

Report of	Meeting	Date
Deputy Chief Executive/Director (Early Intervention and Support)	Chorley Liaison	15 March 2017

SOCIAL ISOLATION

PURPOSE OF REPORT

1. The purpose of this report is to initiate a discussion with Parish and Town Councils about what we can do, collectively, to address social isolation within the Borough.

RECOMMENDATION(S)

2. Parish and Town Councils are asked to consider whether they would be willing to work with Chorley Council and Lancashire Care Foundation Trust, as part of the new Integrated Community Wellbeing Service, to pilot innovative ways to address social isolation.

EXECUTIVE SUMMARY OF REPORT

- 3.

Confidential report Please bold as appropriate	Yes	No
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CORPORATE PRIORITIES

4. This report relates to the following Strategic Objectives:

Involving residents in improving their local area and equality of access for all		A strong local economy	
Clean, safe and healthy communities		An ambitious council that does more to meet the needs of residents and the local area	x

BACKGROUND

5. Adlington Town Council have posed a question regarding social isolation and, in particular, the impact budget cuts to, for example, bus services and library services:

‘How can the problems of social isolation be effectively addressed when there is a constant reduction in services such as local transport, meals on wheels, luncheon clubs, dial-a-ride and other community facilities? Should the Liaison group be contacting the Government to express its concern that social isolation is an increasing problem in local communities which needs to be urgently addressed?’

In September, 2015, Public Health England and UCL Institute of Health Equity produced a report entitled, 'Local action on health inequalities; Reducing social isolation across the lifecourse'. The report can be viewed at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf

The eight key messages to come from the report are:

1. The quality and quantity of social relationships affect health behaviours, physical and mental health, and risk of mortality.
2. Anyone can experience social isolation and loneliness. While social isolation is more commonly considered in later life, it can occur at all stages of the life course. Particular individuals or groups may be more vulnerable than others, depending on factors like physical and mental health, level of education, employment status, wealth, income, ethnicity, gender and age or life-stage.
3. There are links between health and social inequality and social isolation; many factors associated with social isolation are unequally distributed in society.
4. Factors that influence social isolation and loneliness operate at the individual level, the level of the community or local area and at the wider societal level. Individual and community level factors that impact on social isolation are nested in the wider social, economic, political and cultural context.
5. A range of services provided by the public sector, private sector, third sector and community and voluntary services may have the potential to impact on social isolation, even if this is not their primary aim. For example, aspects of the built and natural environment and transport infrastructure can help or hinder efforts to enhance social connections.
6. Learning from specific interventions already in place in local areas can be used to inform work in other local areas to reduce social isolation. Although the context of social isolation across local areas may differ, a recurrent theme is the importance of involving communities in the design of interventions and the way they are managed and implemented.
7. Many community based interventions intended to reduce social isolation will not be identified as such within the community they serve. Instead, they will be focused on activities that can be shared; bringing people together naturally in a way that is appropriate to their particular needs.
8. Successful interventions to tackle social isolation reduce the burden on health and social care services. As such they are typically cost-effective.

Parish and Town Councils are well placed to support work to address social isolation given their local knowledge and networks.

The emerging Integrated Community Wellbeing Service for Chorley, bringing together Chorley Council and Lancashire Community Care Trust, is considering new ways of working that focus on early intervention and prevention to enhance health and wellbeing. A pilot project to tackle social isolation with a couple of Parish and Town Councils would be a positive work stream for the new service to pilot innovative ways of working, alongside an area within the Chorley none parished area.

I would draw your attention to key message 6, above, and the importance of involving residents, neighbourhoods and communities in the coproduction of any solutions. To ensure that any good

practice and learning can be rolled out to other areas in an affordable and resilient way, it would desirable to have pilot areas who are able to engage in this manner.

IMPLICATIONS OF REPORT

6. This report has implications in the following areas and the relevant Directors' comments are included:

Finance		Customer Services	
Human Resources		Equality and Diversity	
Legal		Integrated Impact Assessment required?	
No significant implications in this area		Policy and Communications	

COMMENTS OF THE STATUTORY FINANCE OFFICER

7. No comments.

COMMENTS OF THE MONITORING OFFICER

8. No comments.

Jamie Carson

Deputy Chief Executive/Director (Early Intervention and Support)

There are no background papers to this report.

Report Author	Ext	Date	Doc ID
Jamie Carson	5815	06 March 2017	***