



**Open Report on behalf of Glen Garrod, Executive Director - Adult Care and Community Wellbeing**

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>25 May 2022</b>
Subject:	<b>Social Connections</b>

**Summary:**

At previous meetings, the Scrutiny Committee has sought information about actions taken to reduce loneliness and isolation. Officers have reviewed this area and it is noted that Lincolnshire County Council (LCC) and its partners deliver many services and activities, through a variety of strategies, that enable people to improve their social connections. The attached paper highlights some but by no means all of these.

It has been suggested that LCC might create a Social Isolation or Social Connections Strategy. Given the wide range of activity already in hand through LCC and others, this paper proposes that the creation of a strategy would add no material value nor should the issues be considered in isolation.

It is suggested that improving social connections should sit within the remit of the Health and Wellbeing Board (HWB), the developing Integrated Care Partnership (ICP) and is, to a great extent, already reflected within its seven priorities.

It is proposed that improved visibility of needs is developed through the Joint Strategic Needs Assessment (JSNA), and that this in turn is used to support commissioning decisions by the Board/Partnership and its constituent members.

**Actions Required:**

That the Scrutiny Committee:

1. Notes the attached paper which defines loneliness and isolation, identifies key risk groups and actions taken by Lincolnshire County Council and others in Lincolnshire.
2. Supports a system-wide approach through the review and development of the Joint Strategic Needs Assessment content to improve visibility of local needs, shaping all agencies approaches to reducing social isolation and loneliness.

## 1. Background

The Government's publication of [A Connected Society: A Strategy for Tackling Loneliness](#) in October 2018 outlined the impacts of social isolation and loneliness. More recently, the Covid-19 pandemic has rekindled interest in the issues as evidenced at this Scrutiny Committee's meeting in November 2021.

The attached discussion paper, developed following a literature review, defines social isolation and loneliness, considers the impacts on different cohorts of people, and lists some of the services currently provided by Lincolnshire County Council (LCC) and others which seek to create the conditions for social connection.

LCC's Corporate Plan states that "We will lead the way with others to promote the support offer to our communities to enable them to be self-sufficient and thriving." LCC's Community Strategy, developed during the Covid-19 pandemic, was influenced by the experience of social distancing, lockdowns, and greater reliance on voluntary sector support in local communities. This has refreshed and re-energised LCC's approach to engagement, co-production, community development and commissioning for stronger communities. The development of the Joint Strategic Asset Assessment (JSAA) for social assets (services, community, social, and support groups) and physical assets (buildings, venues) linked to Connect to Support Lincolnshire, provides a strong starting point for positive approaches and further growth of community-based solutions.

Much is being done already across the Council to improve social connections. In addition, Covid-19 funds have been applied to some services and activities to maximise opportunities for connection. Whilst most of these will be time-limited to respond to immediate needs, evaluation of their impacts may identify areas to be mainstreamed in the future.

In the Adult Care and Community Wellbeing Directorate, the roll out of Strengths Based Approaches training seeks to change practitioner conversations with service users. The Digital Road Map, and commissioned services such as Wellbeing and Carers Services all positively address the issue. All encourage the person to consider their wider needs and aspirations and case studies show that this is improving connections to family, friends, and communities, in person and through digital means.

Many other groups and organisations in the county are alert to these issues. The discussion paper identifies a wide range of services and activities which seek to create opportunities for social connection, recognising the benefits of this, and seeking to address some of the risks arising from loneliness and isolation. For example, the Lincolnshire Safeguarding Adults Board (LSAB) identifies loneliness and social isolation as pertinent issues in safeguarding prevention.

The wide range of existing activity suggests that there is not the need for a dedicated strategy, which would be likely to duplicate existing strategies and plans. However, the nature of social isolation and loneliness are such that they are likely to impact on particular cohorts of people, at particular times, and there is benefit to gaining a better understanding of needs through the JSNA, to inform service development and delivery, across the Lincolnshire health and care system.

The JSNA does not currently include a specific topic on social isolation and loneliness. It is proposed that the content of the JSNA is developed to better evidence needs and that this drives consideration of the need for further action through the Joint Health and Wellbeing Strategy priorities, for example, seeking to reduce loneliness as a means of preventing poor mental health outcomes.

**2. Conclusion**

It is proposed that the JSNA evidence base creates a framework for ongoing system-wide discussion through the Health and Wellbeing Board, and as we develop an Integrated Health and Care system, to determine the extent to which existing opportunities to strengthen social connections can be maximised, and to consider whether further initiatives are needed.

It is also proposed that agencies adopt a positive approach to developing social connections rather than a deficit model of “social isolation and loneliness” reflecting the strengths-based approaches taken with individuals.

**3. Consultation**

The discussion paper was considered at Adult Care and Community Wellbeing Directorate Leadership Team (DLT) on 24 January 2022, Executive DLT on 2 February 2022 and Corporate Leadership Team on 1 March 2022 and the views from each of these is reflected in this report.

**3. Appendices – These are listed below and attached at the end of this report**

Appendix A	Social Connection Discussion Paper: Understanding Social Isolation and Loneliness in Lincolnshire <i>[Adult Care and Community Wellbeing Directorate Leadership Team – 24 January 2022]</i>
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**4. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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**Social Connection Discussion Paper**  
**Understanding Social Isolation and Loneliness in Lincolnshire**  
*Adult Care and Community Wellbeing Directorate Leadership Team –*  
*24 January 2022*

## 1. Introduction

This paper highlights the findings from a recent literature review on social isolation and loneliness, and aims to:

- define social isolation and loneliness, and the difference between these
- identify the causes and impacts generally and as they relate to Lincolnshire
- consider the positive and negative impacts of the covid pandemic
- understand the national strategy context
- identify what is currently done or provided locally to reduce isolation and loneliness
- consider potential further responses to social isolation and loneliness, including how to influence partners e.g., through the Integrated Care System (ICS) and promote joint action, potentially through developing a shared vision or strategy.

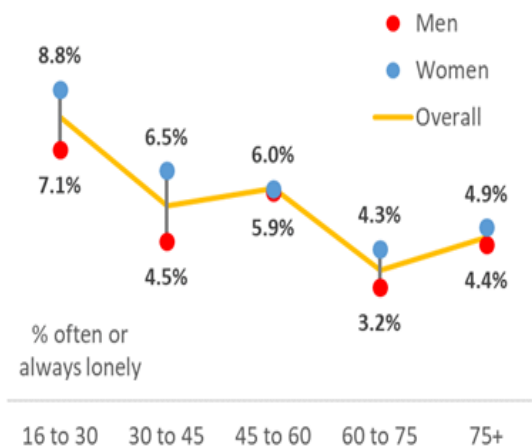
## 2. What do we mean by loneliness and social isolation?

**Social isolation** describes the absence of social contact and can lead to loneliness. It is a state of being cut off from normal social networks, which can be triggered by factors such as loss of mobility, unemployment, health issues or living in rural areas. Some people voluntarily choose to isolate themselves from others. However, in most cases, social isolation is involuntary. Social isolation can be caused by physical disabilities or illnesses, such as cancer. As the illness begins to take over more and more of a person's life, there may be a change in social relationships. Others might also avoid contact with these individuals, and this can cause social isolation. Isolation can also result from being emotionally removed from a community. The separation could be real or perceived. A socially isolated person may experience loneliness or low self-esteem. Over time, a person may develop social anxiety, depression, or other mental health concerns.

[Social Isolation: Definition, Causes & Effects - Video & Lesson Transcript | Study.com](#)

**Loneliness** can affect people of all ages and is more likely following major life events such as changing educational environments, leaving school, becoming a parent, ending a relationship, bereavement, ill health, children moving away from home, leaving a job or retiring. Children can be at particular risk if they are victims of abuse or neglect or are in care or care leavers. Loneliness is a response to people's perceptions and feelings about their social connections, and has been defined as "the subjective, unwelcome feeling of lack or loss of companionship". Loneliness is an emotion that may have evolved to ensure humans remain in close contact with each other.

**Figure 1. Reported loneliness over the life course for men and women**



The proportion of individuals who report being 'often or always lonely' is highest among:

- People aged 30 or under,
- **Women**, across most age groups
- People living in **urban** areas,
- People who are **separated** from their husband, wife or civil partner,
- People with **poor health**, and **unemployed** people.

*Reducing social isolation across the life-course, 2015*

**While there are clear links between social isolation and loneliness, the terms are often used interchangeably. It is important to make the distinction between the two. It is possible for people to be socially isolated but not lonely and vice-versa.**

### 3. What are the causes and effects of social isolation and loneliness?

Social isolation and loneliness can be experienced by anyone, at any age, but evidence suggests that a wide range of factors, singly or in combination, will impact people's sense of social connectedness. The diagram below identifies societal, community and individual factors, and particular circumstances which may result in short or longer-term social isolation and feelings of loneliness.

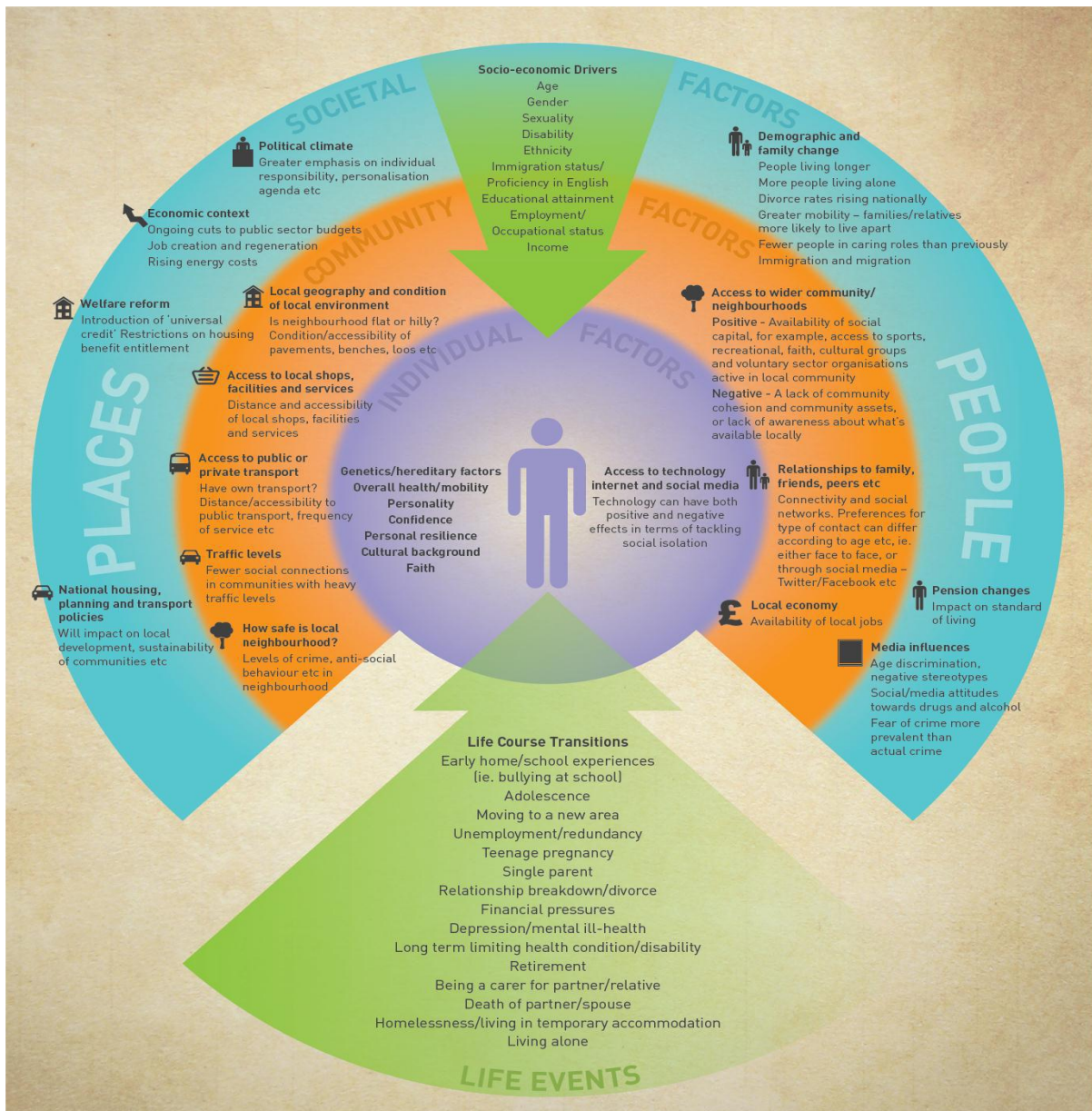
Location is a factor in the experience of loneliness. Evidence suggests that **social isolation is greater in rural areas**, but that **loneliness is more prevalent in urban areas**. Experian Mosaic data suggests that the loneliness is greater for all age groups in deprived urban areas rather than rural areas. YouGov research suggests that people in cities had a higher incidence of reporting feeling lonely than the UK overall (56% v. 44%).

The LGA (2017) identified factors which contribute to isolation and social exclusion in rural areas, including:

- Family dispersal
- Lack of affordable housing for young families
- Increased commuting leaving less free time for community involvement
- Increasing mental health problems
- Growth of single person households
- Disproportionate closure of local amenities

- Withdrawal of transport services
- Increased dependency on internet-based communication over face-to-face

Many places, particularly in rural and coastal areas, have lost pubs, community centres and neighbourhood shops: the places where people connect, make friends, build relationships, and cultivate a sense of neighbourliness. This is not limited to the poorest neighbourhoods, but the impact is often most obvious in communities that have also suffered economic decline. This may be exacerbated in a reduction of business and public sector service provision due to the covid pandemic.



*Social isolation—a contextual overview Source: Dave Clarke and Liz McDougall, Bristol City Council*

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 (PHE, 2015 & Department for Health, Institute for Policy Research, 2017). The UK Government's [Loneliness Strategy](#) published in 2018 notes the

important role of “wider cultural attitudes”, stating that “there is some evidence that members of some marginalised groups are more likely to feel lonely.” This may include:

- **Unpaid family carers:** Factors contributing to carer isolation and loneliness include financial pressures, difficulties finding replacement care, social attitudes to caring and disabilities, changes in relationships between the carer and the person they care for and poor mental health due to the impact of caring (Carers UK, 2017). Research reveals that 80% of carers have felt lonely or isolated and 57% have lost touch with friends and family because of their caring role. Low resistance to stressors, lowering of the immune system, fatigue, anorexia, non-intentional weight loss and physical inactivity are frequently associated with caregiving; these in turn increase the risk of social isolation. Whilst there are notably more female unpaid carers, studies have found that male care-givers were four times more likely to experience social isolation than their female counterparts. Young carers are also particularly likely to be at risk of becoming isolated due to their caring roles.
- **Ageing without children (AWOC):** The National Care Forum is raising awareness of the growing number of people ageing without children. The number of people who have not become parents has risen from 9% of those born in the 1940s, to 20% of those born in the 1960s. This means there are already 1.2 million people in the UK over the age of 65 who have not become parents; by 2030 this is expected to double to over 2 million. There are also already 4 million people over the age of 50 who are not parents and research by the Office for National Statistics indicates that by 2045, there will be 3 times as many people over 80 without children. The implications are far-reaching. Currently, most of the support and care for older people is arranged and/or provided by family principally adult children. As more older people begin to need care and support without having adult children to help, formal care services in the statutory, private or voluntary sectors will need to understand more about the issues affecting people ageing without children, to design services to meet those needs, including access and communication systems that do not rely on family, and potentially to increase provision to meet increased demand.
- **Members of the Armed Forces community:** The Royal British Legion 2018 survey suggested that 25% of serving personnel, reservists, veterans and family members / dependents felt lonely or socially isolated “always” or “often”.
- **Sexual orientation:** The charity Stonewall has suggested that LGBT+ persons may be at increased risk of loneliness.
- **Rough sleeping and homeless people:** In addition to the loss of regular contacts and community, the charity Shelter has highlighted research showing that a leading driver of homelessness is relationship breakdown.
- **People with or at risk of Dementia:** Evidence indicates that 40% of global dementia cases could be attributable to 12 modifiable risk factors. These include less education, hearing loss, traumatic brain injury, hypertension, excessive alcohol consumption, obesity, smoking, depression, **social isolation**, physical inactivity, air

pollution and diabetes. Public health strategies should focus on optimising brain health throughout the life-course, by keeping the brain engaged and prolonging the years spent with good brain health. These can potentially prevent or delay the onset of dementia and other long-term conditions, as well as improve the management of their effects. Implementing and promoting good brain health can improve individuals' overall health, wellbeing, and ability to remain connected with others.

- **Ethnicity:** The Red Cross and Co-op Foundation have argued that “barriers to belonging”, such as discrimination and difficulties accessing services, increase the risk of loneliness amongst black and ethnic minority older people.
- **Refugees and language:** The Forum, a charity for migrant and refugee community leaders, has highlighted loneliness amongst refugee groups. Refugee Action has argued that difficulties in accessing language classes are a major barrier to successful integration and tackling loneliness.
- **Those with learning disabilities, autism and physical disabilities,** many of which impact on the person's ability to form or maintain relationships but are also the subject of social stigma and sometimes ridicule. Others may be uncertain of how to connect to those with these conditions.
- **Not being part of a social organisation:** Volunteering, or being part of a community group, can reduce loneliness levels. Those not engaged in community activity are at risk of becoming lonely, as well as physically and mentally inactive, particularly after the end of formal work.
- **Friendship groups:** Generally, the greater number of friendships an individual has, the less likely they are to be lonely. However, frequency and quality of contact are also important.
- **People with Hoarding Disorder:** people who hoard often feel ashamed or embarrassed of their condition and its impact on their home. They are more likely to be depressed, overweight or to have chronic medical conditions. Hoarding disorder was defined as a distinct condition in 2013, when it was added to the Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM-5, American Psychiatric Association). ***A narrative synthesis of possible causes and risk factors of hoarding behaviours*** Hombali, Aditi; Sagayadevan, Vathsala; Tan, Weng Mooi; Chong, Rebecca; Yip, Hon Weng; *Asian Journal of Psychiatry; Apr 2019; vol. 42; p. 104-114*

Different patterns of loneliness are evident: for some it is a longstanding condition; for others it is more temporary or transient, linked to the impact of life events e.g., bereavement, relationship breakdown, dispersed families, changes in health status, becoming a new parent or loss of employment. Trends suggest that adults are most likely to feel lonely at weekends and evenings.



All of these factors will impact on different people to a different degree and for a different duration depending on their individual circumstances and personal resilience, their access to family and community networks, and the wider range of 'services' which create the conditions for people to be **socially connected**.

#### 4. What are the resulting Health Impacts?

Social isolation is increasingly recognised as a health inequality issue as many of the associated risk factors are more prevalent among socially disadvantaged groups and linked to life experiences such as poor maternal health, teenage pregnancy, unemployment, and illness particularly in later life. In addition, more deprived places often lack provision of good quality green and public spaces, housing and other infrastructure, creating segregation and barriers to social engagement. Access to transport is also important in building and maintaining social connections.

There is a growing recognition that loneliness has far reaching implications for individuals but also for communities. Whilst in the past loneliness was sometimes viewed as a trivial or individual personal matter, it is now known to have a wide range of negative effects on both physical and mental health, including depression and suicide, cardiovascular disease and stroke and increased stress levels. Research suggests that those who are socially less well connected tend to neglect their health, not attending health screening and not completing courses of treatment:

*"Individuals with poor social connectedness appear to be at greater risk of not engaging in the full range of preventive services than individuals with good social connectedness. Improvement of access to social contacts and networks in older ages is already recommended for the maintenance of good mental health. This study suggests that social connectedness could also improve participation in a wide range of preventive health services, and hence could improve use of the health-care system and population health.*

There is strong evidence that loneliness increases pressure on a range of services, causing increased attendances at GP surgeries and referrals to adult social care. Preventing and reducing loneliness can defer the need for costly interventions and deliver better outcomes for individuals. A lack of social connectedness is a known risk factor for mortality, comparable in magnitude to other established risk factors including smoking and obesity.

*(Holt-Lunstad, Smith and Layton, 2010; Holt-Lunstad et al., 2015).*

Research shows that loneliness is associated with:

- greater inactivity, smoking and risk-taking behaviour.
- increased risk of coronary heart disease and stroke.
- increased risk of stress, depression, low self-esteem and sleep problems.
- cognitive decline and an increased risk of Alzheimer's.
- perceiving, expecting, and remembering others' behaviour as being unfriendly, increasing social anxiety and causing further withdrawal.
- greater likelihood of unplanned hospital admission, re-admission or a longer stay.

- Greater likelihood of more GP or A&E visits, and needing local authority funded residential care.

The health costs associated with severe loneliness come from two sources: those accrued through an increased use of medical resources (a cost to the NHS, local authorities, and relatives); and those accrued to employers through a higher number of working days lost.

The additional healthcare costs specifically attributable to severe loneliness come from various sources: GP visits, unplanned hospital admissions and re-admissions after discharge, emergency services call outs, and other types of outpatient care. It is suggested that those who are lonely most of the time require £6,000 in additional healthcare costs over 10 years (averaging £600 per year at 2015 prices, rising to £672 at 2019 prices).

At work, higher loneliness among employees is associated with poorer performance on tasks and in a team, while social interaction at work has been linked to increased productivity. It has been estimated that loneliness could be costing private sector employers up to £2.5 billion a year due to absence and productivity losses.

Research by OCSI (Oxford Consultants for Social Inclusion) suggests that a lack of places and spaces to meet in a neighbourhood, low levels of community activity and poor digital and transport connectivity contribute to worse socio-economic outcomes in the most deprived areas. People living in areas that are highly poor and lack social infrastructure have fewer employment opportunities, with lower household income and markedly worse health outcomes, while educational attainment is significantly lower across every age group

### **COVID-19**

From early 2020, the Covid Pandemic lockdowns, social distancing requirements and restrictions on travel and social gatherings led some groups of people to report high rates of loneliness and poorer well-being. The ONS Opinions and Lifestyle Survey (OPN) reports increased levels of loneliness:

- From 3 April to 3 May 2020, 5.0% of people (about 2.6 million adults) said that they felt lonely “often” or “always”.
- From October 2020 to February 2021, results show that proportion increased to 7.2% of the adult population (about 3.7 million adults).

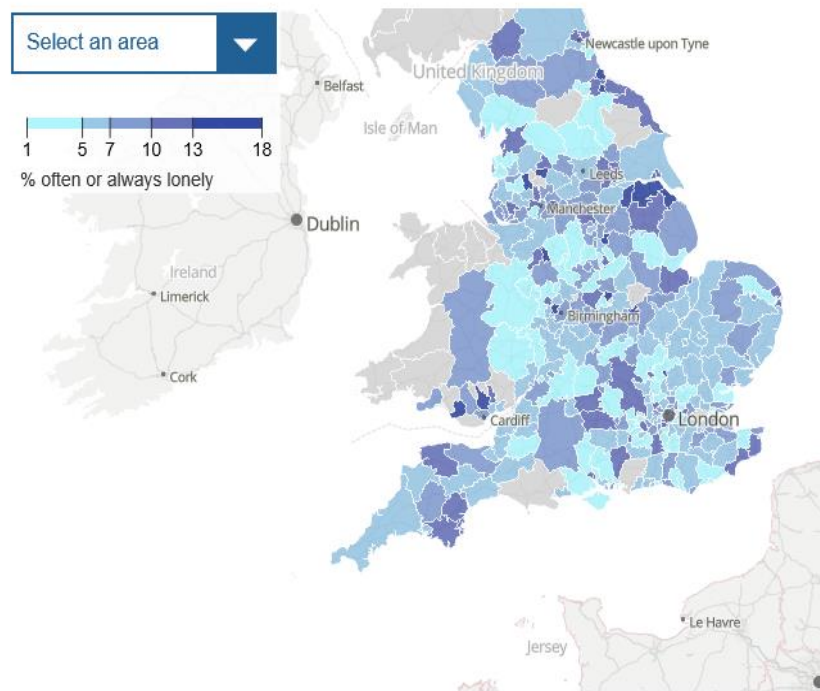
This was reported particularly amongst people who were living alone and those ‘shielding’.

Levels of anxiety during the pandemic were strongly associated with feelings of loneliness. People who reported always or often feeling lonely were likely to have higher levels of anxiety than those who never felt lonely - those who always or often felt lonely also reporting high anxiety was almost five times greater than for those who never felt lonely.

The resulting ONS report ‘Mapping loneliness during the coronavirus pandemic’ published in April 2021 tracks loneliness rates by local authority, finding that:

- Places with a higher concentration of younger people (16-24 years old) and areas with higher rates of unemployment tended to have higher rates of loneliness.
- Local authorities in countryside areas tended to have lower rates of loneliness compared with urban or industrial areas.
- Areas with “strong local businesses and adult education tended to have lower levels of loneliness”, particularly in London.

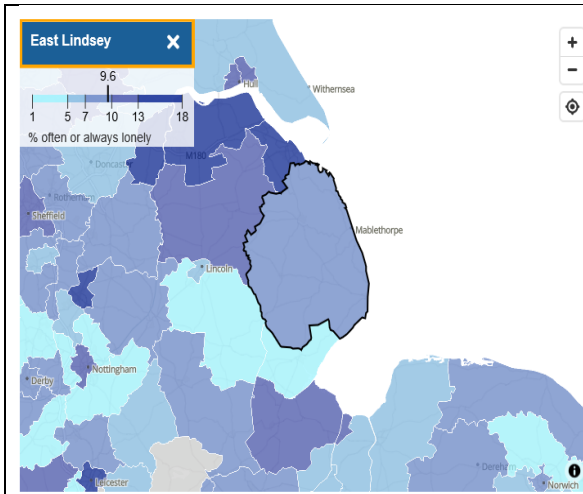
<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/coronavirusandloneliness>



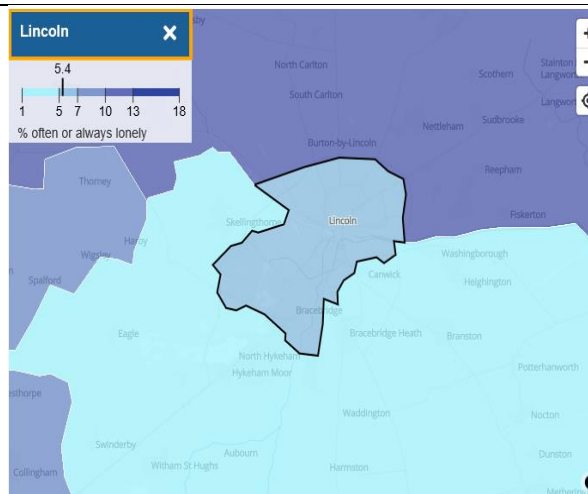
Source: Office for National Statistics - Opinions and Lifestyle Survey

The map represents the percentages of adults aged 16 years and over across Great Britain who were asked how often they felt lonely and responded with "often or always". Other response options included: "some of the time", "occasionally", "hardly ever" and "never".

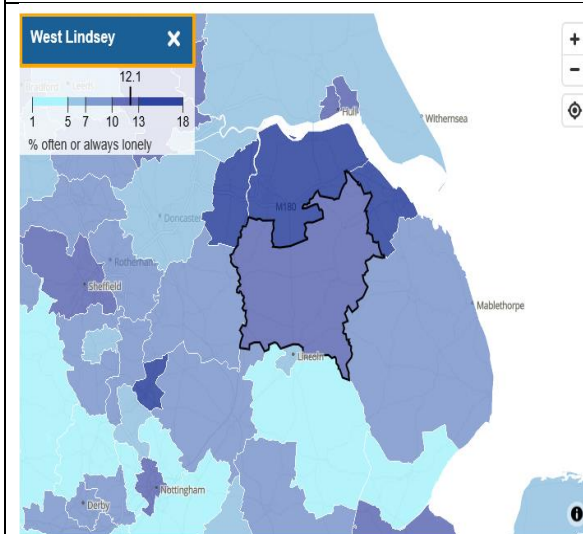
### Lincolnshire Districts



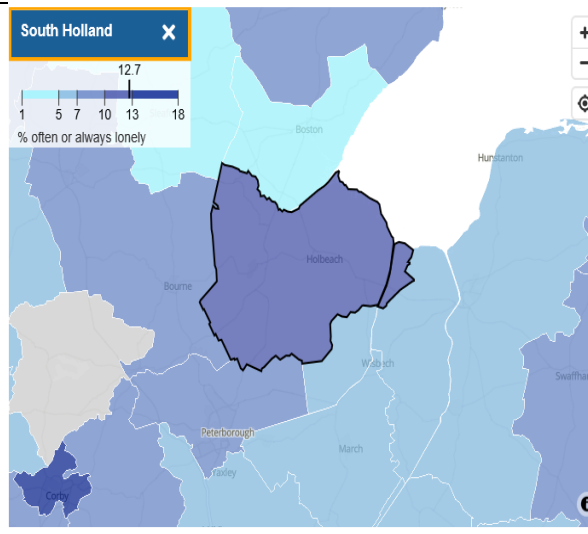
Source: Office for National Statistics - Opinions and Lifestyle Survey



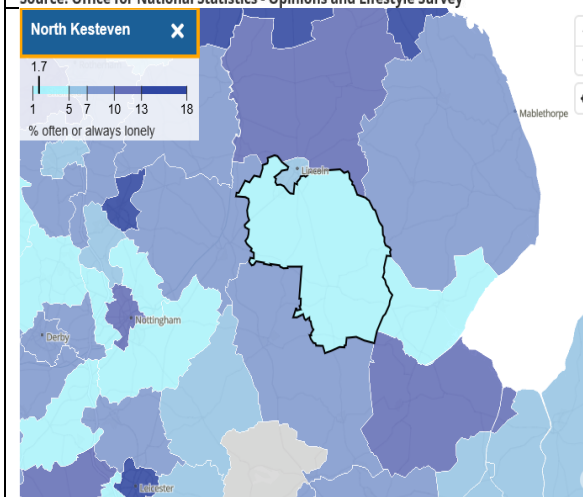
Source: Office for National Statistics - Opinions and Lifestyle Survey



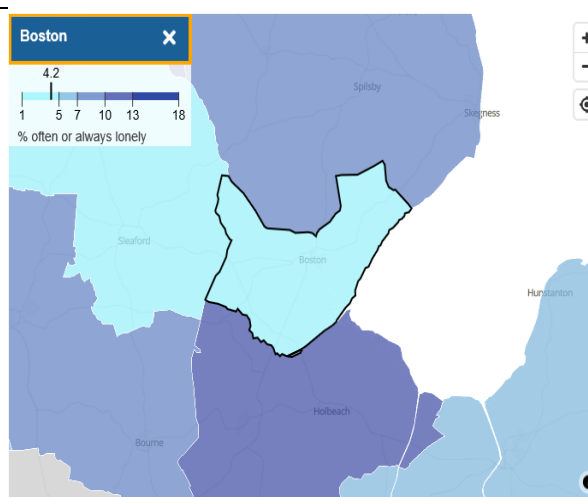
Source: Office for National Statistics - Opinions and Lifestyle Survey



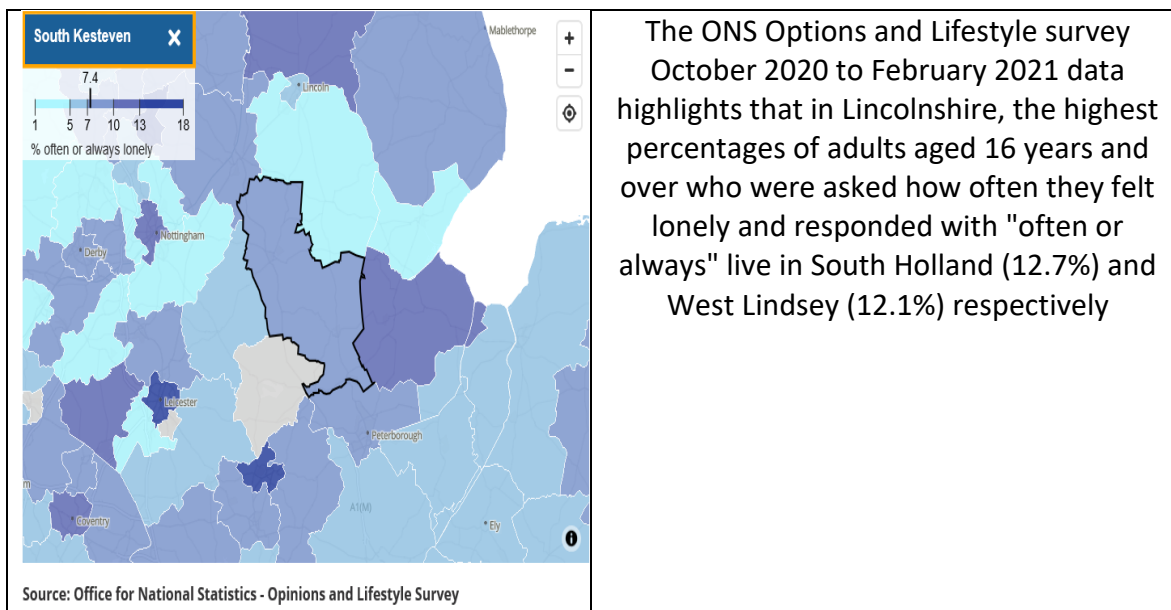
Source: Office for National Statistics - Opinions and Lifestyle Survey



Source: Office for National Statistics - Opinions and Lifestyle Survey



Source: Office for National Statistics - Opinions and Lifestyle Survey



## 5. National Strategy and Recommendations

The Government's **Connected Society: A Strategy for Tackling Loneliness published in 2018** is a call to support local and national initiatives which are consciously and determinedly bringing people back together even though this may have been made more difficult due to pandemic and the reluctance of some vulnerable, isolated people. The Strategy sets out the Government's long-term ambitions to work with others to build a more cohesive and connected society. It asked:

- **Local authorities** to consider how tackling loneliness can be embedded in their strategic planning and decision-making on the wellbeing of their communities, to create a cohesive and connected society.
- **Health and other public services** to recognise the importance of people's social wellbeing and explore how they can identify, refer and better support those at risk of feeling lonely often.
- **All employers, including businesses** to support their employees to look after their social wellbeing by helping them develop relationships within the workplace as well as outside.

- **The voluntary sector** to continue to play a vital role in tackling loneliness and bringing people together supporting the development of strong, integrated communities and challenge obstacles that isolate people or groups.
- **Families, friends, faith groups and communities** to include each other and to be open to new social connections. Individuals can get more involved with their community, for example by volunteering.

National strategy suggests that local infrastructure can support vibrant social networks. Good transport links, community facilities and design that considers how people live and interact are all important to help people to access work, stay healthy and remain linked into their communities. Conversely, where these are lacking, they can become obstacles to making and maintaining connections. Technology has allowed us to work more flexibly, but it can also limit opportunities for interaction.<sup>1</sup>

Whilst we can't expect loneliness to simply disappear, organisations can support an increasing focus on loneliness, taking action to tackle it, and reflecting on what works best. This also recognises the role that community groups, faith groups, pubs, sports clubs, and others already play in creating stronger communities. This has been evident in the Covid pandemic and offers scope to build on achievements to secure these for the future. Supporting community organisations will also be key to meeting increased demand from social prescribing and other signposting or referrals.

The government's ambition is that over time, all public services and organisations will seize opportunities to promote social connections and connect those who are experiencing loneliness to the support or services they require.

**More recently, in 2020**, the All-Party Parliamentary Group (APPG) Loneliness Enquiry, published '**A Connected Recovery**' setting out the following findings:

- Loneliness is not new but is increasingly recognised as a public health issue.
- Severe loneliness has a major adverse effect on health, notably as a risk factor for depression, heart disease, stroke, and dementia, among other conditions.
- Loneliness is associated with increased mortality risk for both men and women.
- Lonely individuals are at higher risk of the onset of disability.
- Loneliness puts individuals at greater risk of cognitive decline; one study concluded that lonely people have a 64% increased chance of developing clinical dementia.
- People who are often lonely are more likely to attend A&E and primary care.
- A study commissioned by the UK Government concluded that a conservative estimate of the cost implications of severe loneliness was around £9,537 per person every year.

It noted that:

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<sup>1</sup> A connected society A strategy for tackling loneliness – laying the foundations for change 2018

- There are too many barriers preventing people from connecting such as a lack of safe, welcoming and accessible green spaces, parks and gardens, public toilets, playing areas, local bus services, and ramps for people with disabilities.
- Too many people face barriers to digital connection due to lack of access to mobile technology and the internet, and a lack of digital skills and confidence.
- Poorly designed or unsuitable housing and neighbourhoods can make it hard for people to meet each other, maintain social connections and develop a sense of belonging.
- Some communities and groups were highlighted as facing particular disadvantage in relation to transport and mobility.

<https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness/all-partyparliamentary-group-on-loneliness-inquiry/a-connected-recovery>

### Key recommendations

The Prime Minister should commit to a “Connected Recovery” from the COVID-19 pandemic, recognising the need for long-term work to rebuild social connections following periods of isolation and the importance of connection to resilience to future shocks. To achieve this, the APPG sets out a roadmap, calling on the government to adopt 15 recommendations, designed to:

- Tackle loneliness through national leadership, including re-establishing the cross-government approach to tackling loneliness, long-term funding and improving the evidence base.
- Translate national policy into local action, including incentivising local authorities and their partners to develop local action plans to tackle loneliness.
- Invest in the community and social infrastructure needed to connect, particularly in areas with higher levels of deprivation. This should include a long-term investment in the voluntary, community, faith and social enterprise sector to realise the full potential of social prescribing – a flagship of the Government’s original loneliness strategy.
- Loneliness-proof all new transport and housing developments, and
- Close the digital divide by increasing digital skills and confidence.

### Resourcing local authorities

Funding should be allocated to specific activity to address loneliness exacerbated by the COVID-19 pandemic, but also to support longer-term work across the priorities identified above. Respondents to the report identified an ongoing need for investment in several key areas:

- Support for the VCFSE sector to provide activity and support for people experiencing, or at risk of loneliness.
- Support for community facilities including libraries, leisure facilities and community centres where people can meet and connect.
- Support for improved transport, including for those who are not able to use public transport.
- Support for digital infrastructure, connectivity, and skills.

Stakeholders emphasised the need for additional resources to be channelled to local authorities so they can address loneliness through investment in critical areas including social care, community infrastructure, transport, housing and the local VCFSE sector response.

“Councils need sustainable long-term funding. Care and support can help to reduce loneliness by improving people’s quality of life, supporting independence and choice, but this is at risk from the scale of the budget pressures facing councils and the consequent reduction in services.”

"Preventing loneliness can defer the need for costly interventions and at the same time deliver better outcomes for individuals. There is therefore a strong case for considering loneliness as a key preventative measure in shifting from acute and long-term care to self-help and support in communities. The current social care and health system will buckle under the weight of demand unless we re-engineer our planning and service provision to promote preventative strategies.”

The Government has an important role to play in supporting local authorities’ efforts as this is a public health issue. First and foremost, the Government must provide adequate funding to local authorities so that they can fund and commission social care packages that include elements to tackle loneliness.”

## **6. What are we currently doing in Lincolnshire?**

Lincolnshire does not have a Social Connection Strategy. That said, LCC and its partner agencies already recognise this in their strategic documents and provide significant services designed to create the conditions for social connection.

- a) **Lincolnshire County Council’s (LCC) [Corporate Plan](#)** sets out ambitions for the county to promote thriving and self-sufficient communities.

- We will lead the way with others to promote the support offer to our communities to enable them to be self-sufficient and thriving.
- We will work with businesses and local government partners to ensure that new developments in the right locations provide high quality communities for the county's residents, offering appropriate infrastructure, leisure, and employment opportunities.
- We will support independence through working with our partners to provide a 'one stop shop' for equipment and adaptations in people's homes.
- We will transform how adults access health and care in the community through developing a model of neighbourhood working.
- We will develop Joint Commissioning arrangements with NHS partners that facilitate the Transformation of Community Mental Health Services for Adults in Lincolnshire.
- We will help to increase opportunities and people's awareness of how they can support themselves, and their community by encouraging volunteering.



- We will improve the digital connectivity across our rural county through continuing to work with, and influence, central government to generate the funding and flexibility to enable us to achieve gigabit capable digital communities and provide business growth opportunities. In addition, we will continue to stimulate private investment opportunities in full fibre infrastructure.
- We will continue to work with partners to enhance community safety. Over the next year we will focus on achieving this through reducing the impact of fraud, and through strengthening how we support those affected by domestic abuse or perpetrating abuse.
- We will support people to improve their home safety through delivering a comprehensive communication and engagement plan. In year one we will promote the SHERMAN initiative and implement the Hoarding Protocol.
- We will transform how we engage with communities, listening and acting on what they say and supporting them to be resilient and self-sufficient. This will be articulated through the refresh of our community strategy. In year one we will develop residents' panels and deliver a county-wide customer survey.
- We will place the individual, their family and friends at the heart of their care plan through introducing and implementing strength-based practice in Adult Care and Community Wellbeing.
- We will deliver an integrated care system in Lincolnshire, so our communities have improved access to health and care services.
- We will transform how we engage with communities, listening and acting on what they say and supporting them to be resilient and self-sufficient. This will be articulated through the refresh of our community strategy.
- We will protect and enhance our heritage assets and we will maximise the use of our sites for customers, through delivering proposals for the iconic investment in The Collection Museum and Gallery and other heritage sites.
- We will explore all opportunities to deliver the ambitions of One Public Estate.
- We will provide leadership to help communities to be more resilient and to be prepared for emergencies by working with our communities through the Lincolnshire Town and Parish Councils Associations.
- We will help to increase opportunities and people's awareness of how they can support themselves, and their community by encouraging volunteering.
- We will enable more people to be supported through technology.
- We will support people to make healthy choices across all aspects of their lives, through continuing to commission and deliver effective preventative services, which also provide quality information, so people are better informed.
- We will develop Joint Commissioning arrangements with NHS partners that facilitate the Transformation of Community Mental Health Services for Adults in Lincolnshire.
- We will work with the Lincolnshire Safeguarding Adults Board (LSAB) to develop a multi-agency Prevention strategy to protect people from harm and to promote community wellbeing. This will include the development and implementation of a 'team around the adult approach'" to help improve engagement with Adults with complex needs.

- We will work with businesses and local government partners to ensure that new developments in the right locations provide high quality communities for the county's residents, offering appropriate infrastructure, leisure, and employment opportunities.

b) **LCC [Stronger Communities: Lincolnshire's Community Strategy](#)** builds on previous work, placing a renewed focus on communities and how LCC can best work with them. The themes and objectives pull together and enhance the work going on in communities and explore opportunities to achieve even more. Developed during the pandemic, the Strategy drew on learning from the covid response, with input from a wide range of stakeholders. The Strategy has five complementary sections:

- Consultation, engagement, and collaboration
- Community networks
- Volunteering
- Funding for our communities
- Tools and data

c) **LCC [Community Engagement Strategy](#)**

**Consultation & engagement** – LCC's new web-based engagement platform [Let's Talk Lincolnshire](#) is a corporate resource designed to promote inclusive, productive and sustained dialogue through a suite of purpose-built engagement and communication tools. It centralises engagement, making it easy to capture, analyse, and report on. As well as surveys and polls, more interactive tools such as maps, personal stories and forums are available to improve two-way dialogue and deliver more meaningful results, providing opportunities for co-production.

d) **LCC Digital Strategy** (still in development and to be published) will seek to introduce more digital routes for access to council services. To inform the priority and order of projects, a mapping exercise has been carried out to identify opportunities that are likely to have the greatest impact.

e) **LCC [Adult Care and Community Wellbeing Digital Roadmap](#)** promotes use of digital solutions across adult social care focuses on technology to help people to live safe, healthy and independent lives. Current projects provide self-serve options for financial and social care assessments and remote monitoring of people's care needs and health in their own homes.

f) **LCC service delivery.** A wide range of LCC in-house and commissioned services directly or indirectly support people to maximise their social connection even though they may not specifically reference this as an intended outcome. The list below is not exhaustive; it does indicate significant existing investment across the county that may help address social isolation and loneliness.

Direct Impact	
Service	Provider
Connect To Support Lincolnshire	Lincs 2 Advice,

<b>Direct Impact</b>	
<b>Service</b>	<b>Provider</b>
Wellbeing Service	Wellbeing Lincs (East Lindsey District Council)
Carers Service	Carers First
Young Carers Service	
Early Help Services	
One You Lincolnshire (Integrated Lifestyle Service)	Thrive Tribe
Home Based Reablement Service	NHS Lincolnshire Partnership Foundation Trust
Dementia Family Support Service	NHS Lincolnshire Partnership Foundation Trust
Shared Lives	PSS (Person Shaped Support)
Library Services	Greenwich Leisure Ltd
Cultural Services	
Call Connect	Hunt's Coaches, PC Coaches, Transport Connect Ltd., TC Minicoaches, Stagecoach
Volunteering and Employment Opportunities for Younger Adults	Linkage
Day Centres	
Safeguarding Prevention	
Community and Voluntary Sector Development	LCVS / VCS
Information and Advice	Citizen's Advice
Direct payments & personal budgets	Adult Care

<b>Indirect impact</b>	
<b>Service</b>	<b>Provider</b>
Employers for Carers	Carers First
Carers Quality Award	
Crisis Housing	Richmond and Fellowship
Domestic Abuse Refuge – Lincoln	EDAN
Domestic Abuse Refuge - East Lindsey	NCHA
Housing Related Support (HRS)	Lead Provider -Framework
NHS Health Checks	GP practices
Health-watch	Health-watch
Sexual Health (Outreach)	Positive Health
Substance Misuse	Addaction
Telecare	NRS Healthcare
Lincolnshire Community Equipment Service (LCES)	NRS Healthcare
Short Breaks Service	Making Space
SHERMAN	Fire & Rescue

Safe and Well checks	Fire & Rescue
Occupational Therapy	

**g) LCC enabling actions** seek to increase opportunities for social connection.

- Joint Strategic Asset Assessment (JSAA). Understanding the 'assets' available in the county maximises the opportunity to address needs identified in the Joint Strategic Needs Assessment (JSNA) and to improve health and wellbeing outcomes at local level taking a strengths-based approach. This will also enable a better understanding of gaps in provision which coincide with areas of higher need. An example of this would be to identify free local walking trails / routes / public rights-of-ways / open spaces and promote these to the local communities to access free of charge, with information about transport routes and access, to reduce levels of inactivity and stimulate 'walk and talk' groups.
- Broadband. 94% of all premises (houses and businesses) can access Superfast Broadband (superfast being download speeds >30Mb/s). Around 14% of the county is covered by gigabit capable broadband but this mainly in the larger urban clusters. Gigabit capability should rise dramatically over the next two years because of large amounts of commercial investment. There is a project to increase superfast broadband coverage in rural areas of West and East Lindsey. Areas upgraded under this contract can expect to obtain speeds of up to 100Mb/s and this will push overall Superfast coverage to around 97%. Further upgrades to rural areas under the Government's Project Gigabit are not expected to start in Lincolnshire until late 2023 at the earliest, with deployment likely to end around late 2025 or early 2026 at best. LCC is looking at utilising the Government's Rural Gigabit Voucher Scheme to level up these rural areas.
- Corporate digital mapping programme. Work is in hand to understand whether it is possible to overlay different types of information to create a single, corporate information base. This has identified 4 initial datasets:
  - Areas with no broadband connectivity
  - Community venues e.g., village halls, pubs, etc
  - Covid 19 community action groups and the areas they cover
  - LCC list of community engagement groups.
- Commissioning for Social Value is increasingly driving out community benefits from large procurement activities, resulting in apprenticeship and employment opportunities for local residents, providing skills and equipment for community groups, helping to improve social connections and community creating resilience.

- One Public Estate (OPE) is an established national programme delivered in partnership by the Office of Government Property (OGP) within the Cabinet Office and the Local Government Association (LGA) to make best use of public sector assets. Ensuring public assets provide social gain to communities can have a massive impact on social isolation. In addition, there is scope for asset mapping workshops held through OPE to be linked to the JSAA and include community assets.
  - A Review of Day LCC Centre Usage is in hand to understand how day centres could be better used, by whom and for what.
- h) NHS activities.** An Integrated Care System (ICS) is being established in Lincolnshire, with most of the care and support provided closer to home from community settings and within people's own homes rather than from acute services. This creates a focus on Primary Care Networks, at the centre of care closer to home and relies heavily on strong social connections within communities.
- **Social prescribing** enables people to make positive changes in their lives and within their communities by linking people to activities, voluntary and community groups and public services. Link workers offer one-to-one support and help people connect with what they're interested in, from arts / craft groups to physical activities such as gardening and dance clubs. It can also involve putting people in contact with services that can provide practical help and advice with issues such as debt, benefits and housing. Link workers also provide valuable information to local partners to support community groups to be accessible and sustainable and help people to start new groups in order that people feel more involved in their community, meet new people and make some positive changes to improve their overall health and wellbeing.
  - **SHINE: Managed Care Network.** Shine Lincolnshire is a county wide charity part funded by LCC, that aims to support people with poor mental health to live well through accessing a range of support services, working with service users and carers and other agencies in Lincolnshire. Whilst the local activities funded through SHINE are to improve mental health, many also create social networks.
  - **Patient Participation Groups** in local GP surgeries, support groups for people with specific conditions and fundraising for specific charities, all provide opportunities for connection.
- i) Other Partner Activities.** Across Lincolnshire many projects, services and initiatives support people who are lonely and socially isolated to become better connected. Many voluntary and community sector organisations offer facilities and services that contribute to creating strong social connections. Some of these may not see their remit as contributing to creating social connections and combatting loneliness and social isolation. A few of these groups and activities are identified below. Currently, these are being linked to Connect to Support and mapped onto the Joint Strategic Asset Assessment (JSAA) to understand provision and gaps across the county.

## **Local Voluntary Sector Infrastructure Support:**

- **Voluntary Executive Team (VET).** Lincolnshire VET is a partnership of voluntary organisations and statutory stakeholders who have chosen to work together to capitalise on opportunities that will ultimately improve the health and wellbeing of our population, maximising and supporting the wealth of resource and experience in the community and voluntary sector .
- **Lincolnshire Council for Voluntary Services (LCVS) and Voluntary and Community Sector (VCS) Services** have a lead role in developing the voluntary and community sector, each covering a part of the county. The core role of CVS organisations is to support the development of new community groups, and to sustain existing groups, by providing advice on legal duties, employment law, business planning, fundraising, financial management, safe management of volunteers and facilities, and sharing information through networks of local community groups. More recently, these organisations have taken on greater roles in direct service delivery to support the health and wellbeing of communities and individuals e.g., employing social prescribers.
- **TED East Lindsey**  
Talk, Eat, Drink (TED) in East Lindsey is funded by the National Lottery Community Fund under its national Ageing Better programme. The TED Programme tries to identify the needs of those aged 50 and above, developing, delivering, and evaluating the impact of services to understand what works to increase social connection. Delivered through a range of delivery partners to reach a wider community who may not naturally engage in social, community and voluntary activity, projects include volunteering, befriending schemes, digital inclusion projects, age friendly business awards, specialist information and advice projects, support for carers, community health activity projects for men and activity promoting nutrition and physical activity.

TED is in its seventh and final year, and has achieved many of its objectives, contributing to the wider national learning programme. All participants involved in the TED Programme are asked to complete a survey called the CMF (Common Measurement Framework) designed by Ecorys, at the start of their involvement with a project, after six months, at the end of the project and then a final time six months later. Key findings and full evaluation can be viewed at Appendix A. <http://tedineastlindsey.co.uk/>

- **Age Friendly East Lindsey**  
As part of its exit from TED, East Lindsey District Council (ELDC) in 2019 became the first District Council in the country to join the UK Network of Age-Friendly Communities. ELDC completed a baseline assessment against the eight domains and submitted its application to the World Health Organisation to become a member of the Global Network of Age-friendly Communities. The Age-friendly Communities Framework was developed by the World Health Organisation

(WHO) in consultation with older people. It is built on the evidence of what supports healthy and active ageing in a place. Established in 2010, the network seeks to connect cities, communities and organisations worldwide with the common vision of making their community a great place to grow old in. The eight interconnected domains are: Transport, Housing, Social Participation, Respect and Social Inclusion, Outdoor Space & Buildings, Community Support and Health Services, Communication and Information, and Civic Participation and Employment. ELDC is now developing an action plan to improve outcomes.

- **Age Friendly Lincolnshire**

This is being delivered through Lincolnshire's Rural Strategic Partnership with the Centre for Ageing Better, informing wider activity against the four themes of that programme: Housing, Health, Fulfilling Work and Connected Communities. Building on ELDC's example, the Age Friendly Officer role employed by YMCA Lincolnshire has been extended using covid funds, to enable ELDC to develop its action plan, and to support the other 6 district councils to develop their own baseline assessments.

- **Men's Sheds**

Men's Shed (or Sheds) provide space to pursue practical leisure interests, practice or gain skills and enjoy making and mending whilst mixing with others, building connections and friendships, as well as sharing skills and knowledge. The first Lincolnshire Men's Shed opened in Louth in 2015 with pump-prime funds from T.E.D. and LCC Public Health. There are now Sheds in Mablethorpe, Long Sutton, Spalding and Grantham with other areas interested in developing one. The national [Men's Sheds Association](#) is the support body for Men's Sheds across the UK.

- **Good Neighbour Schemes**

Good Neighbour Schemes help to create an environment where people feel safe and secure because they have genuine connection with one another. YMCA (Community Lincs as was), has led on their development in Lincolnshire. There are currently around 49 live GNS's and a further 20 - 30 in development.

[Good Neighbour Schemes](#) across Lincolnshire are run by local volunteers who provide day to day support for other residents who may need help, occasionally or regularly, with activities such as:

- Befriending, home visits, companionship
- Dog walking and caring for pets during holiday or illness
- Errands and shopping
- Filling in forms, writing letters, reading, help to use computers
- Gardening
- Giving lifts to a GP surgery, clinic, hospital, Day Centre, other appointments
- Household tasks including tuning televisions, changing light bulbs and smoke alarms, moving furniture, taking down and hanging curtains, etc.

- **Digital Hubs**

Originally set up in North Kesteven to support people to set up and manage online counts to access Universal Credit, these have developed across the District into peer-to-peer digital learning support. Held in local community venues, and run by volunteers, these are supporting anyone who needs to learn about using the internet and digital devices to do so. Those using the hubs report developing good connections with others and becoming better connected with family and friends through using digital solutions.

## 7. What should we be doing next?

The following need to be considered in determining future action:

- Social connection is a fundamental human need, but the extent and type of connection people seek is intensely personal to everyone. There is no 'one size fits all' answer.
- Creating the conditions for people to connect with others in ways that are appropriate for them involves listening, understanding barriers, and promoting opportunities. This needs to happen:
  - with individuals through personalised and strengths-based conversations. *LCC is making good progress with strengths-based conversations and the use of personal budgets to achieve better outcomes; and*
  - at service level through engaging with individuals and representative groups, to develop, review and improve service delivery. *LCC's Let's Talk Lincolnshire platform and numerous Service User Fora create opportunities for this.*
- Social connection requires time, self-confidence, financial resource, transport, and availability of opportunities. Many of those who are lonely or self-isolated have protected characteristics within the Public Sector Equality Duty and the Equality Act. Equality Impact Assessments are completed but should be reviewed and updated throughout the lifecycle of services and activities to ensure that people's needs continue to be considered. *This routinely happens as services are commissioned but may need to be revisited to ensure services remain accessible throughout their life cycle.*
- Partners across Lincolnshire's public sector (LCC, district councils and the NHS) and community and voluntary sector (e.g., Age UK, Lincs 2 Advice, Citizens Advice) increasingly work together to support the mental and physical health and wellbeing of individuals. *Articulating a shared vision and being mindful of ensuring services take a greater account of loneliness and social isolation could consolidate and extend existing good practice.*
- Improving social connection may be best supported through place-based working, potentially based on Primary Care Network (PCN) footprints. Some district councils have continued to have a health-based partnership in their areas. Working at locality level creates scope to focus on local needs, opportunities, and resources, using the JSNA and JSAA to best effect. Services commissioned at county level could also take



a greater locality focus. *Articulating needs at locality level, identifying opportunities, and defining outcomes would give a better understanding of what works.*

- Help to develop infrastructure in local areas can support vibrant social networks. Good transport links, community facilities and design that considers how people live and interact, all are important to help people to access work, stay healthy and remain linked into their communities. Place-based services e.g., development control teams in district councils, are fundamental in ‘designing for’ connection. *Tackling loneliness can be embedded in strategic planning and decision-making on the wellbeing of communities.*
- Our employees need social connection and to live in thriving communities. *Supporting employees to look after their social wellbeing, helping them develop relationships within the workplace as well as outside e.g., through a corporate volunteering scheme, could be considered.*
- Fundamental to social connection is a robust and vibrant community and voluntary sector, delivering a wide variety of activities, with well supported volunteers, and with the capacity and skills to effectively support community activity. The lead for this has traditionally sat with CVS-type infrastructure organisations. More recently, public sector organisations have reduced funding for this core activity, and infrastructure organisations have funded themselves by bidding to deliver services. This creates a risk that no one is actively supporting new and existing activity, ensuring that it is well managed and resourced. A system-wide focus on developing the community and voluntary sector is not currently evident. *LCC has begun to liaise with district councils and NHS bodies, to align aspirations and expectations, moving towards a shared vision and potentially pooled budgets to commission appropriate support. This may require additional funds to ensure that there is growth and development in local communities.*

Consolidating these elements would provide a stronger focus on strengthening social connection. Moving to a language of ‘connection’ supports the focus on strengths-based approaches which encourage people to build on the assets they, and their communities, already have or can develop further.

## **8. Further Information**

[T.E.D. – Talk, Eat and Drink, Ageing Better in East Lindsey \(tedineastlindsey.co.uk\)](http://tedineastlindsey.co.uk)

[Reaching Out | Local Government Association](#)

## 9. References:

- (1) A connected society A strategy for tackling loneliness – laying the foundations for change.
- (2) Tackling loneliness and social isolation: the role of commissioners - SCIE Highlights No 3 Published: January 2018.
- (3) Loneliness at local and neighbourhood level - Summary July 2015.
- (4) Social connectedness and engagement in preventive health services: an analysis of data from a prospective cohort study – August 2018.
- (5) Social connectedness in older people: who is responsible? – August 2018.
- (6) A connected recovery: Findings on the APPG Loneliness Inquiry 2020.
- (7) Supporting principal and local councils to tackle Loneliness 2019.
- (8) The double dividend: *The social and economic benefits of community infrastructure and its potential to level up 'left behind' neighbourhoods A report to inform the Levelling Up White Paper July 2021*
- (9) Reducing social isolation across the life-course practice resource: September 2015