolation

2. A **break out session**.

   Healthwatch Central West London used the '**End the Campaign to Loneliness Workshop Plan**' to guide the discussion. Groups were asked to discuss the following points:

   - Who is most at risk of social isolation and loneliness in RBKC?

   - How this group are currently identified?

   - What are the strengths in services in RBKC?

   - Where are there gaps?

   - How could the network work more collaboratively to meet the needs of socially isolated people?

There were opportunities for organisations and service providers to network with each other and organisations were encouraged to bring leaflets to pass onto other stakeholders.

Feedback from older people

Healthwatch Central West London was given a slot at the Age UK OGM. Members were asked to share their views and experiences of social isolation, which were collected by Healthwatch CWL staff.

A questionnaire was developed by Healthwatch Central West London to understand more about social isolation and loneliness (appendix c). The questionnaire was co-designed with older people and was piloted at the Integrated Care Centre at St Charles.

The Healthwatch CWL Dignity Champions are a group of volunteers who work together to improve people's experiences of health and social care in the borough. The Dignity Champions carry out assessments of local health and social care services and provide feedback to Healthwatch CWL. Healthwatch CWL then produces a report on their findings and makes recommendations for improvements to the service. The Dignity Champions have visited several care homes and residential settings over the preceding months, talking to residents, significant others and staff.

Main findings and themes

Identifying those most at risk of social isolation & loneliness

The following groups of people were identified by **residents and organisations** in RBKC as most at risk of social isolation and loneliness:

- Carers or people who have previously been a carer
- Ethnic minorities
- People who do not speak English as a first language
- Victims of domestic violence or crime
- People living in a care home or residential setting
- People who have been bereaved
- People with limited mobility
- Men (less likely to access services)

- People living alone
- People living with a mental illness
- People living with a long-term condition or disability
- People with a communication disability
- People living in poverty
- Older people over the age of 85
- People living with dementia
- LGBTQ individuals

The following **organisations and services** were identified as being likely to encounter older isolated or lonely people:

- Fire service
- GPs
- My Care, My Way
- Dentist
- Podiatrist
- Local police
- Tenant Management Organisation (TMO)
- Foodbanks
- Community Centres

- Hairdressers
- Shop assistants
- Staff in pubs and cafes
- Betting shop staff
- Bus drivers
- Healthcare professionals
- Social workers
- Community Safety Team

- Voluntary organisations
- Religious groups
- Libraries
- Pharmacies
- Repair teams
- DIY people
- Care workers

Strengths and services within RBKC

The **Campaign to End Loneliness** have developed a framework in collaboration with Age UK to inform strategic, whole systems approaches to addressing loneliness. The framework divides provision into four categories:

- **Foundation services-** reach lonely individuals, understand the needs of a person and support an individual to access the appropriate interventions.

- **Direct interventions-** that develop the number of quality relationships people have, through supporting and maintaining existing relationships as well as supporting new social connections. This may be through group based approaches or one-to-one approaches.

- **Gateway services**- the use of transport and technology provision to help retain connections and independence.

- **Structural enablers**- using structures and assets within the local environment to reduce the number of people affected by or at risk of loneliness.

Healthwatch Central West London have used this framework to show the boroughs **existing resources** for reducing social isolation and loneliness. Please note that there are services available beyond those mentioned in this report, we have simply selected examples of some of the opportunities available.

Foundation services

Whole Systems Integrated Care (WSIC)- My Care, My Way

The service was developed by **patients and GPs**. It gives patients more time to talk to their GP with a longer appointment and is designed to support a patient's physical health, together with their emotional, social and mental health needs. As well as longer appointments with their GP, people are also allocated either a Health and Social Care Assistant or a Case Manager.

People are involved with the planning of their own care and are supported to remain independent for as long as possible. As part of **My Care, My Way**, the West London CCG are running a **'Self-Care pilot'**. This involves funding ten local voluntary organisations that offer services to older people and create opportunities for new connections. In eight months (to the end of December 2016) the pilot had received almost 700 referrals to support over 400 patients. The pilot is being managed by **Kensington and Chelsea Social Council (KCSC)** and has been

extended for another year, they are looking to expand the range of services and providers.

New Bucks University are evaluating the service, however early feedback from the Healthwatch CWL questionnaire is positive.

> *"The service is very efficient but relaxed. I have found the staff nice, kind and easy to converse with".*
>
> *Patient*

Engagement around **My Care, My Way** needs to be ongoing. When small groups from both **New Horizons** and **Open Age** were asked whether they had heard of 'My Care, My Way' or the 'Integrated Care Centres' there wasn't anyone from either group that were familiar with the terms.

Whole Systems Integrated Care (WSIC) Dashboard

North West London are developing a **WSIC dashboard** to work across eight CCGs and local authorities. The dashboard will show the health and social care activity of a patient e.g. number of visits to the GP and will be used by Health professionals to track trends. The dashboard has been introduced for patients with diabetes but in the future may be used to identify those at risk of social isolation.

Kensington and Chelsea Tenants Management Organisation (KCTMO)

The **Kensington and Chelsea Tenants Management Organisation** are responsible for the management of nearly 10,000 homes across RBKC. KCTMO have a Customer Service Centre which is the first port of call for residents and takes around 350 and 600 phone calls everyday. There is a Community Outreach team which promotes access to KCTMO services, provides opportunities for engagement and strengthens links to other organisations within the community.

Each quarter KCTMO identify frequent users of their alarm service and contacts the person's Social Worker (if known to them) with details of the issues that the client is facing. Some individuals may press the alarm because of a decline in mental or physical health, others press the alarm for indiscriminate reasons, which can be an indication of loneliness. If an individual is not known to Social Services, KCTMO will ask them if they would like assistance from the Older People Team.

The KCTMO are developing a procedure for using their CRM system to generate figures on callouts relating to social isolation.

Police

The Metropolitan Police have a **Safer Neighbourhood team** who provide information and advice on how to remain safe in the local community.

Fire Service

The London Fire Brigade offer **free safety checks** to older people. The firefighters provide advice on making the home safer, and will fit a free smoke alarm if needed.

Community Champions Programme

The **Community Champions Programme** (funded by Public Health) trains volunteers 'Community Champions' to reach out to those residents who might not otherwise be engaged with their local community or health and care. Community Champions operate in their own neighbourhoods therefore have a good understanding of the local area, their role is to aid social connections within the community.

Direct Interventions

RBKC has a **vast voluntary sector** providing a range of services.

> *"I think that we are lucky in Kensington with the number of activities that are provided"*
>
> *Resident*

There are organisations working specifically to support the health and wellbeing of older people, for example **Open Age, The Kensington and Chelsea Forum for Older Residents** and **Age UK Kensington and Chelsea** each run a wide range of activities for older people, among other services. Other organisations may reach a wider network of people but run specific projects for older people, for example **Al Hasaniya**.

Many of the voluntary organisations have identified contributing factors to social isolation and loneliness and have developed services to address these. For example:

Voluntary organisation	Service	Aim of service
Open Age	Link-up Project	One to one support (including home visits) to help an individual to access a range of activities. The project aims to improve the health and wellbeing of older residents both at home and in the community; increasing independence.
	Housebound	Open Age runs phone-based activities for people who are house-bound and living in RBKC.
The Dalgarno Trust	VIP Project (Very Important People)	VIP volunteers offer one to one low level support to people experiencing social isolation and loneliness. Volunteers help individuals to become more active within the community and to access local health & well-being services.
Groundwork	WARMTH Scheme	A free service that delivers in-home wellbeing and energy visits. The team provide information and guidance on energy usage and staying well. These early interventions can reduce the effects of cold homes on people's health and enable local residents to feel more connected to the community.
The Advocacy Project	Advocacy Service	Among other services, The Advocacy Project can provide advocacy support to people with dementia living in care homes in Kensington and Chelsea.

Age UK	Information & Advice	The service provides information on a range of issues including welfare benefits, housing and social care needs. They offer appointments in person, over the phone and at home.
	Community Engagement	Age UK have a network of volunteers that offer one to one support to older people through befriending and escorting.
Al Manaar- the Muslim Cultural Heritage Centre	The Elderly Wellbeing Project	Improves well-being and reduces isolation and fear by providing physical activities, health awareness and prevention talks on various health conditions.
Al Hasaniya	The Older People's Outreach service	A service for elderly Arabic-speaking women and men aged 60 years and over who live in the borough. The team provide information, advice and advocacy on a wide range of issues as well as running a programme of workshops throughout the year and organising social and cultural gatherings and outings.
Opening Doors	Newsletter	Opening Doors provides information and support services specifically for older Lesbian, Gay, Bisexual and Trans (LGBT) people. Members receive a monthly newsletter with information and listings for activities and events around the capital, helping to build support and social inclusion.

Please note this is a list of some of the services available in RBKC, this is not an exhaustive list.

The **Kensington and Chelsea Social Council (KCSC)** exist to support voluntary organisations in RBKC. They provide voluntary sector service providers with the skills, knowledge and resources needed to run a successful project. Among other events, KCSC bring together organisations at their Voluntary Organisations Forum, giving providers an opportunity to share ideas and services. The KCSC website provides a directory of services, people can search for organisations working specifically with older people.

The **Kensington and Chelsea Volunteer Centre** and **Imperial University volunteering scheme** support voluntary organisations with finding volunteers. With the support of volunteers, organisations can reach a wider network of people.

Gateway services

Transport

All people 65 and over living in London are entitled to an **Older Persons Freedom pass** that will allow an individual to travel for free on most public transport services in London, including National Rail.

Westway Community Transport provide a range of Door to Door Services for older and disabled residents living in RBKC. These include:

- **A Community Car Scheme** – transport provided by volunteer drivers for a small fee
- **A Shopper Service**- an accessible minibus picks people up from their homes and takes them for their weekly shop for a small fee
- **Mobility Scooters**- available to hire for free

Digital

According to the Age UK Digital Inclusion Evidence Review (2013), the weight evidence shows that having access to the **internet** can help combat social isolation for older people and there is some good evidence of its positive effects on loneliness.

Open Age and Age UK provide IT classes for older people in RBKC and have IT suites available for their members.

The **People First website** provides details of support services and facilities available across the three boroughs. The website is currently being updated to improve the quality and consistency of the website. People First is provided in association with the Adult Social Care teams of the London Borough of Hammersmith & Fulham, the Royal Borough of Kensington and Chelsea, and Westminster City Councils.

Structural enablers

Libraries, religious centres (e.g. churches, mosques, temples) and **community centres** are key sites for information on local services and provide opportunities for people to meet other local people. RBKC libraries often host voluntary organisations for awareness raising and information sharing. Community centres in RBKC run specific projects and services e.g. The Dalgarno Trust runs a foodbank from the community centre every Thursday.

Local people have informed us that supermarkets and coffee shops are everyday settings that provide people with an opportunity to communicate with others.

Views of local older people and organisations

The following have been recognised as factors to consider when addressing social isolation and loneliness:

- Some people may not respond positively to the terms 'social isolation' and loneliness. Some feel that there is a **stigma** attached to 'isolation' and 'loneliness'.

  "No one wants to be labelled."

- Even if people are isolated or lonely, people **may not identify** as being either.

  "Socially isolated people are not very interested in other socially isolated people."

- Some people may be **content** being 'socially isolated'.

  "I've had phases throughout my life of being on my own, it's no different now. I'm happy."

  "Some may seek 'safety' in isolation as they can find others tiring or stressful."

- Some people do not want to receive support from a charity.

"I see from my neighbours that as they get frailer, they get more isolated but they often feel too proud to seek help e.g. from volunteer visitors. They need to feel that they are visited or helped by a friend not a stranger and not as a result of 'charity'."

- It can take someone a significant amount of time to **trust** an organisation or have the confidence to access a service.

- 'Isolation' and 'loneliness' may mean different things in **different communities**

- There are **varying degrees of loneliness**, some may feel lonely all day everyday, for others it may be in the evening, this does not change the impact on health and wellbeing.

"I have had a helper to take me to World's End as I am disabled and passing the long evenings was very difficult, it depressed me as the evening approached."

- Some people may prefer to access services that are specifically designed for their ethnic group

- *"I was a carer for 15 years for my husband. Now he has died and I live alone."*

- *"Close friends moved away and I never made more close friends. But have kept in telephone touch, not the same. Am involved with other people, visit some who are housebound."*

- *"With a TV, radio or book to read; one rarely feels lonely. There's always something to look forward to"*

- Information needs to be provided in a variety of accessible ways, not all people may be able to read information.

Gaps and barriers identified

How are Care Homes in RBKC addressing social isolation and loneliness?

Research by Bedfordshire University (2015) found that 80 per cent of older people living with mental health problems reported **feeling lonely** in their care home and would value more interactive time with care home staff.

In recent visits to RBKC care homes, the Dignity Champions collected the following experiences of loneliness and social isolation from residents and staff:

"… quite a few of these people have family…they have left them here to be looked after and don't visit…sometimes not that often…sometimes not at all…we may never see them again…"

Staff member

"…I don't know anybody…at least I didn't know anybody when I got here… now I know most people… but that has taken a long time…"

Resident

"…community is important…especially talking to each other…I like talking to people face to face, but need more."

Resident

Are older carers being consistently identified by health professionals in RBKC?

Carers UK (2014) have reported that carers often suffer social deprivation, isolation and ill health. Those caring for 50 hours a week or more are twice as likely to experience poor health, particularly poor mental health. Organisations working with carers report that the term 'carer' is not recognised by many individuals providing unpaid care. This can make it particularly difficult for health and care services to identify carers at an early stage and ensure they have access to information and support. The Carers Trust Network report that older carers are often reluctant to come forward for help, many carers feel that asking for help is an indication of failure and are worried about losing control.

"We often hear from carers how lonely, left out and trapped they feel. Most of these carers are older; some of them still of working age but not in employment due to the extent of their caring role. They often lose their friends and social connections as they don't have time to go out and attend social gathering/events. 'My only outing is a trip to Tesco' is something that we hear a lot.

For many carers the biggest barrier of going out is getting replacement care for the person they care for. If there is no one to cover, they are 'stuck' in their caring role. Not being able to go out often means that carers find it hard to go and see their GP or attend other medical appointments. This may lead to their health decline and problems that go with it."

Staff member at K&C Carers UK

Are older people who are victims of domestic violence being identified by health professionals?

The Spotlights report 'Safe Later Lives: Older people and domestic abuse', proposes that with so few older victims accessing domestic abuse services, professionals tend to believe that domestic abuse does not occur amongst older people. These assumptions may encourage health professionals to link injuries, confusion or depression to age related concerns rather than domestic abuse. An Independent Domestic Violence Advocacy (IDVA) with specialist experience in working with older victims emphasised that

> *"sometimes professionals [social workers and doctors] only see medical conditions with older people and they're [...] not trained to see domestic abuse".*

The Spotlight report also highlights that while it is important that services respond to older victims in an appropriate and targeted way, this is not consistently the case. A survey conducted by Spotlight revealed a range of confidence levels among domestic abuse practitioners when responding to older victims. Out of those that work regularly with older clients, a small majority of 53 per cent said they felt very confident supporting them.

Are some older people in RBKC at risk of being digitally excluded?

In their Digital Inclusion Evidence Review (2013), Age UK estimated that two thirds of all digital exclusion is amongst those aged 65 and over, and over 80 per cent are aged 55+. Further evidence shows that:

- There is a decreasing likelihood of using the internet as age increases.

- People aged 75+ are over five times more likely not to be using the internet than individuals aged 55 to 64.

- Older individuals with a lower monthly income are less likely to use the internet than those with a higher monthly income with a very apparent gradient.

- Older individuals living on their own are 1.75 times less likely to be using the internet than households consisting of two or more people.

- Those with very poor health are 2.15 times less likely to use the internet than individuals with excellent health.

- Those with mobility problems are 1.14 times less likely to be using the internet than those without problems.

When asked about the volume of information available online, an older RBKC resident responded:

> *"Yes, information online is a problem. I can use the internet but I am slow and do not own a computer. I would prefer to be given information."*

Is there more that can be done in the community to reduce social isolation and loneliness?

According to the "Promising Approaches" report many experts recommend an **'asset based community development'** approach to tackling loneliness as it is most likely to be what older people want, involve older people and be sustainable. This approach involves identifying the skills, resources and experiences in the local community and organising these to achieve positive change. An asset based approach has been introduced to raise the profile of dementia and create dementia friendly communities across the UK. **Dementia Friends** is an Alzheimer's Society initiative and involves trained volunteers called 'Dementia Champions' running one hour information sessions on dementia for people referred to as 'Dementia Friends'. Dementia friends are then encouraged to turn their understanding into action.

Barriers identified by the RBKC voluntary sector

Information sharing

There isn't currently a platform in RBKC for organisations working with older people to share ideas or communicate as a network.

The following barriers around **commissioning** were identified:

Funding

Organisations are keen to share resources in order to meet the needs of older people in RBKC, however with organisations accessing the same pots of money and the **competitive nature** of commissioning, in reality there are limits to how much this may take place.

Pilot services

Many new services or projects are contracted for a limited amount of time or are set up as 'pilots'. This can prevent organisations from making their projects sustainable or having a **long-term impact**. There are limitations for individuals as for many it takes time to have the confidence to join a service and if services close people may lose trust in local, smaller organisations.

Restrictive contracts

Contracts may be limited by postcode or eligibility criteria which affects the number of people that the project can reach.

Unrealistic targets

High targets may impact upon the level of service that an organisation can provide.

Learning points and recommendations

Healthwatch Central West London have identified a set of **recommendations** to address some of the gaps and barriers identified. The recommendations have been split into themes and assigned to local stakeholders.

Changing attitudes to social isolation and loneliness

1. **Consider the language being used when addressing social isolation and loneliness.**

   All stakeholders

To reduce stigma and be inclusive of more people, organisations may consider changing the language used for addressing social isolation and loneliness. Instead of asking people directly if they feel lonely or isolated, questions like 'how many people have you spoken to this week' and questions around their wellbeing could be asked. Services and groups could use **positive terminology** e.g. 're-connect', to promote services. There has been a workshop running at Al Manaar- the Muslim Cultural Heritage Centre called 'the happiness corner', the group promotes around 'the science of wellbeing' and encourages people to feel engaged and related to others rather than disconnected.

2. **Fewer pilot projects and more long-term projects commissioned**

   Adult Social Care, West London CCG, Funders

Feedback from voluntary sector organisations at the 'Meeting the needs of socially isolated older people event' shows that due to factors such as confidence and trust, it may **take time** for some older people to access services. A lot of relationships need to be cultivated over time. Time should be considered when commissioning projects, projects need to run for longer than a year to have lasting impact.

3. **Provide and actively promote opportunities for people to use their skills and expertise**

   West London CCG, Adult Social Care, Voluntary sector

The evidence provided above shows that some people do not want to access services organised by charities for a range of reasons. Organisations should consider ways that they can **empower people** to use the skills. At **New Horizons**, members are encouraged to share their expertise with peers; examples being the newsletter group, a knitting group and a member tending to the New Horizons garden. **Patient Participation Groups** (group made up of GP Practice Patients) provide people with an opportunity to meet with local people and share ideas on how to improve the patient experience at their GP surgery.

Identifying isolated carers

4. **GPs and other health professionals to receive Carers Awareness Training**

   West London CCG

In order to be able to offer carers relevant support, professionals need to be able to **identify carers**. This can be difficult as many people may not see their caring role as separate from the relationship they have with the person they care for. Even if the carer is managing at the time they visit the health professional, it's important that they are identified so that they know what help is available. **Carer awareness training** can provide a health professional with the information needed to identify someone as a carer, start a conversation and signpost on. The Carers Trust Network have produced a questionnaire for assessing how successful a GP practice is at supporting patients who are carers.

Reducing the loneliness and isolation of people living in care homes

5. **Introduce consistent measures or guidelines around social isolation and loneliness for care homes in RBKC**

   Adult Social Care

To ensure that social isolation and loneliness are identified as priorities for care home staff. A set of **realistic measures** that address social isolation and loneliness could be introduced in care homes across RBKC. Examples of measures could be 'number of people signposted to voluntary organisations' or 'staff to receive training on the impact of social isolation and loneliness'.

6. Care homes to comply with Independent Age's '8 care home quality indicators'

Adult Social Care

Independent Age developed '**8 care home quality indicators**' in collaboration with Healthwatch Camden (see appendix b). Indicator number 3 'have good knowledge of each individual resident and how their needs may be changing' is particularly relevant for addressing social isolation and loneliness.

7. Ensure that Care Home Managers are linked up with My Care, My Way

West London CCG

Recent Dignity Champion visits to RBKC Care Homes have suggested that there is more that can be done to raise the profile of 'My Care, My Way' amongst **Care Home staff**, residents and resident's families. West London CCG should consider sending RBKC care homes 'My Care, My Way' posters and leaflets promoting the service and meet with Care Home Managers to discuss the service.

Identifying those at risk of domestic abuse

8. My Care, My Way Health and Social Care Assistants and GPs to receive training around identifying and responding to domestic abuse

West London CCG

The Spotlights report referenced earlier shows that despite those aged 61+ being statistically more likely to report poor physical health than younger victims (11 per cent compared with 3 per cent of those under 61) and to have visited their GP in the past 12 months (53 per cent compared to 46 per cent of those under 61), only 9 per cent of older domestic abuse clients are referred through health routes. Standing Together identify the need for specific training for health professionals and run **free training** around how to identify the signs of domestic abuse, how to initiate a conversation and who to signpost people onto. Staff involved with 'My Care, My Way' could receive this training as part of their induction or their ongoing Personal Development.

9. Organisations working with older victims of domestic violence to ensure that support that is tailored to the needs of the older population

West London CCG, Adult Social Care, Voluntary Sector

Information on services should be **accessible and relatable** to older victims, and appear in places that they are more likely to see e.g. GP surgeries, libraries and literature older people are more likely to read. Service providers and professionals working with older people should be specifically trained on the challenges and experiences that may be experienced by this population, so that their response can be tailored appropriately.

Involvement of paid carers in reducing social isolation and loneliness

10.   Paid carers to receive training on addressing social isolation and loneliness

Adult Social Care, Homecare providers

Paid carers should have information on relevant **local services and charities** that can support home care users who are experiencing isolation. They should signpost service users to other organisations where appropriate. If they have concerns about a service user they should notify the agency office.

11.   Care agencies should provide consistent carers

Homecare providers, Adult Social Care

It should be ensured that recipients of home care have a **familiar carer**, or a small number of familiar carers, who they get to know and feel comfortable with. Training and development opportunities may be an important way of retaining carers at an agency and ensuring that service users can have regular carers.

12.   Taking some time to talk

Adult Social Care, Homecare providers

Time for carers to talk to a service user should be mapped into the overall time allocated for the carers visit. Many homecare users are very isolated and a short conversation can make all the difference to their day.

Raising the awareness of social isolation and loneliness

13.   Developing a community assets approach to addressing social isolation and loneliness in RBKC

Voluntary sector, local community, Public Health

Free 'Social isolation and loneliness' awareness training could be available to the local community including local businesses such as hairdressers, supermarket staff and café staff. The training would be co-produced and co-delivered by older people. Sessions could include details on the impact of social isolation, suggestions on actions that people can take and discussions around how the local community could make a difference in reducing social isolation and loneliness. Businesses who have attended the training and have made changes to their work place could be recognised as a 'friendly zone,' creating locations in the local community where people can 're-connect.' This may particularly suit those that do not identify with being isolated and lonely or those that do not want to access services provided by voluntary organisations.

Increased awareness of 'My Care, My Way'

14.   Increased engagement around 'My Care, My Way' through the voluntary sector

West London CCG, Voluntary Sector

When asked about the new healthcare plans being introduced locally, one member of the public responded "changes to the health services seem scary." An **upfront dialogue and active engagement** with communities around My Care, My Way is more likely to result in a wider understanding of why change is needed and support for the decisions that are made. The local NHS organisations should work closely with the voluntary sector to raise awareness of My Care, My Way by having a presence at groups, community events and places where older people may visit for example supermarkets and libraries.

Reducing digital exclusion

15.   Provide information in a range of ways- not just online

All stakeholders

When **producing information and developing communication strategies**, organisations should consider how they are going to inform those that do not use computers or the internet. For many organisations there may be financial implications to posting newsletters or flyers. If that is the case, services may need to think about other ways of promoting their services and events. Organisations could request an article in a newsletter that is posted to a separate charities membership. Leaflets promoting services should be circulated to settings that older people are likely to visit, for example local GP surgeries, libraries and community centres.

16. Provide opportunities for people to learn how to use computers and the internet

All stakeholders

Organisations working with older people should **utilise opportunities** to educate people on how to use computers and the internet as well as offer people opportunities to use technology. Open Age have an IT suite and run classes for members.

17. Update the RBKC website

RBKC council

In order to make the website more effective, the RBKC website should be updated and made more **accessible**. The council should use a steering group to provide feedback on the usability of the website and archive old articles.

Supporting collaborative working

18. Involve older people in the development of new services and when producing new information

All stakeholders

All new information or services should be **co-produced** with older people to ensure that they are tailored to this population. Service providers may choose to run forums or steering groups through organisations that have a large network of older people. There are roles for members of the public to sit on steering groups at West London CCG. These opportunities should be widely publicised though organisations that work with older people to ensure that older people's views are represented when developing new health services.

19. Organise a platform for sharing information among organisations working with older people

West London CCG, Adult Social Care, Public Health, RBKC Council, Voluntary sector

To increase communication and learning among organisations working with older people it would be valuable to have a **platform for sharing information,** either in person or as an online forum.

20. Review how projects and services are commissioned in the area

West London CCG, RBKC Council, Adult Social Care, KCSC

Promising Approaches states that "commissioners need to recognise the role of different types of services play in responding to the complex and individual experience of loneliness, one size will not fit all." Services should be commissioned in a way that supports collaborative working as opposed to competing for pots of money. This will create more opportunities for older people to make connections.

21. Evaluation data and surveys used by the local council and CCG to be shared with voluntary sector and service providers

West London CCG

The JNSA dashboard can help inform and evidence the work of voluntary sector organisations. West London CCG are developing a similar tool which will present data collected from various engagement activities carried out by the CCG. The dashboard has the potential to support the local voluntary sector to identify gaps, avoid duplicating work and access information that demonstrates the views of the local population.

Next steps for Healthwatch Central West London

Healthwatch Central West London will be sharing the findings from the review with local stakeholders and will open discussions around how best to take this work forward.

Appendices

a. Organisations that attended the 'Meeting the needs of socially isolated older people' event.

Open Age

Imperial College Union Volunteering

Take Time to Talk NHS

Kensington and Chelsea Foundation

West London CCG

Public Health

The Dalgarno Trust

Mad Alliance

Like Minded

Help Counselling Centre

KCTMO

Tri-borough Adult Social Care

University of Westminster

Kensington and Chelsea Social Council

Age UK K&C

Groundwork London

The Advocacy Project

Mind (Mother Tongue Service)

Community Alarm Services

London Fire Brigade

b. Independent Age's '8 care home quality indicators

1. Have strong, visible management

2. Have staff with time and skills to do their jobs

3. Have good knowledge of each individual resident and how their needs may be changing

4. Offer a varied programme of activities

5. Offer quality, choice and flexibility around food and mealtimes

6. Ensure residents can regularly see health professionals such as GPs, dentists, opticians or chiropodists

7. Accommodate residents' personal, cultural and lifestyle needs

8. Be an open environment where feedback is actively sought and used.

c. Integrated Care Centre Questionnaire

Questionnaire

1. Do you **live**…

   ☐ Alone   ☐ In a nursing home

   ☐ With a partner   ☐ Other

   ☐ With family

2. Each week, roughly **how many people** do you see?

   ☐ Less than 3   ☐ 10-20

   ☐ 3-5   ☐ 20-30

   ☐ 5-10   ☐ 30+

3. **Who** are the people that you see?

   (please tick all that are relevant)

   ☐ Friends   ☐ Health professionals

   ☐ Family   ☐ Social Workers

   ☐ Carers   ☐ Volunteers

   ☐ Neighbours   ☐ Other

4. How **easy** do you find it to do the **things that you need to do**?
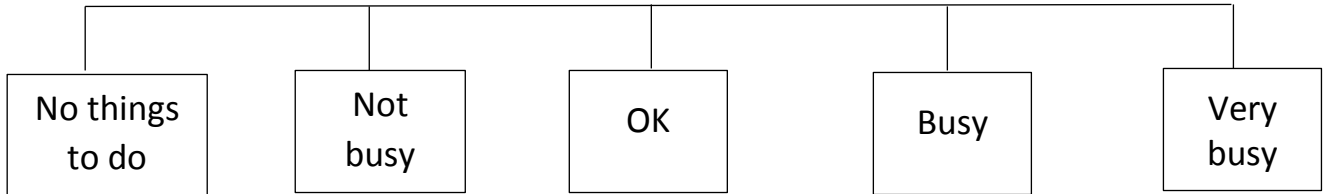
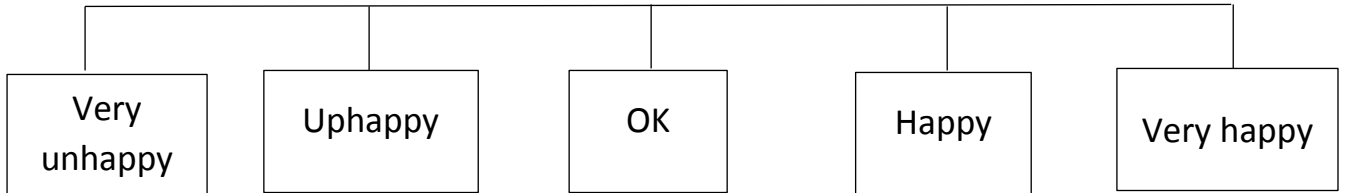   (e.g. shopping, health appointments)

| Very difficult | Difficult | OK | Easy | Very Easy |

5. Each week, how **busy** are you doing things that you **want to do**?

(e.g. seeing friends, exercise, reading)

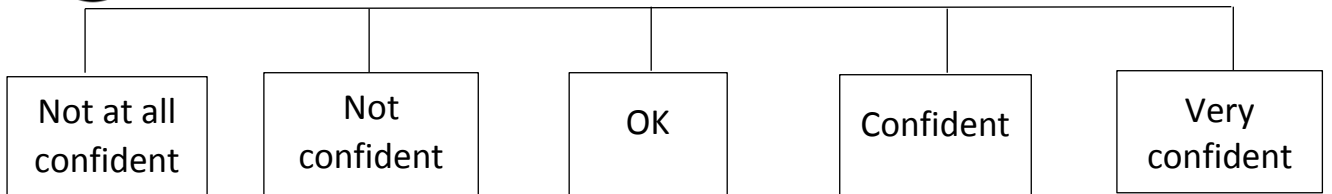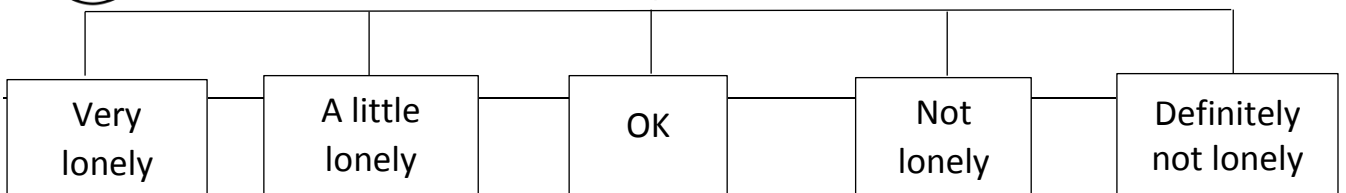| No things to do	Not busy	OK	Busy	Very busy

6. This week have you felt **happy**?

Very unhappy	Uphappy	OK	Happy	Very happy

7. This week have you felt **helpless**?

Very helpless	Helpless	OK	Not helpless	Definitely not helpless
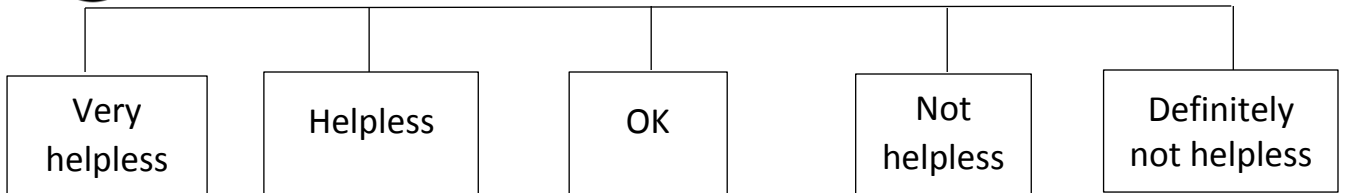
8. This week have you felt **confident**?

Not at all confident	Not confident	OK	Confident	Very confident

9. This week have you felt **lonely**?

Very lonely	A little lonely	OK	Not lonely	Definitely not lonely
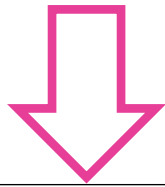
If **lonely**, are you aware of any **services** that would **help** you to feel **less lonely**?

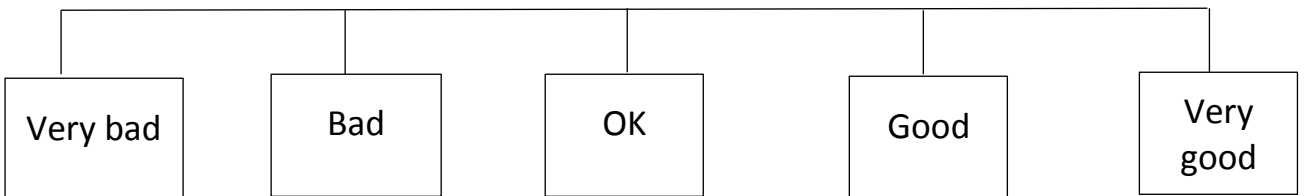Is there anything that would **encourage** you to use them?

If **not lonely**, what **helps** you <u>not</u> to **feel lonely**?

10. Have you felt **lonely** in the **past**?
    a) If different now, what helped you to **feel less lonely**?

11. Is there anything that would make your life **easier or better**?

12. How would you rate **today's experience** at the **Integrated Care Centre**?

| Very bad | Bad | OK | Good | Very good |

13. Do you have any **comments** about your **visit today**?

   (e.g. what did you like? What would make it better?)

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