ASSOCIATION OF NORTH EAST COUNCILS

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Report of the Impact of an Ageing Population Task & Finish Group

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Introduction

1. Association members have for some time been giving thought to the likely implications of demographic change and the growing proportion of older people in the population. To give just one example, the number of people aged 85 and over is set to more than double in the twenty years from 2012 to 2032. What will be the impact of an ageing population on public services, particularly those provided by local government? How will it affect service design and delivery? And what can local authorities do, in the current financial climate, to make life better for their older people?

2. The Association therefore decided to establish a Task & Finish Group to examine these questions. Recognising the breadth of the topic, the Group was asked to focus on two aspects that are regularly cited as being critical to the health and wellbeing of older people: promoting a healthy old age, and tackling loneliness and isolation.

3. This report explains how the Task & Finish Group carried out its role, and goes on to set out the Group's findings and recommendations.

Our approach

4. The Task & Finish Group was chaired by Councillor John O'Shea (North Tyneside Council) and included representation from 10 authorities on a cross-party basis (a list of members is appended at Annex A). We held four meetings in all. We were advised by Amanda Skelton, Chief Executive of Redcar & Cleveland Borough Council, and Professor Eugene Milne, Director of Public Health, Newcastle City Council. We were supported by ANEC staff Andy Robinson and Jonathan Rew.

5. At each of the first three meetings we received presentations from a number of expert witnesses, as follows:

- Loneliness and isolation – Graham Armitage, Deputy Director of the Institute for Ageing, Newcastle University and Madeleine Elliott, Northumberland Age UK;
- Promoting healthy old age: a regional perspective – Professor Eugene Milne;
- Community Agents project – Chris Moon, Service Manager – Service Improvement & Commissioning, Redcar & Cleveland Borough Council;
- Seeing older people as an asset – Dr Suzanne Moffatt, Senior Lecturer, Institute of Health and Society, Newcastle University
- Promoting health throughout the life course – Professor Eugene Milne
- Commissioning services for older people – Dr Ali Tahmassebi, Governing Body GP and Redcar & Cleveland Locality GP, South Tees CCG
- Helping older people to stay healthy and out of hospital – Patrick Rice, Assistant Director, Commissioning and Adults, Redcar & Cleveland Borough Council
- Action to address loneliness and isolation – Gillian Peel, Chief Executive, Age UK Darlington
- The role of the Elders Council in improving older people's quality of life and tackling isolation – Mary Nicholls, Chair, Elders Council, Newcastle
- Meeting older people's housing needs and preferences – Diane Munro, Housing Policy Officer, Northumberland County Council
- Meeting older people's transport needs – Adrian White, Head of Transport and Contract Services, Durham County Council.

6. Professor Thomas Scharf, Professor of Social Gerontology at Newcastle University Institute of Ageing, made time available for a discussion with one of the report's authors and commented on a draft.

7. We are grateful to all the above for their valuable contributions

8. We also considered items of written evidence, including:

- "Ageing: The Silver Lining", Local Government Association, July 2015
- "Ready for Ageing", House of Lords Select Committee on Public Service and Demographic Change, March 2013
- "Promising approaches to reducing loneliness and social isolation in later life", Age UK, January 2015

- "Loneliness and Isolation", Years Ahead, November 2014.

9. More recently (27 January 2016) the LGA has joined with Age UK and the Campaign to End Loneliness to publish "Combating Loneliness: A Guide for Local Authorities". While we have not had the opportunity to consider this publication in detail, it follows a similar line to that which we have taken in this report.

10. In addition, we received much valuable information from member authorities in the form of case studies.

11. Throughout our discussions, we have been keen to approach this whole issue in a positive manner: while not overlooking the challenges, we have focused not on the supposed 'costs' imposed by older people but on their tangible social and economic contribution.

Our focus

12. There are of course a wide range of local government services and functions that impact on the health and wellbeing of older people. The chapter headings of the LGA report provide a good illustration of this range: economic activity and civic engagement; housing and neighbourhoods, outdoor spaces and buildings; transport; information and advice; social participation; respect and social inclusion; health and wellbeing. (A summary of the identified 'good practice points' under each of these chapter headings is appended as Annex B). It is vital that these services are not considered in isolation from each other but rather as mutually reinforcing: for example, the availability of suitably designed housing in an older person's local area, plus adequate and accessible local transport services, can foster that person's social inclusion – or lead to their exclusion and isolation if the services are lacking.

13. The Leaders and Elected Mayors Group asked us to focus in particular on two aspects that are regularly cited as being critical to the health and wellbeing of older people: promoting a healthy old age, and tackling loneliness and isolation. We gave considerable attention to both these themes throughout our programme of meetings. We also invited expert speakers to address us on the provision of housing for older people, and meeting older people's transport needs. Our findings on these topics are set out below. In addition, during the course of our meetings we occasionally touched upon issues that did not fall precisely into any of the themes mentioned above, and we have incorporated these into the report where we felt we have useful advice to offer.

14. Throughout our consideration of these issues we have been very keen to take a positive approach, emphasising the positive contribution that older people can and do make and the importance of avoiding negative stereotypes. While there are undoubtedly some challenges associated with an ageing population, there are also many economic and social benefits that older people can bring, as we demonstrate later.

Structure of the report

15. We start by looking at the demographic changes that provide the context for our work and then go on to consider the following themes

- Promoting healthy old age
- Tackling loneliness and social isolation
- Identifying and meeting older people's housing needs
- Identifying and meeting older people's transport needs.

16. We set out our recommendations to member authorities on each of these themes.

Theme 1 - Demographic change

17. The scale and nature of demographic change that is projected to occur over the next 20 or so years is well known. At the national level, Office for National Statistics (ONS) projections suggest that:

- Between 2012 and 2032, the national population of 65-84 year olds will increase by 39%, from 7.8m to 10.9m;
- Over the same period, the national population of over-85s will more than double, from 1.26m to 2.61m;
- By 2039, more than one in 12 of the population will be aged 80 or over.

18. Recent research by Public Health England, published in February 2016, confirms the continuing upward trend in life expectancy among older age groups in England. For males in 2014, the life expectancy figures at ages 65, 75, 85 and 95 are the highest ever recorded. The same is true for females at ages 65, 75 and 95 (for females aged 85, life expectancy is at the same level as in 2011).

19. At regional level, the North East is projected to be one of the fastest-growing English regions in terms of the percentage of the population aged 65 and over, with a rise from 17.2% in 2010 to 23.6% in 2030. By that date, only the South West will have a larger proportion of its population aged over 65.

20. The Centre for Urban and Regional Development Studies (CURDS) at Newcastle University has produced data on Ageing in the North East. Their main findings are:

- The North East is an 'old' region. It currently has the second highest proportion of people aged 65+ (after the South West) and will continue to do so in 2037;
- This is driven by rising life expectancy,the ageing of the post-war 'baby boom' generation, a low rate of immigration from outside the UK, and net loss of young adults to the rest of the UK;
- All 12 local authorities are affected, but the largest increases in the older population are projected to occur in those areas that already have the highest proportions of older people. In particular, by 2037 people aged 70+ are projected to make up 26% of Northumberland's population, compared with 14% in 2012. By contrast, over 70s are projected to make up 15% of Newcastle's population in 2037, rising from 10% in 2012.

21. This demographic shift undoubtedly presents some significant challenges for local government, especially in the context of austerity, declining budgets and rising demand for health and care services. However, we are concerned that this trend is so often seen as wholly negative and described in somewhat emotive language: for example, a recent article in a national broadsheet newspaper described the projected increase in the elderly population as 'staggering' and likely to lead to a 'tidal wave' of demands for health and social care. We agree with the comment in the Local Government Association's report "Ageing: The Silver Lining":

"Too often, population ageing is presented within a negative, doom-laden narrative, focusing on the perceived 'burdens' that these demographic trends will bring for councils and their partners. Instead, older people should be seen as part of the solution to the many challenges which face us, as a society, and in local government".

22. We urge councils to tackle negative stereotypes about ageing and do everything in their power to promote a positive narrative. There are a wide range of positives that older people can bring, including their experience (a potential if under-used asset to employers), their contribution as carers and as volunteers etc. The House of Lords Select Committee on Public Service and Demographic Change found that 30% of people over 60 volunteer regularly through formal organisations, 65% of people over 65 regularly help older neighbours, and one in three working mothers rely on grandparents for childcare.

23. A briefing by the King's Fund (quoting information from the WRVS and ONS) provides further information on the contribution of older people:

- the over 65s make a **net** contribution *(i.e. after deducting the cost of pensions, welfare and health care)* to the UK economy of £40 billion per annum through tax payments, spending power, donations to charities and volunteering;
- in October-December 2010, 2.7% of older people (over 65) worked full time and 6.1% worked part time – up from 1.2% and 3.4% in 2001; and
- Older people also contribute through:
  - Spending power of £76 billion (estimated to rise to £127 billion by 2030);
  - Provision of social care worth £34 billion (to rise to £53 billion by 2030);
  - Volunteering, with a hidden value of £10 billion per annum; and
  - Donations of £10 billion to charities and family.

24. Local authorities in their community leadership role can do much to promote a positive mentality. As employers they can adopt policies that support the recruitment/retention of older people. They can publicise (e.g. in newsletters, through 'good citizenship' events) the contribution that older people make to society. And they can proactively engage older people in the design and delivery of local services.

25. On the whole question of demographic change and of seeing older people as an asset, we had a very helpful presentation from Dr Suzanne Moffatt of Newcastle University. She commented that there tend to be two extreme views of ageing: as a so-called 'demographic timebomb' and as a wholly benign condition where people retain their physical and mental wellbeing well into old age. In fact we need to move beyond the stereotypes and look at the actual experience of the majority of older people. Referring to the King's Fund/WRVS research quoted above, while the economic and social benefits of paid work and volunteering by older people are rightly recognised, the key issue for older people is (or should be) about choice: do they want to be in work? Do they want to spend time volunteering? There is evidence that poor quality of work has negative impacts on health, and that lower paid employees have fewer opportunities for education and training. As regards volunteering, there is a strong correlation between volunteering and socio-economic status; those who are relatively free from economic pressures are more able to give up their time. Informal caring roles (looking after a spouse, grandchildren and so on) can support wellbeing but can also conflict with it, for example where an older person has to leave paid work to meet their caring responsibilities. Nevertheless, the benefits of volunteering should not be under-estimated. The next section of this report has a good example from Age UK Darlington of involving older people in volunteering without having to commit unmanageable amounts of time.

26. A related issue concerns the changing distribution of wealth between the generations. Since 2010 the profile of public spending has changed: many services for working-age people have been cut, while pensioner benefits have largely been protected. (Examples include the 'triple lock' on the state pension; the retention of the National Concessionary Travel Scheme). The Institute of Fiscal Studies recently reported that the average income of pensioner households (£394 per week) exceeds that of the rest of the population (£385 per week). There is also a perception that older people are sitting on substantial wealth in terms of the value of their homes, while younger people are finding it difficult to get a foot on the housing ladder.

27. However, while there has undoubtedly been a significant decline in the proportion of pensioners below the poverty line in the last 30 years, it would be a mistake to regard all older people as having benefited from the growth in average pensioner incomes. Older people are not a homogeneous group and while the reduction in pensioner poverty is welcome, there are still substantial numbers in poverty. Further, this trend could be reduced in future years as more people have to go into the private rented sector and therefore do not carry a large capital asset with them into later life. There is also the risk that the recent pension reforms which allow people to withdraw a lump sum from their pension pot may lead to a short-term boom in consumption followed by increased financial pressure as assets are exhausted. Similarly, the end of defined benefit pension schemes in the public sector is likely to reduce future pension incomes, and low interest rates for the foreseeable future will reduce the incomes of those who are reliant on investments. As Dr Moffatt pointed out to us, ultimately this is an issue about housing policy and the failure to build enough houses to meet the needs of the population. We consider housing issues under theme 5.

Recommendation

28. We urge local authorities, and their partners, to do everything in their power to promote a positive image of the economic and social contribution made by older people, and to tackle negative stereotypes. Most if not all authorities have older people's champions, and they have a key role to play in this.

Theme 2 - **Promoting healthy old age**

29. Professor Eugene Milne drew our attention to the remarkable fall in the death rate in the last twenty years: for example, deaths from cardiovascular disease have reduced by 50% in that period. (See figure 1 below). This has been driven by a range of factors including public health measures such as action to reduce smoking, lifestyle choices and environmental factors. Changes in industry such as the decline in high risk occupations like mining and fishing, combined with improvements in health safety, have also played their part. However, it is becoming increasingly difficult to continue making these gains at the same rate: for example, the rate of decline in mortality from circulatory disease, which a decade ago was falling rapidly, is now slowing down.

Cardiovascular mortality rate - directly standardised, all ages, per 100,000 persons

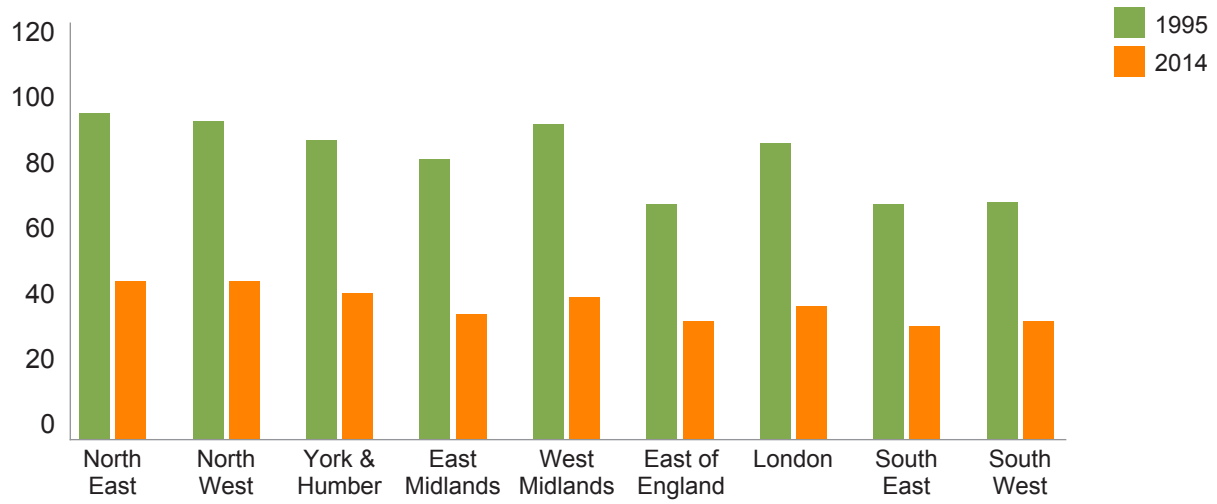

Figure 1. Source: Health and Social Care Information Centre

30. Interestingly, while medical treatments are tending to become more specialised, the factors that make the biggest impact are not medical: exercise, for example. In this connection, Professor Milne referred to a study reported in the New England Journal of Medicine, 1998 (Effects of Walking on Mortality among Non-smoking Retired Men, Hakim et al). This studied a group of more than 700 retired men over a period of 12 years. After adjustment for age, the mortality rate among the men who walked less than one mile a day was nearly twice that among those who walked more than two miles. As Professor Milne has put it, "If walking was a drug, with a licence and a big pharmaceutical company trying to sell it, it would be the world's most powerful brand".

31. This needs to be reflected in policy proposals perhaps more than it is; local authorities could ask themselves if they are designing opportunities for older people's healthy lifestyles into their transport and planning strategies, and whether their parks and public spaces are promoting exercise. We could also discuss with the NHS the importance of ensuring that exercise is taken seriously as an alternative to drug therapies in a variety of illnesses.

32. Even if mortality is reducing, there are still significant differentials between life expectancy and **healthy** life expectancy, and significant inequalities between different income groups which persist despite the overall decline in mortality. In November 2015 the Office for National Statistics published figures which show that:

- Over the period 2009-2013, the level of inequality in life expectancy between males living in the most and least deprived parts of England was 7.9 years (and 5.9 years for females);
- The inequalities in healthy life expectancy were far greater: 16.7 years for males and 16.8 years for females.

33. The ONS report identifies the North East as one of the regions with the widest inequalities in life expectancy and healthy life expectancy. One of the examples we were given related to healthy life expectancy for people aged 55 in wards adjacent to the Tyne and Wear metro:

    - Airport (i.e. Ponteland South ward) 74.8 years
    - South Gosforth 71.5
    - Jesmond 70.1
    - Fawdon 66.1
    - Byker 63.8

34. These inequalities remain a challenge for everyone engaged in improving the health of the population.

35. While ageing is often equated with illness, the two things are not the same. Professor Milne commented that the factors affecting health in old age could be classed as:

- Genetic – genes account for around 25% of life expectancy;
- Things that are programmed in at an early age, such as smoking in pregnancy, early exposure to disease;
- Accumulation of damage through life, caused by such things as smoking, alcohol and lack of exercise (but it is never too late to change, for example the reduction in risk from smoking starts within 24 hours of quitting);

- Risky behaviour in old age;
- Chance.

36. In other words: the risk factors occur throughout the life course, so a whole life course approach is needed if they are to be tackled effectively. We think that local authorities, Health and Wellbeing Boards and their partner organisations should focus on the following approaches:

    - Promoting public health
    - Simple but effective interventions
    - Integrating health and social care
    - Targeted commissioning

Promoting public health

37. Public health measures remain at the heart of improving health outcomes, and this is as valid for older age groups as for any other group. Significant gains can be achieved through tackling smoking, alcohol misuse and obesity. We were informed of programmes of structured physical activity for older people such as the Healthy Horizons project in Lanchester. Funded by Durham County Council, this provides pilates, fitsteps and seated aerobics sessions in which exercises are modified to accommodate people with a wide range of conditions including MS, vertigo, high blood pressure and joint problems.

38. Building on this kind of initiative, we think local authorities should consider whether they can do more to promote their leisure facilities as a means of helping people to achieve a fit and healthy old age. In Darlington for example the Dolphin Centre is promoted as a 'healthy hub', offering exercise programmes that are set at an appropriate level for people's ages and abilities.

39. We do of course recognise the pressures on local authorities' public health budgets arising from successive funding cuts . (The Autumn Statement 2015 announced that local authorities' funding for public health would be reduced by an average of 3.9% in real terms each year until 2020, equating to a reduction in cash terms of 9.6% over the same period. This came on top of a £200m in-year cut in 2015/16).This makes it all the more important to look across the whole authority and consider the contribution that all Council services can make to people's health and wellbeing.

Simple but effective interventions

40. Our attention was drawn to recent guidance by the National Institute for Health and Care Excellence (NICE) on Falls in older people: assessing risk and prevention (June 2013). This seems to us to be a valuable example of a fairly simple and low-cost type of intervention that is actually quite effective in terms of keeping older people healthy (and out of hospital), maintaining a safe environment for them and avoiding the sort of traumatic episode that could all too easily lead to a loss of confidence, social isolation and vulnerability.

41. To give an example of how the guidance can be translated into practice, Gateshead Council's Falls Prevention Strategy 2013-18 recognises that falls often cause long-term physical, mental and emotional outcomes, as well as being very costly to health and social services. A key part of the strategy relates to falls in the home: the Council has set up a falls prevention scheme to identify target areas for private sector housing in need of remediation because of the risk of falls on stairs, and to carry out improvements. To date 2,048 properties have been improved and a recent evaluation found a downward trend in hospital admissions due to falls on or from steps and stairs. Residents feel safer and more confident about going out, and feedback from clients' questionnaires suggests that 67% have had fewer falls in the year since remediation than in the year before it.

Integrating health and social care

42. Integration of health and social care is something that all authorities are closely engaged in, partly through the Better Care Fund but also because of the recognition by local authorities and health partners that integration is critical to improving outcomes for older people.

43. In its capacity as a pioneer area for integration South Tyneside has been working on how to move away from the traditional reliance on hospital services towards a greater emphasis on self-care. The South Tyneside Partnership's self-care pathway is aimed at patients with a need for a relatively low level of support and encourages them to take a degree of responsibility for their own care, through (for example) self-monitoring devices, assistive technologies, home adaptations, physical activity programmes, wellbeing and life skills courses and weight management advice. It includes an element of 'social prescribing' – referring people

to non-clinical solutions such as exercise groups, help with healthy eating, groups that provide emotional support. (Clearly this kind of approach can also be valuable in tackling loneliness and isolation). The South Tyneside self-care pathway includes, as measures of success, reduced A&E attendances and increased percentage of people feeling supported to manage their conditions.

44. While this initiative is not aimed exclusively at older people it is clearly of great potential benefit to them, and Age UK has endorsed this approach; it is essential that older people, especially those with multiple health conditions and care needs, receive joined up health and care services. It is also important to note that older people have been involved in the development of the programme.

Targeted commissioning

45. Local authorities and Clinical Commissioning Groups both have a very important part to play in commissioning services for older people, and we heard from representatives of both these sectors. Dr Ali Tahmassebi of South Tees CCG outlined his organisation's experience in turning round services for older people. Working on a two year plan with local hospital and mental health trusts, they have moved the service from being essentially reactive, responding to crises, to one of supporting patients before they become ill – and quick rehabilitation if they do become ill. For example, stroke care has been improved through support for early discharge from hospital and rehabilitation at home, with more therapists and nurses in the community. It is vital to work with partners, particularly local authority social care and public health teams and the voluntary sector, and to avoid excessive medicalisation. This approach is already producing good results, such as a 6% reduction in emergency admissions against a national figure of a 6% increase.

46. Patrick Rice, Assistant Director Commissioning and Adults at Redcar & Cleveland Borough Council, commented that in with the principles of the Care Act, the Council is focusing on reablement and independence, not just 'looking after' people. However, more needs to be done to respond to this level of change; initiatives include specific sport and leisure activities for older people, and thinking about how to make the best use of bus services. These issues are not solely - or even primarily - the responsibility of a council's adult social care service; it is about joining up all local authority services to support 'ageing better'. It is also important to bear in mind that emotional wellbeing is as important as physical; the consequences of dependence include the risk of depression and lack of motivation.

Recommendations

47. We consider that there are some key challenges here for local authorities, Directors of Public Health, Clinical Commissioning Groups and Health and Wellbeing Boards. In particular, HWBs should ensure that these issues are reflected in their Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. They should consider

- promoting effective public health measures throughout the life course, and using the fullest possible range of local authority services to achieve this goal;
- the scope for simple but effective interventions such as a falls prevention strategy;
- ensuring that older people, especially those with multiple health conditions and care needs, receive joined up health and care services;
- targeted commissioning that focuses on maintaining older people's independence, supporting patients before they become ill rather than simply responding to health crises, and quick rehabilitation if they do become ill.

Theme 3 - Tackling loneliness and social isolation

48. There has been a growing understanding of the impact of loneliness on mental and physical health. Research reported by Age UK shows that:

- the effect of loneliness and isolation can be as harmful to health as smoking 15 cigarettes a day, and is more damaging than obesity;
- lonely individuals are at higher risk of the onset of disability;
- loneliness contributes to health problems including psychological stress, higher blood pressure and sleep problems; and
- loneliness puts individuals at greater risk of cognitive decline – one study concluded that

lonely people have a 64% increased chance of developing clinical dementia.

49. Any strategy that aims to improve physical and mental health outcomes for older people must therefore address the issues of loneliness and isolation.

50. Fortunately there is a massive amount of good practice in the region, both in the voluntary and the local authority sector, that providers can draw on. The following are some examples of ground-breaking good practice that were presented to us.

Voluntary and community sector

51. Years Ahead (the North East Forum for Ageing) is a representative voice that brings together a wide range of local groups. In November 2014 it published a survey of initiatives to combat loneliness and isolation in the North East, and Madeleine Elliott, the author of the report, gave us a presentation on its findings.

52. The report highlights some basic facts about loneliness:

- 6-13% of older people say they feel very or always lonely
- 6% of older people leave their house once a week or less
- 17% of older people are in contact with family, friends and neighbours less than once a week – and 11% are in contact less than once a month;
- 51% of all people aged 75 and over live alone;
- Almost 5 million older people say that the television is their only company.

53. Loneliness and isolation can arise from a combination of personal risk factors (such as sensory loss, mobility loss, lower income and so on) and factors in wider society (poor public transport, lack of toilets, lack of seating, shortage of housing that meets older people's needs, fear of crime etc). In later life these factors continue to increase and converge.

54. Gillian Peel, Chief Executive of Age UK Darlington, outlined her organisation's "Good Friends" scheme, which won the Local Government Chronicle Award for Best Health and Social Care Project 2015. The project provided low level, but in practice very valuable, services to older people, on the basis that 'small deeds make a big difference'. Examples of the kinds of services provided include lunch clubs, dog walking, shopping trips, handy person services and so on.

55. Another benefit of the scheme is that it provides opportunities for people who would like to volunteer but are not able to commit significant amounts of time. Age UK Darlington has some 320 formal and 760 informal volunteers, the majority of whom are between 50 and 70 (and the oldest 86) - a practical illustration of the contribution to society made by older people.

56. Age UK has also worked with the Office for National Statistics to produce rigorous data on loneliness - in particular identifying people aged 65 or over who are single, widowed, divorced or separated and thus at higher risk of isolation. This collaboration has enabled 'at risk' areas to be mapped across the Borough, although it was stressed that this information needs to be supported by local knowledge and it should not be assumed that isolation is necessarily the same as loneliness.

57. In conclusion, Gillian stressed the ability of the voluntary and community sector (VCS) to provide imaginative and creative solutions. She urged local authorities to engage in a two-way dialogue with local VCS representatives about the services they could provide. This dialogue should go beyond "we need this service, can you provide it?" to a genuine creative discussion about what is actually required.

58. Mary Nicholls, Chair of Newcastle Elders Council, outlined the Elders Council's "Bridging the Gaps" initiative. This stemmed from awareness of research evidence about the harmful impact of loneliness on older people's lives and aimed to promote social inclusion to counteract this. Initially the project focused on two neighbourhoods: Jesmond, where it resulted in Wellbeing for Life sessions at the local library, which had been taken over by the local community as part of an asset transfer; and Throckley, where it promoted stronger networking between existing community groups to promote their offer more widely. Initiatives included a Facebook group page run by the Throckley Activities Group to increase awareness of things that were happening in the neighbourhood.

59. In the next stage, the Elders Council developed its own small grants programme called 'Staying Connected'. This encouraged groups of older people to develop small projects to combat social

isolation through the offer of grants of up to £300 - nineteen were given out in the first phase and 25 in the second. The grant criteria stipulated that activities had to enable people who didn't know each other to get together and make the most of their skills and local resources; it could build on existing activity but had to involve reaching out to new people.

60. An evaluation of the Staying Connected programme highlighted some important learning points:

- successful projects involve purposeful activity (e.g. trips to museums or the cinema, physical or creative exercise) as an anchor around which to meet;
- social connectivity is key to avoiding isolation. Even people with reasonable financial resources and health can feel disconnected. But making contact with people who are lonely is genuinely difficult;
- 'meeting and greeting' protocols, which ensure that new people coming to a group are made to feel welcome, are very important in drawing people in;
- being able to provide transport was frequently cited as being key to enabling some people to get to events and activities, so having a small amount of money available to support this was greatly welcomed;
- the small grants scheme was successful in building the confidence of local groups and helping them to start and sustain their valuable activities.

Local authority actions and interventions

61. We received numerous case studies of local authorities promoting interventions and actions designed to combat loneliness and isolation among older people. (Fuller details are appended in Annex C). These actions can, in broad terms, be classified as follows:

- individual interventions such as one-to-one befriending schemes;
- group interventions such as clubs;
- 'signposting' schemes – directing people to sources of help; and
- removing barriers to participation.

Individual interventions

62. Individual befriending schemes not only give the older person someone to talk to – which is beneficial in itself – but can also connect or reconnect them with the outside world and change their thinking about how they relate to it. For example, Durham County Council runs the 'Silver Talk' telephone befriending service, which had a total of 184 clients up to February 2015. The service, run by volunteers, deals with clients' practical problems – such as organising transport for a client who is no longer able to use his car – as well as providing them with someone to talk to. Some clients, after using the service for some time, have begun volunteering activities of their own. Silver Talk is becoming a popular model for social housing providers wishing to address isolation and loneliness experienced by their tenants, including Your Housing Group (Liverpool, St Helens, Manchester), and ISOS (Hexham).

63. South Tyneside has commissioned several projects to support older people at risk of social isolation. A befriending scheme matched 36 volunteers with lonely older people to share similar interests and provide companionship. A Community Wellbeing Champions scheme recruited and trained 28 volunteers to deliver health messages to hard-to-reach individuals and provide peer-to-peer support to make lifestyle changes and reduce social isolation, as part of the 'Every Contact a Health Improvement Contact' initiative.

64. South Tyneside also mentioned an initiative in which older people went into local schools to give lessons, from personal experience, about the Second World War. As well as the value to school students of hearing first-hand accounts of a period of history they were studying, this helped to give a sense of purpose to the older people involved who could appreciate the respect with which their life stories were treated.

Group interventions

65. The group intervention model often takes the form of a club focused on a particular activity, or on social activities generally, which helps individuals form friendships and improve their ability to relate. One example of this comes from Gateshead, where the Older People's Assembly has created a number of 'Friendship Groups'. Older volunteers identify and engage with older people who experience loneliness and isolation, and from this engagement create a Friendship

Group, to engage in activities of their choice. An important element of this model is that it is led by older people themselves; experience has shown that older people can empathise with people of their own age, and may have experienced similar issues. Activities include craft sessions, trips to the coast, card games, exercise sessions, film club and guest speakers. By November 2014 four groups had been set up, with between 20-30 members each and with the help of a grant of £5,000 towards start-up costs from the Gateshead Housing Company.

Signposting and referral

66. In Sunderland a "Community Connector" scheme was launched in April 2014 to enable self-care in the community as far as possible, supported by local people who act as informal connectors to information, local activities and self-care messages. The level of help varies from person to person dependent on ability, with some people requiring only a small amount of help such as being signposted to an activity or support service to enable them to get out and about, whereas others may need much more support which could include help from the integrated care teams or outreach help. The City Council has also established a Community Directory, initially for the East Area, to highlight services, support and activities that are available to older people.

67. Chris Moon from Redcar & Cleveland BC spoke to us about the Community Agents project which the Council has commissioned and funded jointly with South Tees Hospital NHS Foundation Trust. The project is delivered by Tees Valley Rural Community Council, who employ community agents as a first point of contact for health and social care professionals seeking solutions for people whose needs can be supported by voluntary sector organisations and the community. The agents provide a signposting and referral service for older and vulnerable residents as well as hands-on support at times of crisis. Reducing isolation is one of the stated aims of the project, and befriending continues to be the most requested service, highlighting the prevalence of social isolation across the area. An evaluation of the project by Teesside University found that the project showed a Social Return on Investment of £3.29 for every pound invested.

Barriers and gateways to participation

68. Barriers/gateways to participation are an important issue and one that local authorities are well placed to address in their roles as place-shapers and as providers. The point here is that some things have the potential to facilitate or restrict participation by older people, to act as gateways or barriers. For example:

- transport – the availability of good public transport (or lack of it);
- technology – this can have enormous benefits (e.g. enabling older people to keep in touch with distant family), but there is also a danger of digital exclusion as public bodies increasingly take the approach of 'digital by default';
- fear of crime and anti-social behaviour; and
- housing that is not designed to meet older people's needs.

69. We are aware that a number of Health and Wellbeing Boards include specific policies to address social isolation and loneliness among older people in their Joint Strategic Needs Assessments and Health and Wellbeing Strategies. We commend this approach.

Conclusions

70. Professor Tom Scharf has commented that while the impacts of loneliness on physical and mental health are well-known and can be severe (see paragraph 48), it is only a relatively small proportion of the population that actually experience loneliness. While this proportion has remained remarkably stable over time, demographic ageing substantially increases the numbers of people affected by loneliness. This makes it all the more important that interventions are targeted. People are particularly susceptible to experiencing loneliness at **transition points** in their lives, where long-standing social relationships are disrupted: for example, leaving the labour market, moving house, divorce and separation, bereavement.

71. Retirement, for example, is a time when people are at risk of losing associations and relationships that they have enjoyed for many years; it can mark the start of a transition from independence to dependence if people are not helped to deal with it. We are aware that some employers, especially larger ones, run pre-retirement courses for their employees as part of their corporate social responsibility programme; we commend this approach and suggest that

local authorities may wish to take it up as part of their dialogue with local business.

72. In general, there is a need for better information on what services and initiatives (such as befriending and clubs) are available so that people can be signposted to them at the critical time.

73. Given that loneliness is an acknowledged risk factor for mortality and morbidity just like alcohol, tobacco and obesity, it would make sense for professionals, in assessing a client or patient's needs, to ask about their experience of loneliness in the same way as they would ask about their consumption of alcohol or tobacco. For local authorities, it is worth considering whether we should have a coordinated strategy across the 12 authorities for addressing loneliness in the same way as we have strategies for tackling the harms caused by alcohol and tobacco – building on replicating the many examples of good practice in the local authority and voluntary and community sectors. At the same time it is important to be aware of the value of 'unofficial' networks that may not be on the local authority's radar but can play an important role in combating isolation.

74. Lack of income can have a significant impact on older people's ability to develop and sustain social relationships. People may feel they cannot afford to go out for a shopping trip or an inexpensive coffee or lunch, thus increasing their isolation. Local authorities can help to address this by proactively helping people to access all the benefits to which they are entitled, bearing in mind that some older people may be reluctant to make a claim.

Recommendations

75. We would urge local authorities to think about the many examples of good practice highlighted above and consider the possibility of introducing similar initiatives in their own area.

76. It would also be valuable if local authorities, and Health and Wellbeing Boards, could consider how it may be possible to move from pockets of good practice - such as the Newcastle Elders Council's small grants scheme - to a more systematised approach across their whole area. We recognise though that this will not be easy in current financial circumstances.

77. As suggested by Gillian Peel of Age UK Darlington, we acknowledge the ability of the voluntary and community sector to provide imaginative and creative solutions, and we urge local authorities to enter into a two-way dialogue with local VCS representatives about the services they can provide.

78. It is vital to ensure that initiatives aimed at addressing loneliness are properly evaluated so that lessons can be learnt and future initiatives can be evidence-based and cost-effective. Dialogue with the higher education sector is important here.

79. We note that a number of Health and Wellbeing Boards include specific polices to address social isolation and loneliness in their JSNAs and Health and Wellbeing Strategies, and we commend this approach to all HWBs.

80. We note the importance of signposting people to the services, such as befriending and clubs, that are available and could make a difference to their lives. We recognise that budgets for information services have been reduced in the current financial climate, but we urge local authorities to do whatever they can to ensure that people experiencing loneliness can be directed to sources of help. The Care Act 2014, which introduces a statutory duty to provide people with information and advice on care and support, could be a springboard for better information services for older people.

81. As part of their dialogue with local employers, local authorities may wish to emphasise the value of pre-retirement courses for employees approaching retirement age.

82. Recognising that lack of income can be a significant barrier to developing and sustaining social relationships, it is important that local authorities help people to access all the benefits to which they are entitled.

Theme 4 - **Housing for older people**

83. Diane Munro gave us some insights into planning for older people's housing in Northumberland. Like many other areas, Northumberland is projected to have a significantly increasing proportion of older people within its communities. Population forecasts for the period 2012 to 2031 show an increase of 52.6% in the over 65 age group, and even bigger increases among the 'older old', for example a 90.5% increase over the same period in the 80-89 age group. As regards older people's housing, some key trends are apparent:

- older people tend not to move, especially if they are in social housing. Properties occupied by older people are mainly three-bedroomed and this can lead to a lack of flexibility in the housing stock;
- there is an increase in older people living on their own;
- fewer dwellings are now being built specifically for older people;
- where older people do move, these moves tend to fall into two types: planned moves relatively early in older life, and enforced moves in later life.

84. The County Council has carried out a study of older people's attitudes and preferences and one point to emerge strongly was that they want to feel rooted in their community. We understand this feeling and also the concerns older people often have about the prospect of moving into residential accommodation that they fear they will not be able to afford.

85. There are a number of avenues (complementary rather than mutually exclusive) that the County Council is pursuing to address older people's housing needs, and to offer choices that meet those needs, including:

- support for the creation of Lifetime Neighbourhoods, which allow older people to live as independent lives as possible. Such neighbourhoods are characterised by easily available shops, community facilities and transport connection, and safe and sociable public spaces, as well as being accessible for people with restricted mobility;
- giving attention to supporting people to remain longer in their own homes - for example, properties that allow for adaptation will reduce the need for people to go into specialist accommodation. Technological advances such as telecare can support people to stay in their homes for longer;
- supporting the provision of types of housing, such as bungalows, which are adaptable to older people's needs.

86. We fully support approaches of this type. While we noted that in some parts of the country there is more of an emphasis on developments that focus primarily on older people's needs, we are concerned that this could be seen as the creation of older people's 'ghettos'; we prefer the 'Lifetime Neighbourhood' model of sustainable, mixed communities which seems to us to reflect a more positive attitude towards older people.

87. In this context, a member of the Group drew our attention to two recent planning applications for "retirement villages" based on dedicated housing on a large scale for elderly residents. The member concerned felt that this kind of development potentially raised a number of important issues: their artificial nature in terms of social intercourse and community; their location on the fringe of towns, making them difficult to access by public transport; and their potential for creating social division as they cannot, in practice, be bought or leased by older people with no disposable assets. While it is beyond our remit to comment on specific planning applications, we do share the member's concerns about any kind of development that risks segregating older people both physically and socially. We also note that other models are being explored which reflect local need and overcome the potential pitfalls of "care villages".

88. We also support the development of bungalows as being an accessible and adaptable type of dwelling for older people, although we do not underestimate the difficulties that authorities may have in persuading developers to go down this route. There needs to be a greater degree of choice for an increasingly diverse older population – not just bungalows but (for example) co-housing schemes, homes that allow live-in carers to lead their own independent lives etc. There are now many technological developments that make it easier and safer for older people to continue living in their own homes; one example quoted to us was sensors that can tell when someone has left the gas on and shut it down automatically. Simply from an economic point of view it makes more sense to put a shower in someone's home than to pay for someone to go into residential care.

89. In each authority's area, the future housing offer will of course be strongly influenced by the policies adopted in that authority's Core Planning Strategy. We were pleased to note from Diane Munro that there is a close relationship in her authority between officers responsible for housing policy and for spatial policy - both are part of a single team. This relationship contributes to ensuring that the housing needs of older people are reflected in the Core Strategy, and we commend this approach to all authorities.

Recommendations

90. We recommend that in the light of these findings, authorities review their approaches to meeting older people's housing needs, ensuring that older people can live as independent lives as possible, and can remain as long as possible in their own homes.

91. We note that there is a broader issue about design of communities as well as design of housing. Some places lack opportunities for contact, such as safe outdoor spaces (parks and gardens), social clubs, pubs, cafes and shops. These opportunities need to be positively 'designed in', for example through the creative use of section 106 agreements, bearing in mind also the needs of an increasingly diverse older population.

92. We also recommend authorities to review their working arrangements to ensure that older people's housing needs can be fully reflected in the authority's Core Strategy.

Theme 5 - **Older people's transport needs**

93. Transport is clearly critical to older people's wellbeing as it impacts on their ability to interact with others and be independent into later life. We had a useful discussion with Adrian White of Durham County Council about older people's transport needs and how they can be met.

94. Public transport, and particularly bus services, loom large in this. We fully support the National Concessionary Travel Scheme (NCTS), which has been of great benefit to many older people. However, it has proved to be expensive, and as it is a statutory scheme which councils have no choice but to fund, it puts pressure on other council services. The 'worst case' is that some people could end up with a free bus pass but no bus to use it on. We were told that in fact 2500 services have been cut nationally since 2010: commercial services are increasingly being 'straight-lined' (i.e. run on main roads rather than detouring through estates) which makes them less accessible to older people living off the route, and rural services are becoming very difficult to provide.

95. Access to hospitals by public transport often causes problems. This sometimes tends to be thought of as a rural problem but in our experience the situation in urban areas can be just as bad.

96. On the plus side, most buses are now fully accessible, and the provision of things like real time information and 'next stop' announcements all help to make journeys easier for older people. However, it is a matter of concern that in practice it is not always possible for frail older people or those with disabilities to access the disabled space on buses.

97. We have some concern that the emphasis on universal provision of concessionary travel for the over-65s may be leading to problems with availability of services. This is a difficult issue and we have not been able to examine it in any depth in the time available to us; it is probably beyond the scope of individual councils. We note that the two Combined Authorities in the region will shortly be assuming responsibility for bus franchising; also that a Buses Bill, which will increase the powers of Combined Authorities to plan, develop and regulate bus services, is to be introduced in the next session of Parliament. It may be appropriate for the Combined Authorities to consider the whole question of the availability of bus services and the impact of the NCTS, and whether any action is needed at national level.

98. Streetscape and urban design are critically important to older people. Pedestrianisation is often beneficial, but the downside is that the bus stop can be further from the shops, leaving older people with further to walk. The condition of pavements, the availability of seating, allowing sufficient time for people to cross at pelican crossings - these and other aspects of infrastructure are all vitally important to older people. There can also sometimes be a conflict with the perceived needs of heritage areas - retaining cobbles, for example, can cause problems for older people.

99. Clearly there are a wide range of issues in considering the transport needs of older people which we did not have time to explore in detail. While local authorities generally do bear these issues in mind in urban design, we would urge them to ensure that an 'age friendly' approach is built in to all new road and traffic schemes and that the needs of older people are properly reflected and evaluated in any analysis of transport proposals.

100. At a broader level, embracing both housing and transport and other services as well, there is an issue about making the whole physical environment more conducive to health. Local authorities need to take a multi-faceted approach, promoting exercise, cleaner air, more sustainable cities with more scope for walking, a reduced carbon footprint and so on.

Recommendations

101. We would suggest that the two Combined Authorities be asked (perhaps through the Leaders and Elected Mayors Group) to consider the whole question of the availability of bus services and the impact of the National Concessionary Travel Scheme, and whether any action is needed at the national level.

102. We urge local authorities to ensure that an 'age friendly' approach is built into all new road and traffic schemes and that the needs of older people are properly reflected and evaluated in any analysis of transport proposals.

103. We also urge local authorities to take a multi-faceted approach towards making the whole physical environment more conducive to health.

Final comments

104. There is much local authorities can do (and are already doing), with their partners, to meet the impact of demographic change and an ageing population, and to improve the lives of older people themselves. This has to start with promoting a positive image - which is entirely justified by the facts - of the economic and social contribution that older people make.

105. In accordance with our remit, we have focused on promoting healthy old age and tackling social isolation and loneliness, and have also paid some attention to issues around housing and transport. We recognise that there are many other issues affecting older people, and the excellent reports by the House of Lords Select Committee and Local Government Association, among others, deal with these issues in more detail. What we have done is to try to draw attention to the good practice that undoubtedly exists in our region and put forward some practical and effective recommendations on the issues within our remit. There is much that can be done even in times of austerity and with limited resources to address these challenges: promoting the health benefits of walking, having an effective falls strategy in place, and small grants to combat social isolation as evidenced by the Newcastle Elders Council are just three examples of what can be done with limited resources.

106. We hope that local authorities will take note of our good practice examples and recommendations and give them their full consideration.

ANNEX A: Membership of the Task and Finish Group

Members:

Councillor **Jim Beall** (Lab), *Stockton on Tees Borough Council*

Councillor **Veronica Copeland** (Lab), *Darlington Borough Council*

Councillor **Kevin Dodds** (Lab), *Gateshead Council*

Councillor **Tracy Harvey** (Lab), *Middlesbrough Council*

Councillor **Lucy Hovvels** (Lab), *Durham County Council*

Councillor **Doreen Huddart** (LD), *Newcastle City Council*

Councillor **Alan Kerr** (Lab), *South Tyneside Council*

Councillor **John O'Shea** (Lab), *North Tyneside Council*

Councillor **Bernard Pidcock** (Lab), *Northumberland County Council*

Councillor **Ann Schofield** (Lab), *Newcastle City Council*

Councillor **Heather Scott** (Con), *Darlington Borough Council*

Councillor **David Walsh** (Lab), *Redcar & Cleveland Borough Council*

ANNEX B: LGA report: "Ageing: The Silver Lining"– Action/Good Practice Points

Introduction – Opportunities for local government and local communities

- Older people can be net contributors to the country's economy, if local government has the financial flexibility to support them. There is even the opportunity for councils to harness this demographic change for local economic benefit. But not addressing ageing now will store up problems for future years and place further strain on social care funding and provision.
- Preparing for an ageing society is a place-shaping opportunity that councils should be empowered to address. Enabling them to apply an 'ageing lens' to their local functions will help them to understand what needs to be done to improve older people's quality of life;
- Older people make a huge contribution to society and are therefore part of the solution;
- Through their democratic mandate, councils have the opportunity to exert significant leadership and change. With their partners, they have the potential to lead a radical change in how we think about old age and how services are configured to respond. By leading the promotion of a positive narrative, councils are in a position to generate better outcomes for all;
- Through local engagement of older people and through co-production and co-design of local services, councils are in a position to underpin this more positive outlook on ageing;
- The impact of an ageing society extends well beyond social care and health, embracing all areas that affect older people's lives, including transport, housing, culture and leisure, the built environment etc
- Health and social care become even more important as society ages. Government must fund them properly and integrate them so councils can ensure they meet the needs of older people and that users experience a seamless and coordinated response.

Good practice summaries

The following are "summaries of good practice from leading councils" under each chapter heading.

Towards an age-friendly approach

- Recognising the ageing of the local population as a key strategic priority in the development of their local strategies, across the full range of issues relevant to local people;
- Putting in place the leadership arrangements to ensure the effective corporate governance of this agenda;
- Taking a positive and comprehensive approach to engaging directly with older people in their communities;
- Adopting an asset-based and citizenship philosophy when considering policy and service responses to an ageing society.

Economic activity and engagement

- Councils acting as good employers themselves, supporting those employees who wish to work longer by enabling flexible working arrangements, and helping people to plan for a phased retirement if that is what they wish;
- Recognising the potential economic benefits from an ageing population and devising a strategic approach to maximising the potential advantage for the area;
- Exploring asset-based approaches to build on the talents of older people.

Housing and neighbourhood

- Developing a strategy to address the housing needs of older people, undertaken jointly with health and social care, and as part of that, encouraging and facilitating the development of more specialist housing options for older people;
- In so far as budget pressures allow, commissioning the kind of practical services provided by care and repair schemes;
- Assessing the opportunities to create neighbourhoods which are more age-friendly, particularly where significant numbers of older people live.

ANNEX B: LGA report: "Ageing: The Silver Lining"– Action/Good Practice Points

Outdoor spaces and buildings

- Committing to the provision of enabling, inclusive and inviting urban and rural environments for older people;
- Actively involving older people in the planning processes and regeneration programmes, as well as in the maintenance and improvement of the local environment.

Transport

- Acknowledging the value of specialist transport such as dial-a-ride and other forms of community transport;
- Successfully accommodating personal mobility, e.g. mobility scooters;
- Promoting walkable neighbourhoods;
- Making provision for modes of transport not stereotypically associated with older people, such as cycling;
- Facilitating transport at a community level to ensure that older people can easily access local amenities and health and other services.

Research suggests that a community-based, user-led approach to transport planning is likely to deliver an inclusive transport system that older people would like to use.

Information and advice

- Engaging with older people when planning and reviewing their information and communications strategy;
- In meeting Care Act 2014 requirements regarding the provision of information, include other forms of information that are important to older people;
- Supporting older people to learn how to use new forms of communication such as digital technology;
- Making non-digital sources of information available in order to avoid digital exclusion.

Social participation

- Taking a strategic approach to addressing loneliness and including it as a priority within the HWB strategy;
- Encouraging local cultural organisations (theatres etc) to come up with ideas for making events accessible and attractive to local people;
- Supporting intergenerational volunteering and active citizenship;
- Developing a strategic plan for access to leisure and learning services for older people (including, for example, monitoring older people's participation levels);
- Making the most of what older artists, performers, musicians and athletes can offer.

Respect and social inclusion

- Committing to monitoring and challenging ageist attitudes in policy making;
- Promoting a positive narrative and images of older people and ageing;
- Devising age awareness training programmes for front-line staff and managers which challenge ingrained stereotypes and ageist practices;
- Having a structured means of maintaining active engagement with older people.

Health and wellbeing

- Paying systematic attention to older people's issues especially loneliness, cold homes, fuel poverty, winter deaths, nutrition, physical activity, fires, falls and immunisation;
- Working with health partners to address the health inequalities experienced by some groups of older people;
- Working with health colleagues to integrate health and social care services in ways that are most effective for meeting the needs of the growing numbers of older people;
- Maximising the opportunity offered by the implementation of the Care Act to promote health and wellbeing of older people, and supporting older people with health and care needs to have better outcomes;
- Supporting the capacity of local communities to promote their own wellbeing;
- Prioritising support for informal carers in their caring role.

ANNEX C: Case Studies from Local Authorities

1. There are many examples of local authorities (often working through the voluntary and community sector) promoting interventions actions designed to combat loneliness and isolation among older people. These actions can, in broad terms, be classified as follows:

- individual interventions such as one-to-one befriending schemes;
- group interventions such as clubs;
- 'signposting' schemes – directing people to sources of help; and
- removing barriers to participation.

Individual interventions

2. individual befriending schemes not only give the older person someone to talk to – which is beneficial in itself – but can also reconnect them with the outside world and change their thinking about how they relate to it.

3. Durham County Council run the 'Silver Talk' telephone befriending service, which had a total of 184 clients up to February 2015. The service, run by volunteers, deals with clients' practical problems – such as organising transport for a client who is no longer able to use his car – as well as providing them with someone to talk to. Some clients, after using the service for some time, have begun volunteering activities of their own. *"One gentleman who struggled with mobility issues and poor self-confidence who in effect had become a recluse has actually become a volunteer with Silver Talk. He has completed the training course and is now making weekly telephone calls and getting involved with the social aspect of volunteering by attending our volunteer coffee mornings. Another lady who had been a client for about a year has become a volunteer steward at Durham Cathedral. She is still receiving her weekly call from her Silver Talk volunteer but now she says she has lots of new things to talk about with her volunteering getting her out of the house and in amongst people again".*

4. Silver Talk is becoming a popular model for social housing providers wishing to address isolation and loneliness experienced by their tenants, including Your Housing Group (Liverpool and St Helens, Cheshire and (from alter in 2015) Manchester), and ISOS (Hexham). Silver Talk is seeking funding to research the longer-term effects of telephone befriending in general and the Silver Talk model in particular.

5. South Tyneside has commissioned several projects to support older people at risk of social isolation. A befriending scheme matched 36 volunteers with lonely older people to share similar interests and provide companionship. A Community Wellbeing Champions scheme recruited and trained 28 volunteers to deliver health messages to hard-to-reach individuals and provide peer-to-peer support to make lifestyle changes and reduce social isolation, as part of the 'Every Contact a Health Improvement Contact' initiative.

6. Sunderland City Council's scrutiny review of measures to tackle loneliness and social isolation found some lack of evidence as to the effectiveness of these interventions. "It is difficult to find consistent evidence of impact across all types of loneliness intervention and there are some common interventions, such as befriending, which are not well researched at all". It is therefore valuable that, as stated above, Silver Talk is seeking to research the effectiveness of precisely this kind of intervention.

Group interventions

7. The group intervention model often takes the form of a club focused on a particular activity, or on social activities generally, which helps individuals form friendships and improve their ability to relate.

8. In Gateshead, the Older People's Assembly has created a number of 'Friendship Groups'. A number of older volunteers identify and engage with older people who experience loneliness and isolation, and from this engagement create a Friendship Group, to engage in activities of their choice. An important element of this model is that it is led by older people themselves; experience has shown that older people can empathise with people of their own age, and may have experienced similar issues. Activities include craft sessions, trips to the coast, card games, exercise sessions, film club and guest speakers. By November 2014 four groups had been set up, with between 20-30 members each and with the help of a grant of £5,000 towards start-up costs from the Gateshead Housing Company.

9. Age UK runs a number of initiatives across the North East: for example, it runs over 40 day clubs in the Sunderland area which are used by around 600 people. In Northumberland Age UK provides supported outings to older vulnerable or isolated people with mobility difficulties in the rural north of the county, specifically addressing the issue of rural isolation – which can often be

hidden because the population is dispersed and isolation is less visible than in urban settings.

10. An example of a lunch club type of initiative is provided by Hetton New Dawn in Sunderland. This is a project that works with members of the local community to plan and organise activities for elderly people in the local area who are socially isolated. The lunch club, which currently has around 42 members, offers a two-course hot meal and importantly, subsidised transport by way of a community bus. For many people this is their only form of social interaction or leaving the house for a social experience. An important outcome of the lunch club was that some of the group had grown in confidence to the point where they had gone on to form their own friendships and to organise social activities outside Hetton New Dawn.

11. South Tyneside's Social Group Fund has identified hard-to-reach groups supporting older people's groups that are at risk of closure, to ensure that they remain a part of the local community and can continue to play their part in reducing social isolation.

12. Age UK also runs courses and activities that stimulate creativity and learning as well as providing a social context – for example, courses in computers, modern languages, arts and crafts, health and fitness.

13. One of the most remarkable initiatives is 'Hen power' – a project in Gateshead in which older people look after hens, rear chicks, take them on visits to schools and so on. Service users accessing hen therapy have been observed to have improved emotional wellbeing and a greater sense of inclusion. A study by Northumbria University in 2013 found that male recipients of hen therapy all reported improved wellbeing and reduced depression and loneliness. In one dementia care home it was found that since the arrival of the hens, incidents of challenging behaviour by residents had reduced, and the need for people to be prescribed antipsychotic medication had been reduced to such levels that it was no longer issued routinely.

14. Mention should also be made of the Mid-Durham Intergenerational Project which commenced delivery at the end of 2013 and aimed to develop relations between the older and younger members of the mid-Durham community. It brings older and younger residents together to work on several areas such as history, ICT, games, arts and crafts, sports and village issues. As of January 2015 the project had worked with 400 young people and 132 older people. An evaluation report by the County Council identified that the project was demonstrating value to the community and raising awareness of the benefits of intergenerational approaches to increasing social inclusion and opportunities for volunteering.

Signposting and referral

15. In Sunderland a "Community Connector" scheme was launched in April 2014 to enable self-care in the community as far as possible, supported by local people who act as informal connectors to information, local activities and self-care messages. The level of help varies from person to person dependent on ability, with some people requiring only a small amount of help such as being signposted to an activity or support service to enable them to get out and about, whereas others may need much more support which could include help from the integrated care teams or outreach help. The City Council has also established a Community Directory, initially for the East Area, to highlight services, support and activities that are available to older people.

16. Redcar & Cleveland BC and South Tees Hospital NHS Foundation Trust have jointly commissioned and funded a Community Agents project. The project is delivered by Tees Valley Rural Community Council, who employ community agents as a first point of contact for health and social care professionals seeking solutions for people whose needs can be supported by voluntary sector organisations and the community. The agents provide a signposting and referral service for elderly and vulnerable residents as well as hands-on support at times of crisis. Reducing isolation is one of the stated aims of the project, and befriending continues to be the most requested service, highlighting the prevalence of social isolation across the area. An evaluation of the project by Teesside University found that the project showed a Social Return on Investment of £3.29 for every pound invested.

Barriers and gateways to participation

17. Barriers/gateways to participation are an important issue and one that local authorities are well placed to address in their roles as place-shapers and as providers. The point here is that some things have the potential to facilitate or

restrict participation by older people, to act as gateways or barriers. For example:

- transport – the availability of good public transport (or lack of it);
- technology – this can have enormous benefits (e.g. enabling older people to keep in touch with distant family), but there is also a danger of digital exclusion as public bodies increasingly take the approach of 'digital by default';
- fear of crime and anti-social behaviour; and
- housing that is not designed to meet older people's needs.

Scrutiny review

18. Finally, it is worth drawing attention to the scrutiny review of tackling loneliness and social isolation carried out by the Health, Housing and Adult Services Scrutiny Panel in 2014/15. The Panel made the following key recommendations to Cabinet:

a) to ensure that there is an effective launch and continued promotion of the community directory to local people, key stakeholders and providers;

b) to explore and understand with key partners how a community connector scheme would operate in the city including issues of promotion, recruitment and training that enables anyone who wishes to take part the opportunity to do so;

c) to look at how to develop arrangements to ensure that activities / initiatives are co-ordinated in order to minimise the potential for duplication and to provide a forum for sharing, learning and good practice;

d) to ensure that a measure of loneliness and/ or social isolation is included in the Joint Strategic Needs Assessment;

e) to look at through integrated care the development of shared intelligence and how to ensure the use of all intelligence to help predict the softer issues within communities such as loneliness etc.;

f) to explore the potential of an employee volunteer scheme within the council to provide opportunities for employees to volunteer their help to a local organisations, communities and projects; and

g) to explore the potential for adoption of the Campaign to End Loneliness evaluation tool on the effectiveness of interventions on loneliness once it is released.

Health and Wellbeing Strategies

19. A number of HWBs include specific policies to address social isolation of older people in their JSNAs and Health and Wellbeing Strategies. The following are examples.

20. South Tyneside's Health and Wellbeing Strategy acknowledges 'reducing social isolation in older people' and 'improving the quality, integration and efficiency of local services' as two of four key priorities to achieve better health and emotional wellbeing for older people. The Strategy identifies five key indicators to measure reduction in social isolation:

- prevent social isolation in older people by identifying risk and introducing interventions to reduce risk for example making available learning opportunities in money management, health literacy, citizenship, IT and physical activity opportunities;
- as part of the commissioning process review the effectiveness and cost effectiveness of psychological interventions aimed at reducing depression and social isolation in older people. Furthermore, review the range of healthy living interventions for older people to determine impact on reducing risk of social isolation;
- commission a volunteer community mentoring programme to support older people at risk of social isolation, providing the necessary training and support to mentors to enable them to deliver this role effectively to those who are identified as living alone or housebound individuals. Increase community capacity to support the mentoring programme by linking in to community networks and offering training to suitable potential community mentors;
- expand the JSNA to include health and social care, better reflect the wider determinants of health and wellbeing and identify local assets; and
- carry out more in depth needs assessment to identify other groups at risk of social isolation and incorporate in longer term strategy.

21. Hartlepool's JSNA makes the point that older people are often 'living in two worlds' – a 'service world' and 'ordinary life'. For many older people, the majority of their contact is with carers, either paid or voluntary, and their social networks start to shrink. Problems can arise for older people and their families when the service world starts to dominate and no longer supports ordinary life or allows it to continue. The JSNA suggests that personal budgets, if used creatively, can attempt to link the two worlds – but more work is needed to establish best practice that puts the older person in control.

22. In Redcar & Cleveland, the priorities of the Ageing Well Strategy include:

- easier access to information;
- befriending schemes to support older people to attend coffee mornings, undertake home visits and assist with shopping and gardening (a befriending service is provided by British Red Cross); and
- increasing community social activities.

23. Lack of affordable public transport services in the Borough is seen as a barrier to older people's participation.

24. Stockton's JSNA includes the following priority: "Build social capital both as a means of promoting health and wellbeing, but also as a way of meeting people's wider support needs and tackling issues such as social isolation and excess winter deaths".

ANNEX D: Summary of Recommendations

Demographic change

1. We urge local authorities, and their partners, to do everything in their power to promote a positive image of the economic and social contribution made by older people, and to tackle negative stereotypes. Most if not all authorities have older people's champions, and they have a key role to play in this.

Promoting healthy old age

2. There are some key challenges here for local authorities, Directors of Public Health, Clinical Commissioning Groups and Health and Wellbeing Boards. In particular, HWBs should ensure that these issues are reflected in their Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies. They should consider

- promoting effective public health measures throughout the life course, and using the fullest range of local authority services to achieve this goal;
- the scope for simple but effective interventions such as a falls prevention strategy;
- ensuring that older people, especially those with multiple health conditions and care needs, receive joined up health and care services;
- targeted commissioning that focuses on maintaining older people's independence, supporting patients before they become ill rather than simply responding to health crises, and quick rehabilitation if they do become ill.

Tackling loneliness and social isolation

3. We would urge local authorities to think about the many examples of good practice highlighted in this report and consider the possibility of introducing similar initiatives in their own area.

4. It would also be valuable if local authorities, and Health and Wellbeing Boards, could consider how it may be possible to move from pockets of good practice - such as the Newcastle Elders Council's small grants scheme - to a more systematised approach across their whole area. We recognise though that this will not be easy in current financial circumstances.

5. As suggested by Gillian Peel of Age UK Darlington, we acknowledge the ability of the voluntary and community sector to provide imaginative and creative solutions, and we urge local authorities to enter into a two-way dialogue with local VCS representatives about the services they can provide.

6. It is vital to ensure that initiatives aimed at addressing loneliness are properly evaluated so that lessons can be learnt and future initiatives can be evidence-based and cost-effective. Dialogue with the higher education sector is important here.

7. We note that a number of Health and Wellbeing Boards include specific polices to address social isolation and loneliness in their JSNAs and Health and Wellbeing Strategies, and we commend this approach to all HWBs.

8. We note the importance of signposting people to the services, such as befriending and clubs, that are available and could make a difference to their lives. We recognise that budgets for information services have been reduced in the current financial climate, but we urge local authorities to do whatever they can to ensure that people experiencing loneliness can be directed to sources of help. The Care Act 2014, which introduces a statutory duty to provide people with information and advice on care and support, could be a springboard for better information services for older people.

9. As part of their dialogue with local employees, local authorities may wish to emphasise the value of pre-retirement courses for employees approaching retirement age.

10. Recognising that lack of income can be a significant barrier to developing and sustaining social relationships, it is important that local authorities help people to access all the benefits to which they are entitled.

Housing for older people

11. We recommend that in the light of our findings, authorities review their approaches to meeting older people's housing needs, ensuring that older people can live as independent lives as possible, and can remain as long as possible in their own homes.

12. We note that there is a broader issue about design of communities as well as design of housing. Some places lack opportunities for

contact, such as safe outdoor spaces (parks and gardens), social clubs, pubs, cafes and shops. These opportunities need to be positively 'designed in', for example through the creative use of section 106 agreements, bearing in mind also the needs of an increasingly diverse older population.

13. We also recommend authorities to review their working arrangements to ensure that older people's housing needs can be fully reflected in the authority's Core Strategy.

Older people's transport needs

14. We would suggest that the two Combined Authorities be asked (perhaps through the Leaders and Elected Mayors Group) to consider the whole question of the availability of bus services and the impact of the National Concessionary Travel Scheme, and whether any action is needed at the national level.

15. We urge local authorities to ensure that an 'age friendly' approach is built into all new road and traffic schemes and that the needs of older people are properly reflected and evaluated in any analysis of transport proposals.

16. We also urge local authorities to take a multi-faceted approach towards making the whole physical environment more conducive to health.

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