

## **Social Isolation/Loneliness Task & Finish Group Minutes**

**Wednesday 23<sup>rd</sup> October 15:00 – 16:00**

**Via Online Teams**

### **Present**

- Leidon Shapo (LS) – Public Health (Chair)
- William Ayella (WA) – Public Health
- Venessa Pugh – (VP) Older People & Carers Commissioner
- Siva Chandrasekaran (SC) – Public Health/Health Intelligence
- Kevin Barry (KB) – Chair of the Slough Healthwatch
- Tagreed Ismail (TI) – Volunteer Manager at Slough CVS

### **Minutes**

#### **Item 1- Welcome and Introductions**

LS: welcomed everyone to the meeting – Two volunteers send their apologies for today's meeting but will make the next one.

Introductions completed for those who did not know each other.

#### **Item 2- Review of TFG's Objectives and Scope (Kevin/Leidon)**

LS: asked the group to meet frequently due to the pressure aiming to complete the SIL HNA work in November as part of the work will be used to support the annual PH report (APHR) with a focus on closing the HLE gap locally. It was agreed for the group to meet every three weeks for the next two meeting and then return to a more relaxed schedule in support of the SIL action plan agenda.

KB: No problem – agreeable to everybody.

#### **Item 3 - Presentation on Current Situation – A Brief Overview of the SI/L Needs Assessment**

LS: presented the SI/L Need Assessment first draft version, starting with the following sections: the introduction, followed by its aims & objectives, understanding loneliness and social isolation (definitions), risk factors and some preliminary stats and a summary of the key findings from the SIL lit review.

An important part of the presentation looked at the geographical areas/wards where people are living alone as this will be a proxy that will help us to better understand what is missing from the national evidence in terms of the risk and course of Social Isolation and loneliness at local level.

Data to support the work has been extracted from the ONS loneliness survey 21/22 – these are clearly showing comparison between England and Southeast (we are in a better position).

#### **Item 4 - Discussion Identifying Key Issues and Challenges – ‘The Direction of Travel’**

KB: raised the point that is useful to know if there has been any contact with social prescribers (SPs) and GP surgeries to understand the current situation on the ground. Understanding a situation like that may give us a clearer understanding of the main risk and causes of how we refer and support cases of social isolation and loneliness locally.

LS: No contact is made with our SPs yet in relation to that issue and making that link would be vital for the completeness of the SIL HNA – for e.g., engaging with them as part of a targeted approach to collect data/info and/or inviting them to join our next TFG meeting.

TI: offered to reach out to those that referred SIL cases into their befriending services to let them know about this work and collect any useful data/info that will support this HNA in terms of understanding the role and the input of social prescribing in tackling social isolation and improving connectedness locally.

TI: said that it also important to note that other issues come up frequently such as Transport to get around and digitalisation where people age 65+ must depend on younger generation for help to access services online. All this keeps on exacerbating the problems of older adults feeling isolated.

LS: asked TI to sum up all the issues raises so that PH can pick it up with connected care to find out what they are currently doing in terms of interventions to tackling social isolation and/or loneliness locally.

VP: Highlighted an important issue in terms of how the Council communicates with the Slough residents and different communities; for example, giving a quote for the blue badges, where it is indicated that you can only apply online. This is problematic for those who may not have a smart phone or access to internet; hence giving up on the use of a car. Another problem that should be considered is language barriers.

SC: It's important to look at different sources for data such as those derived from the Health Watch as this could be used to utilise, although there is a suggestion that there is nothing about loneliness and social Isolation, particularly in the Slough context.

SC: In terms of social prescribing, there are some inputs from the Frimley ICB because GPs do collect some level of social prescribing information around lifestyle that could help with more data analysis.

KB: There are other surgeries or GP practices in slough who have social prescribers and would be kind enough to provide us with information and details of people experiencing loneliness and social isolation.

#### **Action**

TI to

(i) reach out to any of the SPs locally (those that refer cases into our local services); and

(ii) collect info that will support our HNA and if possible, invite them to join the next TFG meeting.

VP to provide a summary of these points so we can consider as part of 'developing a local approach' section in this HNA.

#### **Item 5 - Developing Action Plan/Timeline**

1. Work expected to be completed by end of November early December to support the SIL element (risks, effective interventions, and proposed actions) of the ongoing process of developing the annual Public Health report (focused on improving HLE for Slough).

2. Meetings are planned to happen every three weeks initially and this was agreed by everyone on the call.

3. TI to reach out to those that referred into their services frequently and invite the Task and finish groups.

#### **Item 6 - Any Other Business & Next Meeting**

Dat of Next meeting: To take place 2nd week of November – 13th Nov. (3:00 – 4:00 pm).