Increasing Community Connections

Context

People of all ages can be socially isolated; this can contribute to, and be increased by economic deprivation, ethnicity, trauma, family breakdown, health, mental health problems and disabilities such as autism. The effect of loneliness and isolation can be as harmful to health as smoking 15 cigarettes a day, and is more damaging than obesity. Loneliness and isolation can potentially lead to problems escalating and crises with individuals, families and in the community.

For older people, loneliness and social isolation puts individuals at greater risk of cognitive decline, with one study concluding that lonely people have a 64% increased chance of developing clinical dementia. We know that half of Ealing’s over 65s live alone and over 60% of adult social care users want more social contact.

For families and young people, social isolation and deprivation can be a vicious cycle preventing families from getting out of their disadvantaged position, having a long term effects on child development, education, employment, health, emotional and psychological development and growth. Vulnerable groups such as care leavers and young carers are at particular risk in this category.

In a broader community context, isolation of disadvantaged families and individuals constitutes an obvious and critical social problem, hampering community cohesion.

The Care Act 2014 places a general duty on councils to take action on loneliness and isolation to meet the prevention duties, and to meet care and support needs identified during assessments. Ealing Council has signed up to the Loneliness Charter towards combatting loneliness.

Ealing’s two innovation bids Brighter Futures and Building My Future focus on improving opportunities and connections for isolated children, young people and families.

The Better Lives Programme is aiming to encourage people to build connections within their local communities.

North West London’s NHS Sustainability and Transformation Plan places an emphasis on preventative and early intervention work and its Delivery Area 1 is to radically upgrade prevention and wellbeing for the whole population. We know that there are many places such as libraries, schools, community centres, sports centres, places of worship or pubs in localities which could provide opportunities for people to get together and develop connections and we want to see groups linking up with these organisations for this purpose.

Ealing CCG is encouraging more social prescribing as a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services. Social prescribing aims to address people’s needs in a holistic way and support people to take greater control of their own health. Evidence indicates that it can lead to improvements in quality of life and mental and general wellbeing, and reduce levels of depression and anxiety. Social prescribing schemes may also lead to a reduction in the use of NHS services. We want to fund a wide range of community projects to provide alternative solutions and opportunities for people.

People who have lived experience of using services should be central to those services being developed, run, monitored and reviewed. When resources are limited it is especially important to make sure that what is provided is what is wanted and needed and is
responsive to those concerned. As well as unique insights into how to improve services, people with lived experience can also tell us what works best and what is most important.

The aim overall is ‘coproduction’, with people working alongside each other to create the best possible services. But involvement in training staff, gathering views and opinions about proposed changes, and monitoring and reviewing services are all important. When people are involved their confidence and skills are developed, they have better access to and engagement with services, and their own health and wellbeing can often be improved.

Budget

The proposed budget for services to increase community connections and reduce social isolation is £0.375m per year for 4 years (2019/20 to 2022/23) subject to annual approval.

Proposed funding priorities

The proposed key priorities are:

- Family and individual support and befriending: supporting vulnerable families and young people to engage in services within the community. Giving families and individuals’ confidence and knowledge to engage positively with services such as education, health and social care and to join and establish networks within the community to improve wellbeing and outcomes.

- One to one support – befriending – home visit or telephone, home from hospital support (e.g. shopping), volunteering projects for people with additional support needs, travel support/travel buddies to enable people who need assistance to travel independently to access community activities and support services.

- Group based activities which ideally would offer additional benefits alongside social contact, such as learning, health promotion, or support through difficult circumstances. These may target specific groups and involve participants in running the group; and bring people from a local neighbourhood together e.g. coffee mornings, lunch clubs, intergenerational projects, men in sheds, peer support groups, gardening groups, book clubs, youth groups, singing for wellbeing, community choirs, arts, theatre. This includes a structured strength and balance programme based on the Otago Programme and ‘Steady As You Go’ (SAYGO) model to reduce falls.

It is proposed to fund these priorities via grants.

- Ealing CCG already has a contract for user involvement services for people with mental health problems and the council has historically funded some arrangements for people with learning disabilities and physical disabilities to be involved in training, service monitoring and evaluation and strategic planning. We are proposing to develop a more consistent approach to this as part of our responsibilities under the Care Act and the Health and Social Care Act.

Funding for user involvement will be via contracted services.

Main changes from 2015/19 funding arrangements

In the previous round a range of community support services for adults were provided as part of the ‘Being Part of the Community’ criteria, divided into seven grant allocations. These
were for social isolation (2 grants), people with autism, people with learning disabilities, people with physical disabilities and sensory impairment, people with mental health conditions and older people. For children services were provided as part of the information, advice and support services for families experiencing disadvantage or specific difficulties (3 grants).

The proposed priorities for community connections are similar to those of the previous ‘Being Part of the Community’ stream for adults and Children’s information advice and support for families experiencing disadvantage or specific difficulties. The change is that we propose to support more localised neighbourhood projects, as well as borough wide projects. We wish to avoid separating communities by their condition, diagnosis or disability and want to see projects that bring people together (e.g. intergenerational projects), regardless of their need, to provide holistic activities which encourage people to support each other, thereby contributing to building stronger communities within localities.

Previously we funded one provider per interest group, and in this round we propose to allocate a number of grants to provide a good spread of activities and services across the borough that will bring people with different needs together to support all our communities and address social isolation.

It is proposed that some aspects of those services previously funded through ‘Being Part of the Community’ be directed to other funding streams for example, mental health needs are now part of the Improving Mental Health stream outlined below in D.

In terms of user involvement, services were previously grant-aided as part of ‘Being Part of the Community’. It is proposed that these services are contracted, as the development of all support and care services depends on good engagement. Ealing CCG currently contracts support for involvement in mental health services. Although funding via a contract cannot be ring-fenced around the voluntary sector it is not anticipated that the VCS will be unfairly disadvantaged by this change as through its understanding of the marketplace, the sector may be uniquely placed to deliver the outcomes required.