

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 5 April 2017
AGENDA ITEM:	7
SUBJECT:	Social isolation action plan - update on progress
BOARD SPONSOR:	Rachel Flowers, Director of Public Health

BOARD PRIORITY/POLICY CONTEXT:

Tackling social isolation and loneliness is a priority for Croydon Local Strategic Partnership following recommendations by the Opportunity and Fairness Commission.

Preventing and reducing social isolation and loneliness throughout the lifecycle makes a significant contribution to the delivery of three of the six priorities of Croydon's joint health and wellbeing strategy:

- Giving our children a good start in life
- Supporting people to be resilient and independent
- Preventing illness and injury and helping people recover

It supports delivery of a number of priorities within the Community Strategy which focus on making Croydon:

- A great place to learn, work and live
- A place of opportunity for everyone
- A place with a vibrant and connected community and voluntary sector.

Through a focus on prevention and on helping residents to be as independent and connected as possible it helps to deliver the NHS Five Year Forward View and the South West London Strategic Transformation Plan.

Social isolation and loneliness have significant equalities and human rights dimensions. They disproportionately affect groups with protected characteristics and can compound disadvantage and discrimination experienced by those groups.

Relevant national and local policy and strategies:

- A Better Croydon For Everyone, Croydon Opportunity and Fairness Commission Report¹
- Social Isolation and Loneliness, Annual report of the director of public health 2016²
- Croydon's Community Strategy 2016-21³
- Croydon's Corporate Plan for 2015-18⁴
- Joint health and wellbeing strategy⁵
- PHE Local action on health inequalities: Reducing social isolation across the lifecycle⁶

¹ *A better Croydon for everyone*, report by Croydon Opportunity and Fairness Commission, January 2016
<http://www.opportunitycroydon.org/>.

² *Social Isolation and Loneliness*, Annual report of the director of public health 2016

https://www.croydon.gov.uk/sites/default/files/articles/downloads/Director_of_Public_Health_Report%202016.pdf

³ [Croydon's Community Strategy 2016-21](#)

⁴ [Croydon's Corporate Plan for 2015-18](#)

⁵ [Joint health and wellbeing strategy 2013-18](#)

⁶ [PHE Local action on health inequalities: Reducing social isolation across the lifecycle](#), PHE. London: September 2015.

- LGA Combating loneliness: A guide for local authorities⁷

FINANCIAL IMPACT:

There are no financial and risks implications arising from this report.

1. RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

- 1.1 Note progress in developing Croydon's social isolation action plan and next steps.
- 1.2 Comment on proposed high level priorities for the social isolation action plan at paragraph 3.18.

2. EXECUTIVE SUMMARY

- 2.1 This report updates the Board on the progress of the development of Croydon's social isolation action plan 2017/19 since the Board agreed to lead on the development of the plan to reduce social isolation in the borough at its meeting on 14 December 2016.
- 2.2 The public health team is supporting the development of the plan, liaising with a broad number of organisations and stakeholders and each of the theme partnership boards within the Local Strategic Partnership (LSP) to align agendas and join up efforts to reduce social isolation.
- 2.3 The report proposes a set of high level priorities for reducing social isolation, following a lifecourse approach. The plan will also include actions – ranging from those focused on health and social care to those rooted in the growth agenda about how collectively social isolation and loneliness can be prevented and reduced.
- 2.4 The action plan will be for the whole LSP, therefore priorities and actions will need to be proposed by and agreed across all the theme partnerships which comprise the LSP, including Safer Croydon, Children & Families, and Economic Development as well as the Health and Wellbeing Board.
- 2.5 The action plan is expected to be completed in summer 2017.

3. DETAIL

Background

- 3.1 The 2016 Opportunity and Fairness Commission report highlighted the growing issues of loneliness and isolation faced by residents, especially older people. It recommended that more work was needed to tackle these issues in order to improve the health and wellbeing of all Croydon's residents, and to reduce health

⁷ [Combating loneliness: A guide for local authorities](#), LGA, London: January 2016

inequalities and avoid exclusion. The Commission also recommended that the Joint Strategic Needs Assessment looked at social isolation.

- 3.2 Croydon Congress held on 21 June 2016, focused on ways public sector bodies and the community could work together to build a connected borough where nobody is left isolated. One of the main outcomes of this session was a commitment from members of the Congress to drive forward the recommendation from the Commission to tackle social isolation and loneliness. After Congress the LSP asked that the health and wellbeing board coordinate the development of an action plan. The recommended focus was on loneliness and social isolation across the lifecourse rather than solely in older people.
- 3.3 The Director of Public Health agreed to produce her first Annual Report 2016 to inform the development of the social isolation action plan for Croydon. This replaced the original planned JSNA chapter. The report captures the risk factors and impact of social isolation; whilst providing key tips for individuals, communities, voluntary sector organizations, and health and social care services, to combat social isolation and loneliness. It was considered by the Board at its meeting on 16 December 2016.

Social isolation and loneliness

- 3.4 Social isolation and loneliness can affect anyone and at any stage in life (pregnancy and early years; children and young people; working age; and retirement and later life). Social isolation can also have an impact at both individual, community, and wider societal level.
- 3.5 There are multiple and complex risk factors that can influence social isolation and loneliness. These range from level of education, employment status, wealth, income, housing, crime, ethnicity, gender, age and physical and mental health. These risks factors are more likely to affect some groups, such as people with mental health problems, people with dementia, refugees and asylum seekers and so on.

It is therefore fundamental to take action at different levels and address all wider determinants to prevent and reduce social isolation and loneliness. It is the aim of the social isolation plan to include a set of high level of priorities and actions which will tackle these wide range of risk factors.

Impact of social isolation and loneliness on health and wellbeing

- 3.6 Social isolation is an important public health issue due to its potential impact in areas such as sexual health, educational attainment and debt. Loneliness can have serious consequences for the mental and physical health of people. It is also linked to obesity, smoking, substance abuse, depression, and poor immunity.⁸
- 3.7 The effect of loneliness and isolation on ill health and premature death is greater than the impact of well-known risk factors such as obesity, and has a similar

⁸ Mushtaq, R., Shoib, S., Shah, T., & Mushtaq, S. (2014). Relationship Between Loneliness, Psychiatric Disorders and Physical Health? A Review on the Psychological Aspects of Loneliness. *Journal of Clinical and Diagnostic Research* : JCDR, 8(9), WE01–WE04. <http://doi.org/10.7860/JCDR/2014/10077.4828>

effect to cigarette smoking.⁹ “Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely.¹⁰

3.8 In 2013, Public Health England estimated that 20% of the older population (aged 65+) are mildly lonely and 11% are intensely lonely; with a further 7% of the 18-64 population being socially isolated.¹¹

3.9 The impact of social isolation and loneliness on health provides a strong case to take action to tackle these issues. There are clear economic as well as social arguments for taking action to reduce and prevent social isolation and loneliness. A wide range of preventable health problems and wider social problems are known to arise out of loneliness:

- Increased visits to GPs and use of medication.
- Greater incidence of falls and need for long-term residential or nursing care.
- Use of accident and emergency services.
- Increased likelihood of youth offending, especially through membership of gangs and unemployment.
- Higher incidence of obesity, smoking, substance and alcohol abuse.
- More likely to develop mental health problems and depression and require hospital admissions; and
- Reduced social capital and cohesion, resulting in fragmentation of communities and reduced resilience.

3.10 Early intervention to tackle loneliness and social isolation can considerably reduce the cost to the public purse of tackling these more complex health and social problems. For instance, one study estimated that chronic loneliness among older people cost commissioners £12,000 per person over 15 years¹².

3.11 In general, improving access to services and improvements to the wider social determinants of health; like access to education, employment, and improvements to the built and natural environment, are likely to have a positive impact across all stages of the lifecourse leading communities to be better connected, more independent and resilient; therefore, preventing and reducing social isolation and loneliness.

Social isolation and loneliness: local context

3.12 In Croydon, there are an estimated 9,860 older people who are lonely and 5,423 older people who experience intense loneliness. There are also 17,227 people aged 18-64 who are socially isolated.¹³

3.13 Compared to London, people who use adult social care services in Croydon have reported slightly higher satisfaction on social contact: 41.9% of people reported

⁹ Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS Med*, 7(7), e1000316.

¹⁰ Michael Marmot (2010) – *Fair Society, Healthy Lives (The Marmot Review)*

¹¹ *Social Isolation and Loneliness*, [Annual report of the director of public health 2016](#)

¹² Report by Social Finance, Investing to tackle loneliness, a discussion paper, 2015

¹³ *Social Isolation and Loneliness*, [Annual report of the director of public health 2016](#)

that they have as much social contact as they would like vs. 41.1% in London. This is otherwise lower than the national percentage (i.e. 45.4% in England).¹⁴

- 3.14 In the case of carers, 31.7% reported that they have as much social contact as they would like as compared to 35.5% in London and 38.5% in England.^{12,15}
- 3.15 To tackle this issue around social isolation locally, there are already some projects in place such as the Hub, run by MIND in Croydon, which provide a friendly and supportive meeting place, shared activities and help with problems. This can have a positive impact on mental health and social isolation and reduce the use of costly statutory services. MIND in Croydon estimated the average cost saving to statutory services per person attending the Hub per year is £3,971.
- 3.16 In addition, recent research has shown that 48% of Croydon residents would be willing to do more to support a neighbour¹⁶; this may also have a positive impact on the health and wellbeing of the population, and social isolation. Creating enabling environments and capitalising on social capital will be a key driver to increase connectedness and social inclusion in the borough, whilst helping to reduce health inequalities.

Proposed priorities and actions

- 3.17 Initial meetings with theme partnership leads have already taken place to discuss high level priorities and to align agendas and work streams across the LSP. Further meetings with stakeholders, including the CCG, CHS, SLaM, voluntary sector organisations and others, are planned to ensure that a multi-agency approach is developed.
- 3.18 Emerging priorities are shown in the Table 1. It is recommended that a small number of actions are agreed for each priority. For example, the main action for priority 8 would be to establish a Dementia Action Alliance in year 1 of the plan and to work towards Dementia Friendly Borough status over years 2 and 3.

¹⁴ PHOF. [Social Isolation](#)

¹⁵ PHOF. [Social Isolation](#), 2015

¹⁶ *A better Croydon for everyone*, report by Croydon Opportunity and Fairness Commission, January 2016
<http://www.opportunitycroydon.org/>.

Table 1: Social isolation action plan: proposed high level priorities

Croydon's Social Isolation Action Plan 2017/19			
Lifecourse stage			
Pregnancy & Early Years	Childhood and adolescence	Working age	Retirement and later life
<p>Priority 1: Children and families living in temporary accommodation</p> <p>Priority 2: Mothers who are refugees or asylum seekers</p> <p>Priority 3 Mothers with post-natal depression</p>	<p>Priority 4: Young people who are being bullied.</p> <p>Priority 5: Young people Not in Employment, Education or Training (NEET)</p> <p>Priority 6 Young LGBT people</p> <p>Priority 7 Young carers</p>	<p>Priority 8: Adults with autism and / or learning disability</p> <p>Priority 9: Adults with physical disabilities / sensory impairment</p> <p>Priority 10: People with mental illness</p> <p>Priority 11: People experiencing domestic violence</p>	<p>Priority 12: People with dementia and their carers</p> <p>Priority 13: People who have been bereaved.</p>

Next steps

- March 2017: Safer Croydon, Children and Family Partnership and Stronger Communities Board
- April 2017: Health and Wellbeing Board, Economic Development
- April / May 2017 Agree priorities and key actions with theme partnership leads and chairs of partnership boards
- Final draft completed and presented to the HWB and theme partnerships: June 2017
- Final plan signed off by the LSP July 2017

4. CONSULTATION

4.1 The proposal to create a social isolation action plan by the Opportunity and Fairness Commission arose from extensive public and stakeholder engagement. Croydon Congress invited many of these contributors to participate in shaping recommendations on priorities for the plan. The plan is being developed in partnership with each of the theme partnerships within the LSP.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 There are no financial and risks implications arising from this report.

6. LEGAL CONSIDERATIONS

6.1 There are no legal considerations arising from this report.

7. EQUALITIES IMPACT

- 7.1 Social isolation affects and cuts across a wide range of groups of the population and different life cycle stages. There are strong associations between social isolation and social inequality, vulnerability, disability and age. Older people, people with disabilities, single parent households, teenage parents, and BME households newly settled in the country, especially those who may experience difficulty communicating in English, are all at greater risk of social isolation.
- 7.2 To ensure health inequalities and social exclusion are addressed and minimised, the social action plan will encompass the development of an overall strategic and multi-agency approach, which will recognise the importance of mapping provision, identifying gaps and issues and developing specific actions, forms of support and in relation to each of the aforementioned groups.
- 7.3 A full equalities impact assessment will inform the development of the plan.

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BACKGROUND DOCUMENTS none