

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

24 January 2013

WORK PROGRAMME REPORT

1.0 Purpose of Report

- 1.1. The Committee has agreed the attached work programme
- 1.2. The report gives members the opportunity to be updated on work programme items and review the shape of the work ahead.

2.0 Background

- 2.1 The scope of this Committee is defined as:

'The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector.'

3.0 Loneliness and Isolation

- 3.1 Councillor Shelagh Marshall, as Older People's Champion, presents her report on an annual basis to the Committee. On the last occasion particular mention was made of the loneliness and isolation campaign.
- 3.2 Whilst the Committee agreed it could not commit itself to detailed work it pressed for the topic to feature as one of the workshops in the morning of the Wider Partnerships Conference.
- 3.3 The Chief Executive of the Campaign, Laura Ferguson agreed to facilitate the workshop and the presentation slides and notes are attached at Appendices 2 and 3. I have also included Age UK material made available to all those who attended the workshop (Appendix 4).
- 3.4 The Committee asked that this information be reported so that it could take a view on how Loneliness and Isolation should feature in its work programme.

4.0 Alcohol Related Harm

- 4.1 Last year the Committee looked at the support for people with drug problems and wider alcohol related harm.
- 4.2 The initial findings of that review focussed on the workings of the Substance Misuse Board. The focus then shifted to major themes

such as Policy, Intervention and Treatment, Education and Prevention, Public Perception and Community Safety concerns.

- 4.3 The intention was to review how successful commissioning interventions in these areas were in reducing alcohol related harm. This would be approached with the guidance of the Director of Public Health, whose responsibilities now fall to the County Council.
- 4.4 In the short term however, Members supported the suggestion that Alcohol Related Harm feature as one of the workshops at the North Yorkshire Partnerships Conference in October. The thinking being the learning points from this would lend weight to the shadow Health and Well Being Board's initial view that Alcohol Related Harm would be one of the six main priorities in the Health and Well Being Strategy. The conclusions of the workshop (Appendix 2 attached) are attached so that you can take a view on whether and how this issue should be taken forward.
- 4.5 The Government's Alcohol Strategy has recently been published. It includes a package of health measures and proposals to crackdown on 'binge drinking' culture, cut the alcohol fuelled violence and disorder that blights communities, and reduce the number of people drinking to damaging levels.
- 4.6 This and the merits of continued scrutiny involvement could be discussed with Lincoln Sergeant, the recently appointed Director of Public Health for North Yorkshire, who is attending your meeting.

5.0 Joint Carers' Strategy and Implementation Plan

- 5.1 At the last meeting I reported that the Carers' Strategy has been sent for signing off by health partners. The ambition is for an implementation plan to be agreed by March.
- 5.2 Group Spokespersons have asked that this be raised again at your April meeting.

6.0 Innovation Fund

- 6.1 An Innovation Fund totalling £1.6m over three years was set up to support priority areas for transformation within adult social care that show an innovative approach. The Fund represented a significant investment by the Council in the Voluntary Sector and an opportunity to develop a range of low level schemes of care and support despite funding pressures.
- 6.2 Group Spokespersons have requested information on the results of the first round of schemes, an evaluation of their success, how they can be encouraged in other areas and the status of further years funding. A report will be made to your April meeting.

7.0 Safeguarding

- 7.1 Jonathan Phillips, the recently appointed Chairman of the North Yorkshire Adults Safeguarding Board, attended the last meeting. He presented the Board's report and discussed wider safeguarding issues.
- 7.2 After your meeting I asked his advice on how best to approach safeguarding as a topic throughout the year. I am not convinced that a once a year discussion is the most effective way to meet your responsibilities.
- 7.3 We also discussed what information you needed to scrutinise safeguarding and advanced social care activity and what influence you might have over the wider Member programme. Some initial ideas on this would be useful in the induction training of new Members post May local elections.
- 7.4 Jonathan has agreed to meet your Group Spokespersons to talk about both these issues. This will probably be at their Mid-Cycle Briefing on Thursday, 14 March.

8.0 Dementia Event: Network

- 8.1 Establishing a Dementia Network was one of the key recommendations of a piece of work on Dementia carried out by the Committee some three years ago. Since then the Network continues to meet regularly to improve support for people with Dementia in line with the National Dementia Strategy.
- 8.2 Committee Members had been invited to attend and contribute to a Network event in October geared toward finding solutions for day care support. As expected this was cancelled. A date has yet to be agreed for this event.
- 8.3 The event is part of an exercise to find out what users and carers want as a modern service for support for people with Dementia. This will be in the context of Personalisation, especially personal budgets and independence through community based services and activities. The aim would be for providers to hear from service users and carers about their expectations and enter into a dialogue about the shape of services moving forward.
- 8.4 The day will also include examples of projects which contribute to living well with Dementia in communities.
- 8.5 As details of the day become clearer group spokespersons will be asked to take a view on the level of involvement committee members might have. Full details of the timing, venue and programme will therefore follow.

9.0 Recommendations

- 9.1 The Committee is recommended to consider the attached work programme and determine whether any further amendments should be made at this stage.

BRYON HUNTER
SCRUTINY TEAM LEADER

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14 January 2013

Background Documents: None

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE - WORK PROGRAMME – January 2011

Vision for Social Care

P1. Prevention	P2. Personalisation	P3. Partnership	P4. Plurality	P5. Protection	P6. Productivity	P7. People
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In-depth Scrutiny Projects

SUBJECT	AIMS/TERMS OF REFERENCE	ACTION/BY WHOM	TIMESCALES
Alcohol Related Harm	Wider analysis of the balance of activity and relationship between alcohol and drug use in our communities. Steer through a countywide partnership strategy on combating alcohol misuse and related harm. How, with the support of partners; the County Council might assume leadership of this agenda.	Task Group with Corporate and Partnerships Develop a high-level alcohol harm reduction strategy. This in turn would be used to give direction and focus on future commissioning intentions.	Reconsider after Wider Partnerships Conference
Possible Project on Prevention and Early Intervention and	Committee to satisfy itself that the authority is moving in the right direction on Low Level Intervention and Prevention. A series of discussions, visits and informal engagement providers and community interest groups to benchmark best practice. This will be followed by an evaluation of their success and how they can be encouraged in other areas.	These will be organised as the results from the use of the Innovation Fund become clearer. The emphasis would remain however, on people's experiences on the ground level.	Spring 2013

2012/13

<i>Scheduled Committee Meetings</i>	12 November 2:00 pm	24 January 10:30 am	11 April 10:30 am
<i>Scheduled Agenda Briefing</i>	12 November 1:00 pm	24 January 9:30 am	11 April 9:30 am
<i>Scheduled Mid Cycle</i>	6 December 10:30 am	14 March 2:00 pm	9 May 2:00 pm

Overview Reports

Overview / Update Topics			
1. Dementia			
2. Safeguarding Adults (Board)	Annual Report of the Board		
3. Dignity Champion			Annual Report
4. JSNA, Adult Vision for Social Care, Big Society and Commissioning			Reveiw
5. Out of County Placements/Complex Needs	Update		
6. Learning Disabilities Strategy	Update		
7. Funding for Social Care		Update (with White Paper)	
8. Extra Care for people under 50, especially those with long-term conditions		To be decided	
9. Local Account			



Loneliness harms our health and wellbeing

Working together to tackle loneliness

The Campaign to End Loneliness is a coalition of organisations and individuals, working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age.

The challenge - what is loneliness?



Loneliness is “an individual’s subjective evaluation of his or her social participation or social isolation and is the outcome of ...having a mismatch between the quantity and quality of existing relationships on the one hand and relationship standards on the other” [Perlman and Peplau, 1981]

- Social or emotional loneliness?
- Can be transient, situational or chronic

Social isolation is related but different to loneliness. It is an objective state that measures the number of contacts or interactions someone has.

Solitude is the opposite to loneliness: “Language... has created the word "loneliness" to express the pain of being alone. And it has created the word "solitude" to express the glory of being alone.” [Paul Johannes Tillich]

The challenge – loneliness in the United Kingdom



- 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
- Over half (51%) of all people aged 75 and over live alone
- Almost 5 million older people say that the television is their main form of company



Photo: F.Stroganov (Flickr)

The challenge - risks and triggers



- Existing social exclusion – a lifelong condition, underlying lack of confidence or resilience, or disadvantage
- More single households, family dispersal, divorce
- Onset of sensory or cognitive impairment
- Mobility issues
- Retirement – loss of role, money and status
- Becoming a carer, ceasing to care
- Bereavement
- Rural isolation
- Hospitalisation, moving house or into a care setting or institution

‘Safeguarding the convoy’

Tackling loneliness - Why older age?



- Health :
 - Blood pressure
 - Mental health – proven link to physical health
 - Alzheimers disease
 - Mortality risk
- Population - Those aged 60+ will rise to 24 per cent by 2030. In the next 20 years, the population of those aged over 80 will treble and those over 90 will double.
- Community - Weakens family and community ties – social capital, inter-generational cohesion
- Contribution - Loss of contribution of older people to society – their skills, knowledge and experience – can all contribute to wellbeing

Tackling loneliness – How?



- Personal action- personal responsibility for well-being
 - Connect
 - Be active
 - Take notice
 - Keep learning
 - Give
- Community action- - a range of accessible services - not just social care and befriending support – community, faith, leisure, arts, fitness, learning, online and cultural activities
- Organised action- – those making decisions about our health and wellbeing can make strategic interventions
- Cultural change - value older peoples’ contribution

Tackling loneliness – examples



- Community sharing – Swap Shops, Time Banks, Facebook, the Big Lunch, Circles of Support
- Diversity - Men in Sheds, Widows Bereavement Project
- Befriending – Good Neighbour Schemes, telephone befriending, ‘Live Wires’ telephone conference call interest groups
- Online – ‘In Touch Kirklees’ digital information service and online interest groups
- Statutory bodies and partnerships – Social prescriptions by Doctors in Cambridge , Fire Services working with Age UK local partner to find the most isolated in Cheshire, strategic decisions taken by health and wellbeing boards about the whole older population in Manchester
- Health and wellbeing boards – Joint strategic needs assessments– ensuring loneliness is better understood in your area, and strategies – ensure targets are included to tackle loneliness

The bigger picture – a national movement

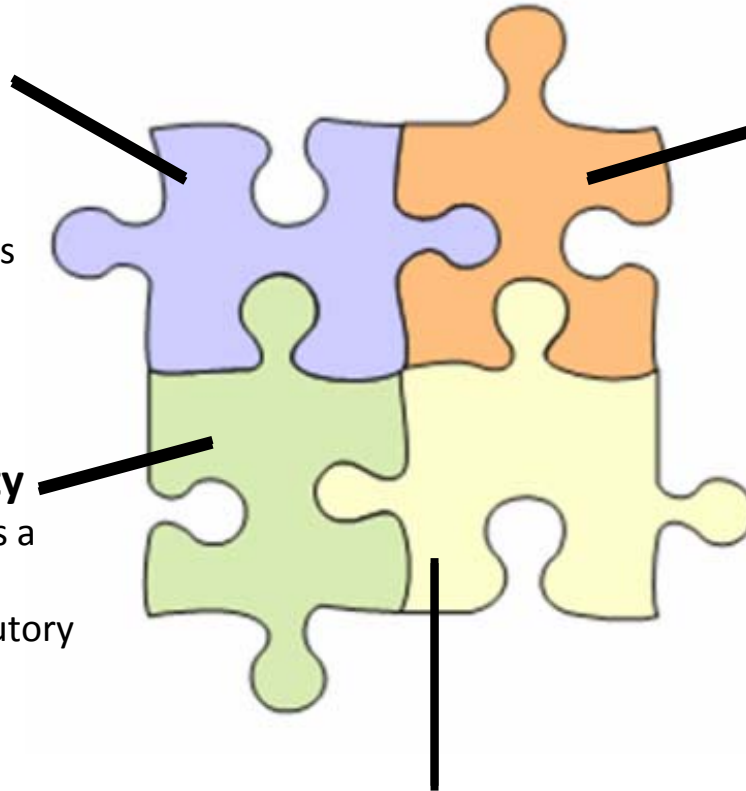


Businesses and employers

- Support pre-retirees through retirement to stay connected
- Offer products and services with built-in ways to bring people together

Charities and civil society

- Include tackling loneliness as a specific goal of their work
- Build partnerships with statutory bodies and other charities
- Reach out to *most* isolated people
- Involve older people in service design



Government

- Tackling loneliness as a health and wellbeing priority**
- Ensure there is regular, affordable public transport
- Identify populations most at risk of loneliness**
- Prioritise preventative services or activities that alleviate loneliness**
- Provide information and advice for people who are lonely
- Reduce fear of crime

Individuals

- Prepare for your own future social life
- Volunteer (keep contributing after retirement)

The bigger picture - What we are calling for...



- More awareness of the 'health message' of loneliness to the public and policy makers
- Nationwide - organisations all taking action – campaigning with us on *loneliness harms health*
- Strategic assessment of problem of loneliness and commissioning of services by health and wellbeing boards
- A better evidence base, we are working with researchers to better understand the risks , prevalence and what works
- Front line organisations making improvements to services to better reach out to the most isolated and ensure they are helping to ease loneliness



Paul Burstow MP, previous Minister for Care Services meets WRVS befrienders before the Campaign Summit on Loneliness in March

The bigger picture – your role...

Health and wellbeing boards



Step 1: Gather the evidence

Step 2: Feed into strategy development

Step 3: Strengthen partnership working

Step 4: Monitor and evaluate

These steps could be worked through sequentially, or separately to inform the work that your health and wellbeing board is currently completing.

The bigger picture – your role...

Statutory bodies

Work in partnership – with your health and wellbeing board – provide solutions to tackling isolation and loneliness based on your community reach and knowledge

Contact – tell health and wellbeing board colleagues about how important it is to reduce loneliness and about our loneliness toolkit for health and wellbeing boards (ready 9 July)

Become loneliness champion – offer to work with local groups to get their voices heard by the new health and wellbeing boards

Work in partnership – with the voluntary and community sector to identify and help those who are most at risk of isolation and loneliness

The bigger picture – your role...

Groups and charities

Find out - who is the on your health and wellbeing board

Contact – tell them about your work to reduce loneliness and about our loneliness toolkit for health and wellbeing boards (ready 9 July)

Identify potential allies - for getting the issue of loneliness in older age taken seriously by health and wellbeing boards

Promote the problem – write to the local paper, or hold an event or discussion in your group about getting loneliness better understood by health and wellbeing boards

Work in partnership – with the statutory sector to identify and help those who are most at risk of isolation and loneliness

North Yorkshire Wider Partnership Conference 2012

Workshop 3: Loneliness and isolation – older people

Facilitator: Laura Ferguson, Director, Campaign to End Loneliness

Laura provided a context for the workshop by posing a question: “How can the overarching North Yorkshire Partnership and smaller partnerships engage with the new health and wellbeing structures to reduce the negative impacts of loneliness and isolation on older people in North Yorkshire?”

What are loneliness and isolation?

Loneliness and isolation are not the same thing. We need to understand the distinction in order to provide appropriate solutions. “Only you can tell me whether you are lonely but I can count whether you are isolated (e.g. number of contacts per day or week)”. Isolation *can* lead to loneliness but individuals will be happy with different amounts of contact. Isolation and solitude are not the same. People can enjoy being alone.

Loneliness can be further divided into **social loneliness**, when someone misses being part of a group or **emotional loneliness**, when someone misses the company of one special person. One of the hardest challenges is tackling the emotional loneliness resulting from bereavement – the individual being missed cannot be replaced directly.

How can we identify older people who are isolated or lonely?

Research has found that around 10% of older people report being chronically lonely and almost 50% report being lonely sometimes. Risk factors include:

- Living alone. This can begin a process of becoming isolated which can lead to loneliness.
- Age. People aged over 65 and 16 – 25 have indicated that they are more likely to feel lonely.
- Location. Urban dwellers can face a higher turnover of neighbours making it harder to establish relationships and rural dwellers can find it harder to access transport to maintain social networks.
- Disability. People with disabilities can find it more difficult to get out. There has been a dramatic increase in people living with both sight and hearing impairments.

The JSNA provides data which will help identify the likely prevalence of loneliness in our communities.

What are the health impacts of loneliness and isolation?

Participants identified several adverse health impacts arising from loneliness:

- Dementia.
- Depression, feelings of redundancy.

- Increased smoking. (Interestingly, being lonely has been shown to have a similar adverse impact on health to smoking 15 cigarettes a day.) Poor relationship with food – undereating and overeating
- Increased alcohol consumption (to harmful levels).
- Sedentary lifestyle / less active.
- Anxiety increases impacts of COPD (Chronic Obstructive Pulmonary Disease).
- Increased blood pressure.
- Increase in stress related illnesses.
- Higher mortality – die earlier.
- Less aware of living conditions so deterioration i.e. house cold, less clean.

A cycle of deterioration can set in with loneliness causing health to worsen which makes it harder to tackle loneliness and / or isolation

How should we use this information?

This data can be used to ensure that those responsible for identifying health priorities understand that tackling loneliness and isolation can improve health outcomes for older people.

How can we tackle loneliness?

Need to act on 3 levels:

Personal

Neighbourhood

Strategic

Personal: People are less lonely and have better health outcomes if we can support them to

- Stay connected
- Be active
- Engage with their world i.e. “Take notice” – be present in the moment
- Learn
- Give / contribute

Neighbourhood: Community groups which work close to the ground can spot at risk groups and provide support. This local data can be used to inform strategic decision makers about at risk groups.

Partnership: Need to work together to increase reach amongst those in need and to get the attention of strategic planners e.g. through Health and Wellbeing Boards.

Key Actions for the future

- Ask the right questions in initial assessments / first (or only) point of contact to identify loneliness and isolation. Make every contact count.
- Signpost effectively. Maintain awareness of what other organisations and refer the client to the organisation best placed to help them.

Provide choice across organisational boundaries - don't automatically refer to own organisation. (Addressing the fragmented nature of community transport by pulling together information on what is available and then identifying gaps was seen as a very practical action which could be undertaken quickly.)

- Share data and evidence about prevalence of loneliness and isolation and work undertaken which tackles the issues effectively with better health outcomes and feed up to strategic planners in a coordinated way.



REACT 18th October 2012 Event

Reaching Everyone,
Age Concern's Together

ISOLATION and LONELINESS Presentation

1. **Age UK research** – Locally 'Voice of Ripon' research together with Help the Aged's Report 'One is the Loneliest Number' plus Age UK evidences, demonstrate the growing need to address issues of Isolation and Loneliness.

"The feeling that you have no real value to anyone else, that if you ceased to exist no one would miss you, and you face tomorrow without hope or anticipation as just another day to get through".

"Loneliness has a sharing quality; it is an ache that does not speak its name for fear that people will think us needy, and so will shun us like an empty restaurant".

2. There is a simple instant CURE to loneliness – COMPANY – Practical solutions include preventative services/activities such as our
 - a) Telephone Befriending Services
 - b) Social groups and activities
 - c) Community transport
 - d) IT confidence building – emails, Skype and intergenerational work.

Age UKs in North Yorkshire are all actively involved in tackling Isolation and Loneliness along with many other voluntary and community groups and take this opportunity to share some good practice models.

a) Telephone Befriending Service

Initially started as a service in the Hambleton District, but since 2008 has been provided as a countywide service by the Age UKs in North Yorkshire.

Provides a regular, confidential call to lonely and/or isolated older people. Part-time Locality Project Workers make assessment visits and then match up clients with a trained VOLUNTEER.

Currently: 180 clients use the service – majority aged 80+
 50 volunteers provide a service

Approximately 800 contact calls are made each month.

Case Studies and Comments

Case Study - Age UK Selby - Mrs E.W.

- This 81 year old lady lives in a council bungalow alone in Selby and has a number of health issues. Last year she was ill and admitted to hospital following a collapse at home.
- Following her discharge home, Age UK Selby provided an initial visiting and support service, and have now transferred the lady onto the Telephone Befriending service.
- The key benefit for Mrs E.W. is that she has a regular contact arrangement with the Telephone Befriending and the social and physiological support is important to her. She has also had information about other services and help and has received help with applying for attendance allowance. She has also been included in social events such as a Fundraising Evening at Selby Town Hall with Age UK, and thoroughly enjoyed the event and having the opportunity to join in local community activities.
- Throughout her involvement with Age UK Selby she has always found the staff very caring and helpful, and been treated with respect and dignity. She also reflects on this "culture" when she has observed the Age UK Selby shopping trips and the excellent service and care that the staff and volunteers provide for the shopping clients.
- Her overall rating of the service is "Excellent" and comments indicate the following:-

"They do so much and are excellent".

"The support and care shown to me by the Selby staff have been wonderful – it is very precious to me".

"I am a man of straw – so getting help with completing the attendance allowance form made a big difference to me".

"Very helpful people with whom I feel safe and trust completely. I can't speak highly enough of them".

"My telephone calls are really good – I can talk but also share Memories and learn about things on the grapevine".

In conclusion of the OUTCOMES Telephone Interview, Mrs E.W. said that she also wanted to say "THANK YOU", not just for herself, but also on behalf of those who can't, who also receive the service.

b) Social Groups and Activities

Age UKs and Age Concerns in the county provide a range of day opportunities and activities, Ageing Well exercise and Healthy Eating sessions lunch clubs, and social events and groups.

Many are linked to local community venues and work in partnership with village halls, pubs, sheltered housing and Extra Care Housing schemes, care homes, schools and other voluntary organisations.

Providing regular contact, companionship, respect and FUN, the services are a vital lifeline and joy to many.

Currently in excess of 2,700 clients use the services with over 4000 attendances each month.

Special Queen's Jubilee and Olympic events have also been provided.

Case Studies

Mr S.J. – 80 year old gentleman who lives alone in Harrogate. Bereaved approximately 3 years ago, and also suffers health and mental illnesses. Became depressed and lonely and ceased being involved with his local church, and also with Age UK North Yorkshire's Telephone Befriending service for which he had been an active volunteer previously.

Following contact by the Age UK North Yorkshire staff, Stewart agreed to attend an initial meeting to look at starting a gardening project under the DAYBREAK service at the RNIB home, Tate House, in Harrogate 18 months ago. From the launch of the GROWING TOGETHER project in May 2011, Stewart has been a stalwart member of the group, and one of the longest serving volunteers. As well as actively helping with the gardens and redesign of the grounds, Stewart has developed a wonderful relationship with the residents and actively helped with the creation of the Sensory Garden and mosaic produced by the members.

With the support of the project staff and other volunteers, Stewart has gained in confidence and self esteem and his volunteering work has been the catalyst for many other developments, including:-

- Joining the Age UK North Yorkshire DAYBREAK Pub Lunch Group;
- Joining the 'Theatre' and 'Out and About' Groups;
- Rejoining the Church and taking an active role as the Treasurer for their Coffee Club;
- Joining the U3A Singing Group and also a small group 'Side by Side' which gives concerts and entertainment to older 'people' homes and settings.

Having recently celebrated his 80th birthday, Stewart is happy to now be enjoying life again and retaining a social network and opportunities to be

involved in his community. He has said that Age UK North Yorkshire's DAYBREAK project and the gardening service has made such a difference to his life, and how much he gets out of working with the residents at Tate House.

He never thought he would be "standing up in front of an audience and singing or participating in the Residents' Garden Circle meetings at Tate House", but he now is, and how engagement with Age UK North Yorkshire has provided an efficient and creative way of making a difference to the substance and quality of his life.

Age Concern Bentham – Lady – Frances C – celebrates her 90th birthday and the Age Concern Day Group will make it a special occasion for her. Living alone and without family members, this is particularly important TO Frances and enables her to be an active member in her community and feel respected, valued, and able to share good times with friends.

- c) Community Transport – In a large rural area with little public transport infrastructure, and dispersed populations, transport is a vital ingredient in accessing services and support.

Age UKs North Craven, Bentham and Selby provide community transport with their minibuses and offer help with shopping trips, getting to hospital/GP appointments, going to social groups and activities, trips and outings. Age UK Knaresborough works in partnership with the Little Red Bus charity using their buses to bring isolated people into lunch clubs.

Details of client numbers and services provided:-

Age UK N. Craven-

Car scheme- 257 car journeys;

Minibus- 67 day trips plus daily shuttle and shopping services which account for 7740 individual journeys annually;

Average of 130 service users per month

- d) IT – Making better use of technology and enabling older people to build up their confidence and experience of using computers, is a growing area for Age UKs. This enables them to stay in touch both with family and access services or opportunities for social activity that they might like to get involved with. It keeps older people linked to the modern fast changing world. This often prevents someone from becoming isolated in the first place. People through long term conditions, mobility problems or lack of confidence to go out alone, so often experienced post bereavement, can lose touch with previous enjoyed social networks. However through computer activities they can often re-engage and meet like minded people with the same interests sometimes with a particular hobby, long after they are unable to actually take an active part.

A keen angler following a stroke was very depressed and isolated but his wife brought him into Cliff House and he found through learning how to use the internet, a group of fishermen who E mail each other with fishermen's tales! all through the winter.

She said "Thank you so much I never thought he would come out of the house again after his stroke, he took no interest in anything but now thanks to your computer classes, he is back to his old joking self"

You do not have to be living alone miles up a dale, to be lonely. It can happen anywhere once vital contact with others has been lost.

One to one support can be provided to people who live in extra care housing or sheltered housing, as well as to those who live alone in their own homes. We can take laptops to them and start computer clubs which bring people together and initiate friendships. Over 20 people turned up to a taster session in a building in Knaresborough recently.

The purpose built IT suite at Age UK Knaresborough's Cliff House resource centre, provides a range of computer related groups, beginners classes and more advanced or interest related activities such as mobile phone courses and family history or even how to catch your favourite programme on I Player. On line security information and advice is always a component of classes.

I Tea and biscuits is a popular project with many Age UK's.

Intergenerational projects with the local High School and Age UK North Craven builds strong links across the age divide. Digital Inclusion Through Schools project where older people attend the local school once a week after school. The pupils become the teachers and provide individualised assistance to their older "pupils", who can work at their own pace and learn whatever skills they need such as how to skype, shop on line, book holidays etc.

3. **Social Prescribing Pilot Project** centred on an in-depth assessment of the older person's social, emotional and practical support needs. The pilot project worked with 12 GP practices and 6 local Age UKs. Older people with mild to moderate depression or who were lonely and socially isolated were referred to local Age UK teams who supported them to access the support they required eg. Befriending, social groups, benefit checks and ageing well classes.

Older people supported through the Social Prescribing pilot project reported significant improvements i.e. their emotional wellbeing.

(Copy of the Report included in the pack)

Details of the above services and much more are on display at the REACT market stall so please join us and see how we can help.

All our services are aimed at making later life an enjoyable and rewarding time.

*"It's brought me out of myself. I've got real friends now.
If you're old and lonely, this can change your life"*

(80 year old lady).

REACT/iso&LonPresentation-18.10.12