

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

**Wednesday 27<sup>th</sup> November 15:00 – 16:00**

**Via Online Teams**

### **Present**

- Leidon Shapo (LS) – Public Health (Chair)
- William Ayella (WA) – Public Health
- Vanessa Pugh – (VP) Older People & Carers Commissioner
- Siva Chandrasekaran (SC) – Public Health/Health Intelligence
- Mayoor Sunilkumar (MS) – PH/Health Intelligence
- Tagreed Ismail (TI) – Volunteer Manager at Slough CVS
- Irana Mukerjee (IM) – PH practitioner in rota
- Mayowa Kushimo (MK) – Mental health commissioner (SBC)
- Luis Gomes – GIS team lead

### **Minutes**

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

LS: welcomed everyone to the meeting – Kevin Barry (KB) – Chair of the Slough Healthwatch send apologies for today's meeting but will make the next one.

Introductions completed for those who did not know each other.

#### **Item 2 - Review on Achievement made (Leidon)**

LS: Provided a presentation about what is known - from the campaign to end L& SI and its statistical associated risk factors such as culture, demographics, and the places where people live, work, learn, and play. These factors are important as they help us to understand the impact in terms of where people live (demography and deprivation at ward level by gender and age groups).

VP: Wanted to know if this could later be a start or a bedrock for developing a social isolation, loneliness strategy locally.

LS: Responded by saying that in terms of developing a SIL strategy, this can be discussed and determined after the HNA is presented to the health and well-being board, probably in January. This process will also depend on teams' capacity, but as a first step it is possible to develop into a Plan on a page action plan.

IM: Mentioned her special interest in this work, because of her previous experience with the subject, when as part of her rota, she evaluated the social prescribing (SP) program at Bracknell Forest. She found that the Slough's document and point of view re SP is, slightly different and fascinating.

Action: In terms of next step, VP and LS agreed that IM be part of the conversation after meeting with Kevin to understand what is going on with social prescribers' element and how we can treat it locally. It was agreed to hold a separate meeting with some members of the TFG (LS, VP, KB, IM, a local SP, WA and inviting Mike W to join)

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

LS: National loneliness strategy - one done in 2018 with some changes happened during COVID pandemic in terms of what the government has launched and what is happening in terms key risk/protective factors and health, and well-being.

A local map of loneliness would help to understand this better especially among people 65+ living alone. Consequently, our HI team is liaising with Dr Burns in Leeds university because he pioneered that work and developed a set of indicators that can be used in combination to create a map of loneliness for older people at a local level.

Local figures show that we are 40% higher than southeastern England and therefore it's important to understand why.

MS: Noted an interesting trend among those who never feel lonely in Slough, noticeably show lower proportion compared to Southern England. Action: SC to take note to amend the narrative if need be.

VP: suggested for some case studies to be considered as they could be very useful.

LS: then presented the SI/L Need Assessment 2nd 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.

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

IM: mentioned that Voluntary organisation plays very important role in tackling social isolation and IM will be speaking to TI re social prescribing and give a presentation to describe what she knows because everyone has a role to play as a practitioner at the next special meeting.

TI: suggested to invite one of her colleagues who heads the community connector project. Through them there are referrals that comes to them from various agencies; mainly from Wexham Park Hospital.

LG: Gave a presentation based on an article produced by Lucy and Dr Burns re – mapping loneliness and determining the key indicators of loneliness for OP at a local level. It mimics the work being done by the Social Isolation & Loneliness TFG. It centred on the index of multiple deprivation, and transport assessment.

LS: highlighted the difficulties in data collection when developing this sort of maps as well as looking at the whole picture although once it is achieved, is very useful.

MK: Access to Mental Health services are key priorities in terms of social isolation. Raising awareness and training to private care, GPs to recognise the condition early for referral into mental health services are critical. Because they sometime overlooked – leading to misdiagnosis. Action: MK to provide a list of local services so we can include in our HNA document.

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

1. VP: Suggested creating a leaflet like the dementia awareness.
2. TI: suggested mapping out the prevalence of community organisation centres and activities (Warm place, café) in the different wards – re social isolation needs (stay connected).
3. LG: Was requested to add some narrative around mental health services, learning disabilities, ethnicities, what is happening with social connectors, social prescribing, and some live case studies on the map presented.

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

Date of Next meeting: To take place in December.