

SOUTH TEES JSNA

Joint Strategic Needs Assessment

JUNE 2024

MISSION

We will promote independence for older people.

GOAL

We want to reduce the levels of loneliness and isolation in our communities and ensure our places promote healthy ageing.

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1. Introduction

1.1 Mission led approach

The South Tees Health & Wellbeing Board have agreed to a “mission-led” approach, structured across the lifecourse. Each mission is a response to a significant local challenge, one where innovation, working together and aligning resources has a big part to play in driving large-scale change. The Missions each have a set of ambitious goals that further articulate and explain the Mission.

The JSNA will provide the intelligence behind the Mission(s) – it will develop our collective understanding of the Mission(s); the issues behind and the broad contributing factors to the current outcomes experienced. We are working across the Tees Valley authorities to develop a process on that footprint that facilitates deeper engagement from the ICB.

The vision and aspirations under the lifecourse framework already exist following previous development sessions of the LiveWell Board. The lifecourse framework consists of three strategic aims – start well, live well and age well.

Vision	Empower the citizens of South Tees to live longer and healthier lives		
Aims	Start Well	Live Well	Age Well
Aspiration	Children and Young People have the Best Start in Life We want children and young people to grow up in a community that promotes safety, aspiration, resilience, and healthy lifestyles	People live healthier and longer lives. We want to improve the quality of life by providing opportunities and support so more people can choose and sustain a healthier lifestyle.	More people lead safe, independent lives. We want more people leading independent lives through integrated and sustainable support.

1.2 Age well strategic aim

There are two missions within the age well strategic aim. The first mission relates to promoting independence for older people and the second mission relates to ensuring everyone has the right to a dignified death. This needs assessment focuses on goal one within the first mission, **to reduce the levels of loneliness and isolation in our communities and to ensure our places promote healthy ageing.**

Aims	Mission	Goal
Age Well	We will promote independence for older people	We want to reduce the levels of loneliness and isolation in our communities and ensure our places promote healthy ageing
		We want to reduce the level of frailty to improve healthy ageing
		We want to ensure our communities are dementia friendly
	We will ensure everyone has the right to a dignified death	We want to improve the identification of people who are approaching end of life and enable choice - relating to personalised and coordinated care

2. What is our mission and why do we need to achieve it?

Mission: we will promote independence for older people.

2.1 What is independence?

To understand the level of independent living within our older people's population, we must first define what independent living refers to. Independence has multiple meanings for older people, but certain meanings are common - accepting help, doing things alone, having family, friends, and money as resources and preserving physical and mental capacities. At its most basic level, independence means having full autonomy over one's own life.

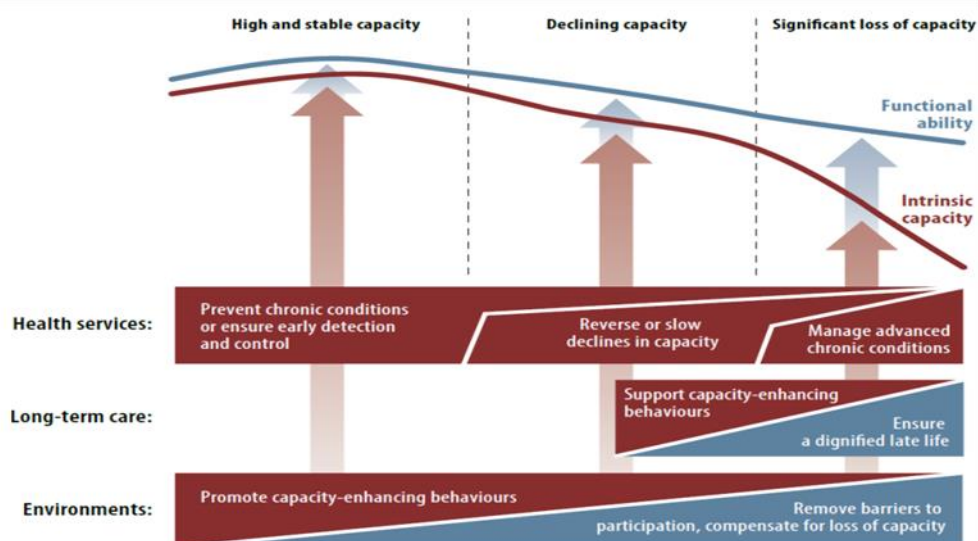
Independent living means disabled people living in the community with the same choices, control, and freedom as any other person, including having choice and control over things like who they live with and where. This requires the removal of barriers to equality of opportunity and for any practical assistance to be based on disabled residents' choices and aspirations.

Disabled people refer to people with different barriers:

- Physical, this affects the way a person can move or get around.
- Cognitive, this affects the way a person can communicate, make decisions, and remember things.
- Sensory, this affects the way a person touches, smells, sees or hears.
- Residents who use services who face barriers for a range of reasons and require support.

The terms of healthy ageing and independence for older people are intertwined. The World report of Health and Ageing defines healthy ageing as the process of developing and maintaining the functional ability that enables well-being in older age. 'Functional capacity,' is a combination of a person's intrinsic or internal resources such as mental and physical abilities and assets, combined with how they interact with their environment. **Figure 1 below** demonstrates the levels of capacity and how these can be raised based through different interventions.

Figure 1 - Public Health Framework for Ageing.¹



¹ World Health Organisation, report on Ageing and Health: A Policy Framework for Healthy Ageing, 2015

Office for Health Improvement and Disparities (OHID) has built on the World Health Organisation (WHO) framework to create four domains that best align with the levels of functional capacity change. These four domains are:

- **Optimise health and reduce risks early.**
- **Improve wellbeing and wider determinants of health.**
- **Reverse or live well with a long-term condition.**
- **Enhance care and support.**

These domains allow for the collation of datasets and indicators to help local areas understand how their population is ageing well and living independently.

2.2 Level of independence in South Tees

The level of older people living independently in South Tees is significantly worse than the England average. **Figure 2 below** shows a selection of indicators from the four domains described above that are key drivers in older people living independently and as a collective help to demonstrate the level of independence. In South Tees, Middlesbrough performs significantly worse compared to England for all indicators and Redcar & Cleveland performs significantly worse for all bar two indicators, suggesting our older population is not living independently.

Figure 2 - key indicators for older people living independently in South Tees

Indicator	Period	Middlesbrough		Redcar & Cleveland		England
		Rate	Rank	Rate	Rank	Rate
Life expectancy at birth (Male)	2018-20	75.4	2nd <i>Lowest</i>	77.5	29th <i>Lowest</i>	79.4
Life expectancy at birth (Female)	2018-20	79.8	4th <i>Lowest</i>	81.5	26th <i>Lowest</i>	83.1
Healthy life expectancy at birth (Male)	2018-20	58.8	27th <i>Lowest</i>	56.9	8th <i>Lowest</i>	63.1
Healthy life expectancy at birth (Female)	2018-20	60.6	42nd <i>Lowest</i>	58.5	21st <i>Lowest</i>	63.9
Older people living in poverty %	2019	23.3%	22nd <i>Highest</i>	16.8%	64th <i>Highest</i>	14.2%
Health related quality of life for older people - mean score	2016/17	0.70	28th <i>Lowest</i>	0.71	36th <i>Lowest</i>	0.74
Long-term physical or mental health condition % *	2022	60.2%	12th* <i>Highest</i>	60.2%	12th* <i>Highest</i>	53.5%
Reporting long term MSK problem %	2021	21.3%	22nd <i>Highest</i>	24.3%	4th <i>Highest</i>	17.0%
Dementia Prevalence % (65+)	2020	4.6%	16th <i>Highest</i>	4.1%	55th <i>Highest</i>	4.0%
Hip fractures per 100,000 (65+)	2020/21	687	3rd <i>Highest</i>	542	65th <i>Highest</i>	529
Offered reablement services following hospital discharge % (65+)	2020/21	0.6%	11th <i>Lowest</i>	1.4%	23rd <i>Lowest</i>	3.1%
Delayed Transfers of Care (%)**	Mar 18 - Feb 20	6.0%	-	6.0%	-	4.2%
Permanent admissions to residential & nursing care homes per 100,000 (65+)	2020/21	844	11th <i>Highest</i>	700	25th <i>Highest</i>	498
Clients accessing long term social care support per 100,000 (65+)	2021/22	8,600	10th <i>Highest</i>	6,400	64th <i>Highest</i>	5,055

* Rate and rank is for Tees Valley CCG

** Data is for South Tees NHS Trust

Compared to England

Significantly worse	Similar	Significantly better
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Source – OHID Fingertips²

² OHID, Fingertips

People living in South Tees are dying at a younger age and are living with poor health from a much younger age compared to the England average. Local rates are some of the lowest in England.

Middlesbrough males on average are living 4 years less than the England average, whilst Redcar & Cleveland males are living 1.9 years less. Middlesbrough females on average are living 3.3 years less than the England average, whilst Redcar & Cleveland females are living 1.6 years less. Middlesbrough males have the 2nd lowest life expectancy in England and females the 4th lowest.

Healthy life expectancy shows the years a person can expect to live in good health (rather than with a disability or poor health). That figure is 4.3 years less for males and 3.3 years less for females in Middlesbrough compared to England and 6.2 years less for males and 5.4 years less for females in Redcar & Cleveland. Redcar & Cleveland has the 8th lowest healthy life expectancy for males in England.

Alongside the local population having significantly lower life expectancy and healthy life expectancy, many older people are living in poverty, with 23% in Middlesbrough and 17% in Redcar & Cleveland.

A significantly higher proportion of Middlesbrough and Redcar & Cleveland residents are self-reporting poor health as well as long term mental and physical health problems including musculoskeletal conditions. There is higher prevalence of dementia locally and higher number of older people suffering from hip fractures, with Middlesbrough the 3rd highest nationally. We know hip fractures are a debilitating condition – only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care. Both Middlesbrough and Redcar & Cleveland have significantly lower rates of reablement services offered after hospital discharges and significantly higher rates of delayed transfers of care in hospital, permanent admissions to care homes and clients accessing long term social care, all of which drastically alter our older populations level of independence.

We know from these high-level indicators that our local population does not appear to be living independently, and their loss of independence is happening at an earlier age compared to other areas nationally.

3. What is our goal and why do we need to achieve it?

Goal: We want to reduce the levels of loneliness and isolation in our communities and ensure our places promote healthy ageing.

3.1 Why is this important?

Loneliness and isolation are public health issues linked to ill-health and health inequalities. Tackling these issues is a priority for South Tees.

To understand the impact on today's society we first need to understand the difference between loneliness and isolation and why this distinction is important.

Social isolation is an objective measure of the number of contacts that people have. It is about quantity and not quality of relationships. People may choose to have a small number of contacts. When people feel socially isolated, this can be overcome relatively quickly by increasing the number of people they are in contact with.

Loneliness is a subjective feeling about the gap between a person's desired levels of social contact and their actual level of social contact. It refers to the perceived quality of the person's relationships. Loneliness is never desired and lessening these feelings can take a long time.³

Loneliness does not always come from having no one around. It can also result from the perception of being alone or not having support or a sense of community. Even if you are surrounded by other people daily, you could still experience loneliness if you do not feel that you have a particularly close emotional bond with anyone.

It is normal to feel lonely sometimes, but it is a problem when someone feels lonely always or often. This is referred to as **chronic loneliness**. There are different types of loneliness. The following three are the most commonly identified in evidence and literature.

- Emotional loneliness – 'the absence of meaningful relationships'
- Social loneliness – a 'perceived deficit in the quality of social connections'
- Existential loneliness – a 'feeling of fundamental separateness from others and the wider world'

Other types of loneliness can include:

- Transient loneliness – a feeling that comes and goes
- Situational loneliness – only occurring at certain times like Sundays, bank holidays or Christmas
- Chronic loneliness – feeling lonely all or most of the time

Anyone can experience loneliness, but there are some risk factors that can increase the chances of chronic loneliness. These factors can be at the individual level, connected to personal circumstances, or at the community or wider societal level.

Individual Factors⁴

- Being widowed
- Being single, divorced or never married.

³ Age UK, Loneliness and Isolation – Understanding the Difference and Why it Matters, 2020.

⁴ Campaign to End Loneliness: The Facts on Loneliness, 2021

- Living alone
- Having a long-term health condition or disability
- Living in rented accommodation
- Being a carer
- Being from an ethnic minority community
- Being LGBTQIA+
- Being unemployed
- Living on low income can mean lower levels of mobility, less access to technology and reduced ability to participate in leisure activities. Currently exacerbated by the cost-of-living crisis.

Transitional factors:

- Bereavement
- Becoming a carer or giving up caring
- Retirement

Community Factors:

- **Access to public and private transport** including personal car access and public transport access are important for being able to go out socially. South Tees has some very remote and rural areas, so public transport could be a lifeline for some of our older residents.
- **Access to digital technology** has the potential to make a positive impact on loneliness through the provision of communication channels and interactive entertainment.
- **Built environment** can provide physical access to family, friends, health services, community centres, shops and other places that facilitate the building and maintaining of social relationships.
- **Safe public spaces** with pavements to walk on and lighting are also part of the physical infrastructures that impact social interaction.
- The availability of **'social capital'** in the form of community infrastructure has a strong impact on isolation. The prevalence of recreational areas, cultural groups and voluntary sector organisations has been shown to reduce loneliness in communities.
- **Rural and Coastal Communities.** A Public Health England report, published before the 2021 Chief Medical Officer report,⁵ investigated health inequalities in ageing in rural and coastal areas. It found that older people in rural and coastal areas are more likely to have poorer physical and mental health. The main drivers of inequalities in ageing in these areas are thought to be social exclusion and isolation, access to, and awareness of health and other community services, financial difficulties (e.g. fuel poverty and housing issues) and lack of transport and distance from services. Redcar and Cleveland have several rural and coastline communities.
- **Societal Factors** such as the economic context including cuts to public sector budgets may contribute to social isolation and loneliness, as funding for interventions may be untenable and the frequency of social care visits may decrease. In addition, widespread changes at the demographic level are contributing to social isolation and loneliness. For example: people are living longer, more people are living alone, divorce rates are increasing, and fewer people are in caring roles.⁶

⁵ Public Health England, An evidence summary of health inequalities in older populations in coastal and rural areas, 2019

⁶ Loneliness – What Characteristics and Circumstances are Associated with Loneliness in England, Community Life Survey, IOT UK, 2018

3.2 Impact of loneliness and isolation on health and wellbeing

Loneliness and isolation are damaging to individuals and communities. Research tells us that chronic loneliness is often linked to early deaths on a par with smoking 15 cigarettes a day and obesity.⁷

Studies have shown that loneliness and isolation can adversely affect both our physical and mental health due to a lack of positive connections and interactions with the wider community. Amongst others, the effects of loneliness and isolation can lead to:

- An increased risk of early mortality by 26%. “Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely.”⁸
- Increased risk of high blood pressure.
- Increased risk of developing coronary heart disease and stroke.
- Greater risk of cognitive decline and dementia. Lonely people have a 64% increased chance of developing clinical dementia.
- Loneliness and low social interaction are predictive of suicide in older age.
- Loneliness is a risk factor for depression in later life.

Research demonstrates that lonely and older individuals are more likely to:

- Visit their GP.
- Present at Accident and Emergency.
- Have other emergency admissions to hospital.⁹
- Use more medication.
- Have a higher incidence of falls.
- Enter early into local authority funded residential or nursing care.¹⁰

This can therefore place additional pressures on already stretched health and social care resources. Tackling loneliness and isolation is a preventative measure that improves quality of life for individuals and reduces long-term costs for health and social care.

Just as we understand the importance of looking after our physical health and increasingly our mental health, so too must we look after our social connections, and understand that they are key to our wellbeing. This builds on the World Health Organisation’s definition of health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.”¹¹

Loneliness and isolation are complex multi-faceted issues with far reaching implications for individuals, communities and health and social care services. Addressing loneliness and isolation across South Tees therefore requires collaborative action across the system.

⁷ Campaign to End Loneliness, Threat to Health, 2022

⁸ Fair Society, Healthy Lives, The Marmot Review, 2010

⁹ Campaign to End Loneliness, Threat to Health, 2022

¹⁰ Singer C, Health Effects of Social Isolation and Loneliness.2018

¹¹ World Health Organisation, Health Promotion Glossary of terms, 2021

4.National Strategy /Policy Levers

There is a commitment nationally to this agenda as demonstrated in the development of the first ever cross government strategy to tackle loneliness, '**A Connected Society - Laying the Foundations for Change, 2018.**'¹²

Alongside this, the NHS has committed to a focus on prevention for a thriving older age, including a commitment to embed personalised care and social prescribing as business as usual through the **NHS Long Term Plan, 2019.**¹³ This is also reflected within **the Directed Enhanced Service Contract Specification, 2023/24** for Primary Care Networks (PCN) which states that a PCN must provide their patients with access to a social prescribing service.¹⁴

Healthy Ageing is also built into a range of policy areas in England which are listed below:

- **Department for Health and Social Care**
Dementia 2020 challenge (2015)¹⁵ including raising awareness of risk reduction.
People at the Heart of Care (2021) Personalised care to enhance quality of life and independence.
- **Department for Digital, Culture, Media, and Sport**
Loneliness strategy (2018)¹⁶ Addressing loneliness across the life course.
- **Department for Environment, Food and Rural Affairs**
25 Year Environment Plan(2018)¹⁷ High quality, accessible, natural spaces close to where people live and work.
- **Department for Levelling Up, Housing and Communities**
Levelling Up the United Kingdom (2022)¹⁸ Task force to look at better choice, quality, and security of housing for older people.
- **Department for Business, Energy, and Industrial Strategy**
Industrial Strategy (2018)¹⁹ Including the 'Grand Challenge on Ageing'.
- **Department for Work and Pensions**
Fuller Working Lives (2017)²⁰ Older people enabled to work for longer.

¹² A Connected Society - Laying the Foundations for Change, 2018

¹³ NHS long term plan, 2019

¹⁴ Directed Enhanced Service Contract Specification for Primary Care Networks (PCN) 2022/23

¹⁵ Department for Health and Social Care Dementia 2020 challenge, 2015

¹⁶ Department for Digital, Culture, Media, and Sport Loneliness strategy, 2018

¹⁷ Department for Environment, Food and Rural Affairs 25 Year Environment Plan, 2018

¹⁸ Department for Levelling Up, Housing and Communities Levelling Up the United Kingdom, 2022

¹⁹ Department for Business, Energy, and Industrial Strategy Industrial Strategy, 2018

²⁰ Department for Work and Pensions Fuller Working Lives, 2017

5.Key data and drivers for change

5.1 Population – Over 65s

Although loneliness and social isolation affects all ages, older people are especially vulnerable. The Census 2021 shows that South Tees has a population of 280,458 which is made up of 143,922 for Middlesbrough and 136,536 in Redcar & Cleveland. Those aged 65+ in South Tees is currently 55,927 made up of 24,178 in Middlesbrough and 31,749 in Redcar & Cleveland. **Figure 3 below** shows that Redcar & Cleveland has a smaller population than Middlesbrough but the over 65 population is higher at 23% compared to Middlesbrough which has an over 65 population of 17%.

Figure 3: Populations of over 65s in South Tees

Area	Population	Over 65+	%
Middlesbrough	143,922	24,178	17%
Redcar & Cleveland	136,536	31,749	23%
North East	2,647,015	540,558	20%
England	56,490,045	10,401,300	18%

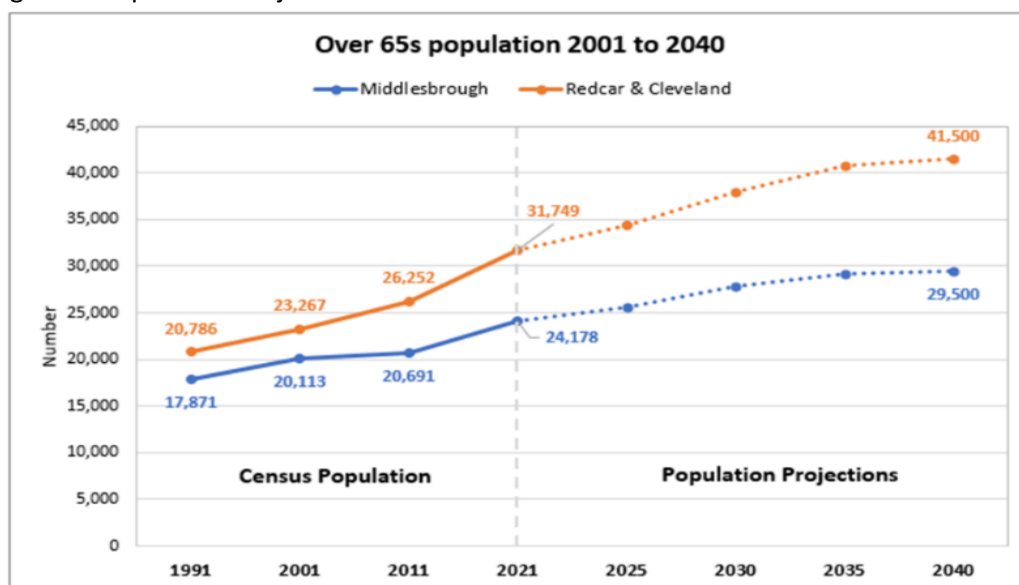
Source: NOMIS Census 2021²¹

5.2 Population Projections

Figure 4 below shows that both Middlesbrough and Redcar & Cleveland will see significant increases in their over 65 population. The census data between 1991 to 2021 shows that the proportion of the over 65 population increased 3% in Middlesbrough and 2.3% in England. However, Redcar & Cleveland had a much higher increase at 8.7%. Population projects estimated that by 2040 the over 65 population will have increased significantly and doubled in Redcar & Cleveland between 1991 and 2040 and account for 29.2% of the total population and 21.3% in Middlesbrough. As the population aged 65+ continues to grow it is possible that the number of people experiencing loneliness and isolation will also continue to grow.

²¹ Census, 2021

Figure 4: Population Projections for over 65s



Area	Census				Projections	
	1991	2001	2011	2021	2030	2040
Middlesbrough	13.8%	14.9%	14.9%	16.8%	20.0%	21.3%
Redcar & Cleveland	14.6%	16.7%	19.5%	23.3%	26.9%	29.2%
England	16.1%	15.8%	16.4%	18.4%	21.5%	23.8%

Source: Census 2021 & POPPI²²

5.3 Over 65s Living Alone

Living alone in older adults significantly increases the likelihood of being lonely. The census 2021 data queried in NOMIS allow us to search on household composition and age for those aged 65 and over. **Figure 5 below** shows that 7,739 people over 65 in Middlesbrough and 9,739 people over 65 in Redcar & Cleveland are living alone. Redcar & Cleveland has a higher proportion (7.2%) of those over 65 living alone compared to Middlesbrough (5.5%).

Figure 5: Population Projections for over 65s

Area	Total population	One Person Household		One Person Household aged 66+		
		Number	% of Population	No.	% of One Person Households	% of Population
Middlesbrough	141,426	19,964	14.1%	7,739	38.8%	5.5%
Redcar & Cleveland	135,301	20,663	15.3%	9,739	47.1%	7.2%
North East	2,594,828	395,924	15.3%	167,832	42.4%	6.5%
England	55,504,304	7,052,229	12.7%	3,001,789	42.6%	5.4%

Source: Census 2021²³

²² POPPI, 2021 and Census, 2021

²³ Census, 2021

Census data provides ward level data showing the number of over 65s households and the proportion who are living alone as shown in **Figure 6 below**. There is a significant variation across South Tees with the highest proportions for both local authorities in the most deprived wards.

Figure 6: Over 65s households living alone by wards.

Ward	Households 65+	Not living in a couple		Ward	Households 65+	Not living in a couple	
		Number	%			Number	%
Belmont	747	328	43.9%	Acklam	780	412	52.8%
Brotton	1,024	503	49.1%	Ayresome	585	345	59.0%
Coatham	676	451	66.7%	Berwick Hills & Pallister	813	550	67.7%
Dormanstown	658	421	64.0%	Brambles & Thorntree	822	582	70.8%
Eston	987	612	62.0%	Central	639	506	79.2%
Grangetown	569	373	65.6%	Coulby Newham	1,217	718	59.0%
Guisborough	1,307	763	58.4%	Hemlington	907	547	60.3%
Hutton	1,221	458	37.5%	Kader	1,023	577	56.4%
Kirkleatham	1,247	783	62.8%	Ladgate	704	391	55.5%
Lockwood	390	198	50.8%	Linthorpe	701	389	55.5%
Loftus	1,025	557	54.3%	Longlands & Beechwood	1,073	736	68.6%
Longbeck	774	348	45.0%	Marion East	832	418	50.2%
Newcomen	676	398	58.9%	Marion West	883	385	43.6%
Normanby	1,081	508	47.0%	Newport	737	565	76.7%
Ormesby	1,119	592	52.9%	North Ormesby	312	218	69.9%
Saltburn	1,225	702	57.3%	Nunthorpe	840	326	38.8%
Skelton East	568	275	48.4%	Park	899	512	57.0%
Skelton West	651	345	53.0%	Park End & Beckfield	1,084	706	65.1%
South Bank	510	316	62.0%	Stainton & Thornton	425	175	41.2%
St Germain's	1,451	791	54.5%	Trimdon	906	431	47.6%
Teesville	1,105	611	55.3%	Middlesbrough	16,189	9,489	58.6%
West Dyke	1,022	534	52.3%				
Wheatlands	378	153	40.5%				
Zetland	716	399	55.7%				
Redcar and Cleveland	21,130	11,424	54.1%				

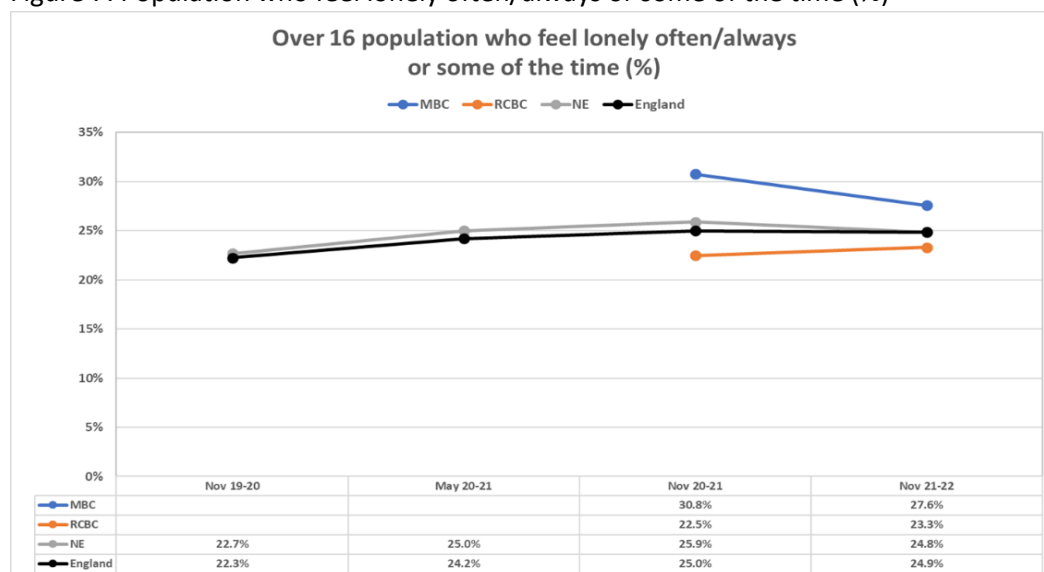
Source: Census 2021²⁴

5.4 Loneliness & social isolation prevalence

There is currently no estimated prevalence data for loneliness specifically in older people, however the Active Lives Survey by Sport England measures the levels of loneliness in the adult population. **Figure 7 below** shows that compared to the North East and England area that Middlesbrough has a higher level of loneliness (27.6%), and Redcar & Cleveland is lower at the most recent measurement point (23.3%).

²⁴ Census, 2021

Figure 7: Population who feel lonely often/always or some of the time (%)



Source: Active Lives Survey²⁵

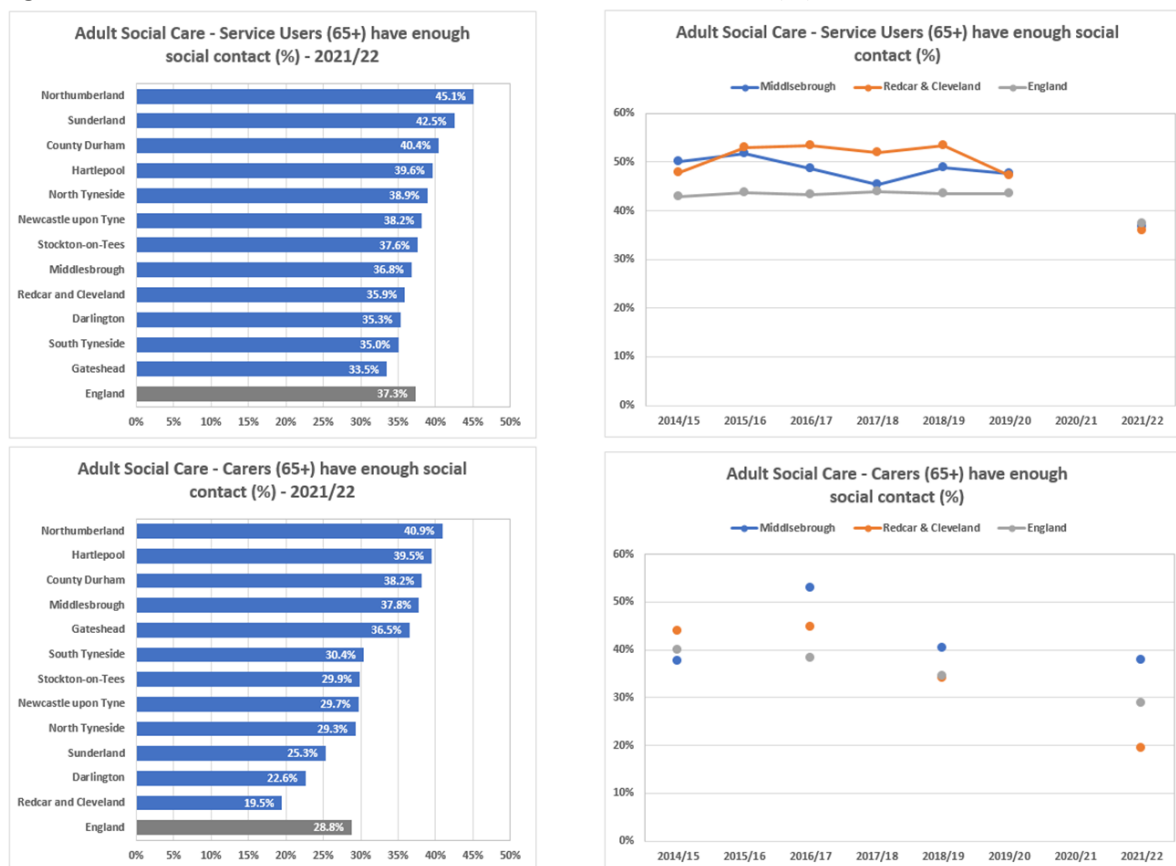
Data from the Adult Social Care Outcomes Framework (ASCOF) **Figure 8 below** shows the proportion of service users aged 65+ who feel they have enough social contact, and this is also captured specifically for Adult Social Care users who are carers 65+.

In 2021/22 service users had similar levels of social contact compared to England (Middlesbrough 36.8%, Redcar & Cleveland 35.9% compared to 37.3% in England), however this has seen significant reductions in recent years both locally and nationally, particularly post Covid pandemic, with a percentage of 53.3% for Redcar & Cleveland and 48.9% for Middlesbrough in 2018/19.

There is a much greater difference when looking at carers, where Middlesbrough has higher rates compared to England at 37.8%, whilst Redcar & Cleveland is significantly lower at 19.5%. Redcar and Cleveland have seen significant reductions between 2018/19 to 2021/22.

²⁵ Sport England, Active Lives Survey, 2021

Figure 8: Adult social care service users and carers social contact (%)



Source: Adult Social Care Outcomes Framework F²⁶

5.5 Risk factors for loneliness & social isolation

Due to the lack of data on the prevalence of loneliness and social isolation we can look at data on the risk factors. **Figure 9 below** shows data on a selection of risk factors for the over 65s population. These results have been compared against national rates. The data shows that in both Middlesbrough and Redcar & Cleveland over 65s have either a greater or similar level of the risk factors compared to England. Due to cumulation of these risk factors it is likely that many of our older people may be experiencing loneliness and social isolation.

²⁶ Adult Social Care Outcomes Framework, 2021-2022

Figure 9: Risk factors for loneliness and isolation in older age

	Loneliness risk factors for people aged over 65s	Middlesbrough		Redcar & Cleveland		England
		%	(n)	%	(n)	%
Personal Characteristics & Circumstances	Population 65+	17%	24,178	23%	31,749	18%
	Non white	4.1%	997	0.5%	156	6.7%
	Living in poverty	23.3%	6,868	16.8%	6,306	14.2%
	Living alone and no vehicle	60%	4,631	54%	5,297	49%
	Over 65s not living as a couple	58.6%	9,489	54.1%	11,424	53.6%
	<i>Single - never married/civil partnership</i>	13.9%	1,317	11.0%	1,260	13.2%
	<i>Married/civil partnership</i>	2.5%	238	1.9%	213	2.4%
	<i>Separated</i>	3.4%	325	3.1%	354	3.1%
	<i>Divorced</i>	24.8%	2,351	25.7%	2,938	26.1%
	<i>Widowed</i>	55.4%	5,258	58.3%	6,659	55.2%
Transitions	Provides unpaid care	7.0%	1,754	8.0%	2,563	6.0%
Health and Disability	Poor health	48.0%	11,051	47.0%	14,339	41.0%
	Disabled	39.0%	9,069	37.0%	11,480	34.0%
	Moderate to Severe Visual Impairment	11%	2696	12%	3705	12%
	Dementia	6%	1,552	7%	2,133	7%
	Depression	8%	1,997	8%	2,694	9%

Key (compared to England)	Greater	Similar	Lower
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Source: Census 2021, POPPI & IMD 2019²⁷

5.6 Digital Exclusion

Digital exclusion involves the unequal access and capacity to use information and communication technologies (ICTs) that are seen as essential to fully participate in society.²⁸

The internet is being used increasingly across all areas of life. Digital technology offers several benefits to the individual, which those who are digitally excluded are missing out on. Basic digital skills can enable people to connect and communicate with family, friends, and the community 14% more frequently.²⁹ The communications benefits were also reflected in the results of the Lloyds Bank research. 40% of online respondents indicated that being online helps them feel less alone.³⁰

In 2018, the North East of England had the lowest proportion of people with all five basic digital skills in England (71%) and the highest proportion of those with zero basic digital skills (12%). Adults over the age of 65 years have consistently made up the largest proportion of the adult internet non-users, and over half of all adult internet non-users were over the age of 75 years in 2018. The pattern of internet use by age is replicated when looking at digital skills, with 76% of those with zero basic digital skills aged over 65 years in 2018.³¹

²⁷ Index of Multiple Deprivation, 2019

²⁸ Sanders, Digital Inclusion, Exclusion and Participation, 2020

²⁹ ONS, Digital Divide, 2019

³⁰ Lloyds Bank UK Consumer Digital Index, 2018

³¹ Source: Office for National Statistics - Internet Access, Opinions and Lifestyle Survey (OPN), 2018

Figure 10 below gives an indication of the likelihood of Redcar & Cleveland adults suffering digital exclusion due to some of the risk factors identified by The Centre for Ageing Better.³²

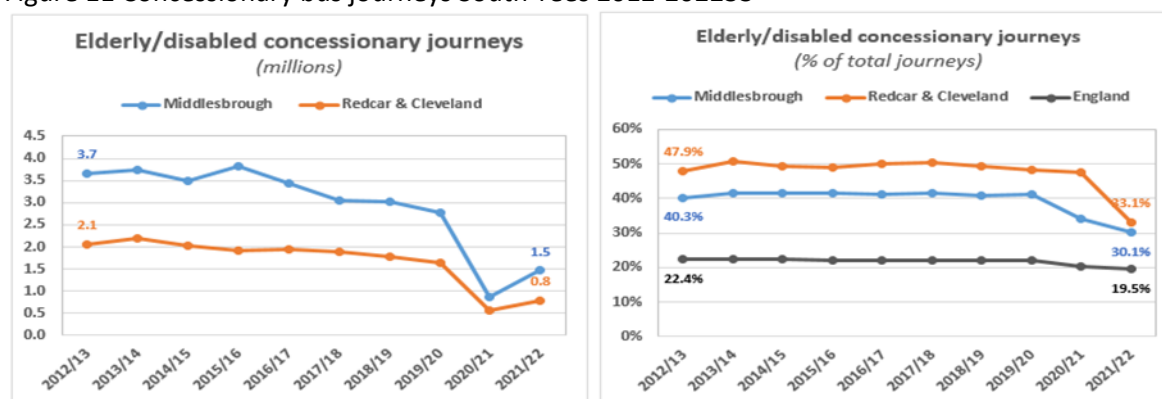
LIKELIHOOD OF DIGITAL EXCLUSION	REDCAR & CLEVELAND	NORTH EAST	ENGLAND
% of adults over 65 (2019)	22.6%	19.9%	18.5%
% adults who have no qualifications and/or no Level 1 qualifications	41.9%	40.2%	35.8%
% adults who used all five Basic Digital Skills in the last three months (2017)	42.0%	Missing	Missing
% adults who have all five Basic Digital Skills	76.0%	Missing	Missing

Technology may also change again so that the digital skills older people have developed will no longer be the skills that are needed. However, it is also possible that technology in the future may enable the older age groups to engage more easily than is currently the case. This can already be seen, for example, in the development of voice activated internet services that removes the need for specific skills and the growth in use of Artificial Intelligence. Part of the challenge is therefore ensuring that support is available to help the older generation make the best use of new technology.

5.7 Transport

Transport is key to enabling older people to maintain their existing relationships and enable new connections. As people age, personal car usage declines with increased reliance on public transport. 60% of over 65's living alone in Middlesbrough and 54% of over 65's living alone in Redcar and Cleveland have no personal car usage and therefore rely upon public transport to keep them to connected. In addition, **Figure 11 below** shows that there has been a decline in over 65's making concessionary bus journeys in South Tees over the past decade. (See Transport JSNA for further exploration of this data).

Figure 11 Concessionary bus journeys South Tees 2012-2022



5.8 Cost of Living/Poverty

Many people across South Tees are feeling the growing impact of energy, food, and fuel price rises. Those residents from lower income households are most affected as any income they do have is being spent on basic needs (food, heating) which can lead to pressure on social activities and reduce opportunities to connect with others. (See Poverty/Debt JSNA for further data, evidence and recommendations which can contribute to alleviating the impact of this on communities).³⁴

³² Centre for Ageing Better. Communities: State of Ageing in 2020.

³³ Department for Transport (2013). Bus statistics. [online] GOV.UK..

³⁴ The power of community and connection amidst the cost of living crisis | Campaign to End Loneliness

6. What do local people say?

Residents from across South Tees have shared their views on their experiences of social isolation and loneliness and barriers to social connections.

In the **2016/17 Adult Social Care Survey**, 52% of Redcar and Cleveland local authority service user respondents told us that they had as much social contact as they would like and 49% of Middlesbrough local authority service user respondents told us that they had as much social contact as they would like. This figure dropped to 35.9% in 2021/22 in Redcar and Cleveland and 36.8% in Middlesbrough and both are now lower than the England average. It is predicted that Covid-19 restrictions on social contact may have played some part in this reduction. ³⁵

This survey also revealed that 28% of Redcar and Cleveland Adult Social Care service users felt unable to find details of the information and support that was available to them and 20.8% of Middlesbrough service users felt the same. This figure has steadily increased over the last five years from 18% in 2016/17 for Redcar and Cleveland however has remained relatively static in Middlesbrough. This tells us that we must work harder to ensure we make our information and advice services much more accessible and visible to the public.

Redcar and Cleveland Living with Dementia Survey, 2022,³⁶ 92% of respondents reported that they were not provided with information and connections to wider community health and wellbeing support/social activities following diagnosis.

As part of the recent **Loftus Town Deal Engagement Survey, 2023**³⁷ residents highlighted that Loftus requires better transport links. We know accessible transport is key to social connections.

Middlesbrough Age Friendly Survey, 2021 key findings below: ³⁸

- **A lack of resting places** in public spaces and a **lack of clean accessible toilets.**
- Concerns around the **poor maintenance of streets and roads** where people live.
- Perceived **lack of training and employment opportunities** for people **50+.**
- **Lack of reliable published information about activities.**
- **Information about community activities to be accessible for all.**
- Need for more **activities to be affordable and accessible** to residents.

³⁵ Adult Social Care Surveys Redcar and Cleveland and Middlesbrough, 2016/2017 and 2021/2022

³⁶ Redcar and Cleveland Living with Dementia Survey, 2022

³⁷ Loftus Town Deal Engagement Survey, 2023

³⁸ Middlesbrough Age Friendly Survey, 2021

7. Evidence

The Campaign to End Loneliness, a not-for-profit research organisation hosted by What Works Centre for Wellbeing and Age UK, have developed a framework to tackle loneliness in older people³⁹. The framework features four distinct categories of interventions and alongside community views and data, this has informed existing actions to address this issue in South Tees:

1. **Foundation Services** that reach lonely individuals and understand their specific circumstances to help them find the right support. Examples include using local loneliness data; first contact schemes (such as making every contact count) links to health services (including social prescribing); Websites or directories including information about social support services, campaigns, and existing social activities.
2. **Direct Interventions** that maintain existing relationships and enable new connections, either group-based or one-to-one support, as well as emotional support services.
 - **Support for individuals** such as Befriending – visits or phone contact; may include assistance with small tasks such as shopping, mentoring – usually focused on helping an individual achieve a particular goal, buddying or partnering – helping people re-engage with their social networks, often following a major life change such as bereavement. Community Navigator initiatives – helping individuals, often those who are frail or vulnerable, to find appropriate services and support. Support through transitions (e.g. bereavement).
 - **Group interventions** such as Day Centre services, lunch clubs for older people and social groups that aim to help older people broaden their social circle, focusing on their interests. Cultural initiatives that support older people to increase their participation in cultural activities (e.g., use of libraries and museums).⁴⁰ Research has shown that ‘The arts provide a recognised way of reducing loneliness and social isolation, particularly among people living in rural or disadvantaged areas.’⁴¹
3. **Gateway Services** like transport and technology that act as the glue that keeps people active and engaged and makes it possible for communities to come together. Both transport and technology (e.g., telecare solutions) are key in enabling an older person to maintain their existing relationships and enable new connections.
4. **Structural Enablers/Wider Community interventions:** creating the right conditions for ending loneliness, for example volunteering (such as community organised time banks), Age Friendly programmes and neighbourhood approaches, underpinned by asset based community development.

³⁹ The Campaign to End Loneliness, framework to tackle loneliness in older people

⁴⁰ Promising Approaches to Reducing Loneliness and Social Isolation in Later Life, Age UK, 2015

⁴¹ A Scoping Review by Daisy Fancourt & Saoirse Finn, 2019,

8. What are we doing already in relation to this goal?

8.1 Local Partnerships

Across South Tees there is no specific partnership/plans established with a single focus on addressing isolation and loneliness, however wider partnerships and plans incorporate approaches, programmes and interventions which contribute to preventing and alleviating isolation and loneliness of older adults within our communities. Partnerships/plans include:

- Age Well Partnerships (Redcar and Cleveland and Middlesbrough)
- Dementia Partnership (Redcar and Cleveland and Middlesbrough)
- South Tees All-Age Carer Partnership/Strategy
- South Tees Affordable Warmth Partnership/plan
- Public Health South Tees Mental Health and Wellbeing Programme Plan
- Better Health & Wellbeing for all, a plan to improve health and care in the North East and North Cumbria, ICB 2023 (*key goal to reduce social isolation, especially for older and vulnerable people*)
- Adult Social Care Local Account Document –*in development, 2023*

There are some informal connections between the above partnerships and plans through cross-over of staff representation, however there are no formal governance structures in place to connect the above. The progress that these partnerships have made towards preventing, reducing, and alleviating isolation and loneliness of older adults across South Tees is outlined below:

8.2 Making Every Contact Count

Making Every Contact Count (MECC) is an evidence-based approach to behaviour change that utilises the everyday interactions that organisations and individuals have with residents to help support them to make positive changes to their health and wellbeing. There is a focus on addressing lifestyle behaviours (smoking, physical inactivity) as well as wider social determinants of health (loneliness, finance, housing etc).

Local authority, Health, Social Care, VCS sectors and communities have begun to implement this approach. Turning a transactional conversation into a friendly moment that makes someone's day or can recognise someone's loneliness/wellbeing needs and put them on the path to solving it.

The MECC gateway website provides a coordinated, centralised place for frontline staff, volunteers, and residents to access information about local community groups, activities, and support services to enhance social connections and wellbeing.

Although significant progress has been made with MECC over the past year, there is further work to be done to truly embed the MECC approach within organisations and communities and achieve long term sustainable impact at scale across South Tees.

8.3 Age Friendly Communities

Middlesbrough Council were successful in receiving 6 years of funding from the Ageing Better National Lottery fund in 2015 to work with older people in Middlesbrough to help combat social isolation and loneliness. Funding ended in 2022, however The Age Friendly Middlesbrough programme has been sustained and continues to evolve beyond the grant funding.

This involves several co-produced, co-designed activities with older people including those living with dementia, other long term conditions and sensory impairments, to ensure that activities are accessible and that older people feel valued and can contribute to their communities for as long as possible.

Middlesbrough Council was accepted by the World Health Organisation to join the global network of Age Friendly Communities in July 2020. This demonstrates a commitment from the Council to ensure high quality and sustainable outcomes for older adults across the eight domains of Age Friendly Communities:

- Communication and Information
- Community support and health services
- Civic participation and employment
- Transport
- Housing
- Respect and social inclusion
- Outdoor spaces and buildings
- Social participation

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8.4 Voluntary Community Sector (VCS)

The VCS across South Tees plays a significant role in providing services and activities that help older residents stay independent and connected. Redcar and Cleveland and Middlesbrough Voluntary Development Agencies promote and develop local voluntary and community action through providing a wide range of support services and by representing the views of the sector to government and policymakers at a local and national level.

8.5 Volunteering Opportunities

Redcar and Cleveland Voluntary Development Agency, Tees Valley Rural Action, and Middlesbrough Voluntary Development Agencies provide a brokerage service to local volunteering opportunities. Research tells us that volunteering can have a positive impact on addressing social isolation and loneliness. Feedback from VCS tells us that there are difficulties locally, in line with the national picture, in recruiting and maintaining quality volunteers which is vital to the success of social isolation/loneliness programmes.

8.6 Community Social Activities provision

Across South Tees there are a wide range of community social opportunities available via the Voluntary Community Sector and other partners such as Faith groups, Fire Brigade, Middlesbrough Football Foundation and Adult Learning Services. Activities include long term condition specific peer support groups, community choirs, social action groups such as litter picking, arts and culture, sport and leisure, allotment groups, wellbeing walks, men's sheds etc. Most of the social activities are face to face in community settings, however residents can access online social forums, most of which are nationally coordinated, such as condition specific support groups via Facebook. A thriving voluntary community sector underpins targeted isolation/loneliness services such as Social Prescribing, however VCS groups tell us that short term funding makes it difficult to sustain this provision.

8.7 Leisure, Arts and Culture provision

There are a variety of Leisure, Arts and Culture opportunities across South Tees, such as Leisure Centres, Sports Clubs, local museums, library services, organised events, alongside outdoor spaces such as parks, woodlands, and our beautiful coastline. These are valuable assets in preventing and alleviating isolation and loneliness. Further work is needed to explore the accessibility and inclusivity of the above by over 65's across South Tees.

⁴² World Health Organisation, National Programme Guide for Age Friendly Cities and Communities, 2023

8.8 Local Businesses

Many local businesses contribute to addressing isolation/loneliness of residents. Morrisons for example has a community room, providing access to a range of social activities. Further consideration should be given to the contribution local businesses can make to this agenda and how this could be developed to provide choice and a sustainable social activities offer to residents. Careful consideration would need to be given to how this offer could be made accessible to all (Poverty Proofed for example).

8.9 Beyond Housing (social housing provider in Redcar and Cleveland)

Beyond Housing have leased two of their community centres (Wykeham & Birkdale) full time to community groups that have/or will put on activities to benefit social connections.

8.10 You've Got This Sport England Delivery Pilot

You've Got This Sport England Delivery pilot recently appointed an Active and Healthy Places lead to work in collaboration with Planning, Transport and Public Health to capitalise on opportunities to address health and wellbeing needs (including social isolation/loneliness) of communities through Planning and Transport Policy both at strategic and community level.

8.11 Befriending Services

Age UK is commissioned to provide Befriending Services across South Tees. The service supports residents over 50 years in Redcar and Cleveland and 65+ in Middlesbrough. Employees and volunteer workers deliver befriending connections to residents identified as socially isolated across Redcar & Cleveland and Middlesbrough. The service also offers a key worker to help bridge isolated residents back into community by offering accompaniment to local events, services, and community spaces. Several sub-groups have been established such as walking groups and befriending get-togethers.

Befriending services are a key element in helping older people live independently in their own homes and communities for longer, as social contact helps to reduce loneliness and isolation, which can otherwise lead to deterioration in mental wellbeing.

Middlesbrough Befriending Service offers 1:1 befriending in residents' homes. Unlike Redcar and Cleveland there is no current offer of bridging support to social groups or local events. The service reports difficulties in recruiting and retaining volunteers.

8.12 Carers Services

The role of being a carer or cared for can be a potentially lonely and isolating experience for some people. As a result, Redcar and Cleveland and Middlesbrough Councils have revamped statutory support services for unpaid carers across South Tees. They have worked collaboratively to bring together the first ever **South Tees All-Age Carer Support Service**. The new service commenced on 1st April 2022 and at its heart is the ethos of joint working between a range of care and support services, both within statutory provision such as the local authority and health services, and the wider voluntary and community sector.

The Carer Support Service is underpinned by the South Tees All-Age Carer Strategy which takes its steer from the National Carers Action Plan. The South Tees Carers Forum is responsible for ensuring actions and outcomes within the strategy are being met and that the strategy accurately reflects the changing needs of unpaid carers in our borough. The Carer Strategy and Support Services have also taken into consideration ONS data which shows that regionally carers feel more isolated and do not have as much social interaction as they would like. To improve these outcomes for Carers an enhanced

sitting services has been commissioned, which offers greater flexibility for carers to be able to engage in social interaction and activities away from the caring role.

We Care You Care campaigns and information platform has been developed and embedded within MECC gateway. We Care You Care offers unpaid carers, professionals, and community stakeholders' access to information on the support services available to them in their own community and offers links to national guidance and support so that residents have the ability, should they wish to self-direct to the support and care they need, when they need it.

Redcar & Cleveland has significant areas of rural isolation, which presents further risks to the residents of these communities becoming disconnected from services and support. For these reasons, the commissioned Befriending and Cares services provide outreach support utilising public spaces to deliver support groups in the heart of the most hard-to-reach communities.

8.13 Dementia Friendly Communities South Tees

Dementia Friendly Communities South Tees Programme is provided by Dementia Action Teesside to ensure residents living with dementia feel supported and have access to the services/community social support they need at the right time.

8.14 Dementia Advisory Service (DAS) South Tees

The aim of the DAS is to support not only people living with dementia but their carers to ensure they are connected with the right services to support them in their dementia journey and to offer peer and professional support to enable carers to live fulfilled lives. Through this service those living with dementia and their carers have access to a wide variety of social opportunities.

In addition, this service works with services, businesses, and community groups to increase knowledge and awareness of how to create environments that are inclusive to people living with dementia and how to support people living with dementia to live well.

8.15 Local Mental Health Services

Feeling lonely is not a mental health problem, however having a mental health problem can increase feelings of loneliness. For example, if you are struggling with your mental health, you may:

- Avoid social events and activities you usually enjoy.
- Have low self-esteem.
- Find it hard to try new things and worry about engaging with others.
- Find it difficult to speak to people about how you are feeling, for fear of stigma or not being understood.
- Feel like you could be a burden to others.
- Feel overwhelmed in busy public places, or at work events and parties.

Teesside MIND offer a variety of projects and support services to support people to improve their mental health and wellbeing.

IMPACT Teesside is a Primary Care talking therapies service accessible through GP/self-referral for South Tees residents.

A key component of these mental health services is promotion within our community sector to ensure that people whose mental health has been impacted through isolation and loneliness are able to access support through multiple venues, aligning with our 'making every contact count' approach to help and support.

8.16 Day Services

Redcar and Cleveland local authority offers its own in-house day opportunities for older people and people with learning difficulties, which are accessible via transport provided by Redcar & Cleveland Borough Council. The day opportunities offer an excellent forum for people to come together, connect and engage in activities with a focus on mental and physical wellbeing.

8.17 Supported Living Schemes and Extra Care Services

Redcar and Cleveland local authority aspire to work in successful partnerships with housing and support providers to ensure residents have high-quality, vibrant, safe, attractive, sustainable, and well-designed supported accommodation. The accommodation and facilities should minimise people's experience of loneliness and social isolation whilst providing the care and support that they need to live as independently as possible and feel connected to their communities.

8.18 Domiciliary Care Services

Redcar and Cleveland and Middlesbrough Council currently have a Community Care and Support Framework that provides care and support for a significant number of residents in the community to maintain their independence and reduce the need for more intensive models. It tackles social isolation and loneliness in several ways such as care visits, supported shopping trips & sitting services. Some contracted providers also offer other befriending style services which enable people to gather in larger groups and have regular contact with others from the local area.

Providers are required to identify anyone they feel may be suffering from social isolation and loneliness and report any concerns they have directly to the social worker involved immediately.

8.19 Middlesbrough Independent Living Services

Middlesbrough Independent Living Services include a range of services to help people to stay at home, safely and independently, for longer, including for example Reablement team, sensory support, staying put home improvement service and staying Included service.

The Middlesbrough Staying Included service supports individuals to form new friendships, become more active, live healthier, and regain independence both at home and in accessing community activities.

The team have created specialist support groups; this includes the Good Grief group and OK Cafe, where people who have suffered a bereavement can come together locally face to face, to talk to others who have been through, or are going through similar experiences.

8.20 South Tees Changing Futures Service

South Tees Changing Future Service has developed a key worker approach to supporting residents with challenging needs in our most deprived wards in the borough. Recognising the links between social deprivation, poor mental & physical health, and social isolation the Key Workers support individuals and work closely with local communities to build resilience and connect people to the wider society and support networks.

8.21 Social Prescribing

Social Prescribing is an approach to offering help and support in communities that has been developed across South Tees. Each Primary Care Network (PCN – consisting of GP clusters) now has a dedicated Social Prescriber associated with it. Social Prescribers ensure GP surgeries remain informed of the services in the wider community and provide a referral route for patients who are identified by GPs/partners as requiring wider support from community services. This has further expanded our philosophy of 'Making Every Contact Count' ensuring people who may be lonely or isolated do not fall

through the gaps between health and social care services and are identified and supported appropriately and promptly. In addition to GP service provision the model of Social Prescribing has been adopted within some secondary care services (Waiting Well, Cancer, Dementia) and commissioned services (Carers Service).

Redcar and Cleveland Council provide Social Prescribing within 3 Primary Care Networks in Redcar and Cleveland, employing eight Social Prescribing staff (East Cleveland, Redcar Coastal and Eston)

At the time of reporting from 1/11/2022 – 27/11/2023 the service received a total of **2553 referrals** for adults into Social Prescribing in **Redcar and Cleveland** (this is combined referrals across the 3 PCNs). Out of the 2553 referrals received, **1130 referrals stated loneliness and isolation** as the patient's reason for referral. Isolation and loneliness is the second highest reason for referral across all three PCNs, with emotional wellbeing being as the first, followed by loneliness and isolation, then Long Term Health Conditions.

Teesside Mind provide Social Prescribing within the 3 Primary Care Networks in Middlesbrough (Holgate, Central and Greater), employing twenty one Social Prescribing staff.

At the time of reporting, from 1/11/2022 – 27/11/2023 the service received a total of **2807 referrals** for adults into Social Prescribing in Middlesbrough (this is combined referrals across the 3 PCNs). Out of the **2807 referrals** received, **784 referrals stated loneliness and isolation** as the patient's reason for referral. Loneliness and isolation is the second highest reason for referral across all three PCNs, with mental health as the first, followed by loneliness and isolation, then Long Term Health Conditions.

Both Social Prescribing teams note that reasons for referrals are interconnected, where someone is lonely and isolated, they are often experiencing other challenges including mental health needs or impact of living with a long term condition. The Social Prescribing team see other presenting needs and barriers when working with people including – transport, finance, and digital exclusion. The team provide support to people to overcome these barriers and connect them to the right services to offer support.

8.22 Waiting Well Programme

The South Tees Waiting Well programme launched in March 2023 and is commissioned by the North East Integrated Care Board (ICB) to provide an all encompassing health and wellbeing service to patients waiting for surgery across South Tees. The programme involves statutory, voluntary primary and secondary health care services working in an integrated way to support patients waiting for surgery to improve their health and well-being. Support to access social groups/peer support groups and overcome financial and transport barriers are key features of the holistic support to patients.

8.23 Asset Based Ways of Working:

Expertise exists across South Tees in relation to asset based ways of working and this is embedded within a variety of teams and organisations. The approach involves starting with what matters to the individual or community, recognising the assets that they already hold, creating solutions through collaboration, and engaging people with respect and equality.

'These approaches help to improve access to and effectiveness of services, increase community control and connectedness, take collective action on important issues and build on community assets.'⁴³

⁴³ Office for Health Improvement and Disparities, 2022

8.24 Community Transport

Tees Flex bus service aims to help residents in more isolated communities across the region access essential services. Transport is essential in combatting loneliness as it is a key to connecting people, places, and experiences so people can fully participate in society in the way they would like. Refer to Transport JSNA for further exploration of this theme.

Tees Valley Rural Action community transport operates a transport scheme offering safe, reliable, and affordable transport services for any voluntary community sector or community group of the Tees Valley who are experiencing genuine transport difficulties.

8.25 Cost of Living/Poverty

A targeted campaign to increase take up on pension credits in Redcar and Cleveland, increased income for older adults, contributing to removing financial barriers to social activities participation. Redcar and Cleveland Museums for example have worked to Poverty Proof their offer, reducing barriers to access for those residents on low income/experiencing poverty.

8.26 Digital Inclusion

In response to the acceleration of services being via the internet and through digital technologies since the Covid pandemic, Redcar and Cleveland Council commissioned a Digital Solutions Service, via Age UK offering dedicated support groups and 1-1 support for people aged 55+ who struggle to connect to communities using technology such as smart phones and computers. Communication is increasingly moving towards digital platforms, and there are intrinsic links between the number of connections people can make with their peers and the wider community and the likelihood of loneliness and isolation occurring.

Libraries are also key assets in our communities' providing residents with free digital access and support, alongside Adult Education courses via Middlesbrough Community Learning, Redcar Adult Learning Service and the Hope Foundation, Middlesbrough.

Voluntary Community Sector programmes such as Hope Foundations, FurbdIT project are making a significant contribution to reducing inequalities in digital access. FurbdIT is a partnership working to reduce digital poverty. They collect unwanted devices and IT equipment, refurbish it for community benefit.

Middlesbrough Councils Rekindle digital inclusion service gives people the skills and confidence to get online and use digital technology. Rekindle supports disadvantaged, disabled, and older people to improve their ability to access the internet to support their health, wealth, and happiness. Being online can also help to reduce loneliness and social isolation.

9. Key Issues and Recommendations

The following key issues and recommendations can be drawn from the above:

Key issue 1: Social Isolation and Loneliness is a broad and complex issue that requires collaborative efforts and a greater focus on systematic change to achieve long term sustainable impact. Existing partnerships/plans are contributing to reducing isolation and loneliness however they are generally working in isolation from each other, with no clear governance arrangements and potential for duplication of efforts.

Recommendation 1: Develop governance, connections and collaboration between existing partnerships, ensuring a strategic/coordinated approach to addressing isolation, loneliness and ageing well across the system, with a clear reporting line to the Health and Wellbeing Board.

Key issue 2: Age Friendly Communities approach, built on the evidence of what supports healthy and active ageing at place level, is well established in Middlesbrough compared to Redcar and Cleveland.

Recommendation 2: Expand Age Friendly Communities approach across South Tees, guided by the World Health Organisations Age Friendly Communities framework and learning from Middlesbrough.

Key issue 3: Structural enablers such as regeneration/planning/transport/housing can remove barriers to loneliness/isolation and support healthy ageing. Several strategies/policies/plans are developed within these areas which provide opportunities for a more explicit focus on creating social connections in our communities and positively impacting on isolation and loneliness. (Example plans include Regeneration Master Plan, Local Plan, The Local Implementation Plan “Transport for the Future” part of the Tees Valley Strategic Transport Plan and Beyond Housing Locality Plans).

Recommendation 3: Embed health inequalities impact assessments into the development and implementation of all key policies, strategies and plans, ensuring social connections and isolation are included within this.⁴⁴

Key issue 4: There is an increasing number of residents (65+) reporting that they are unaware of how to access information in relation to health and wellbeing/community activities. Equally, not all professionals working with residents across South Tees are aware of this provision. In addition, there is often a stigma that prevents people from starting conversations around isolation and loneliness and accessing help needed.

Recommendation 4: Ensure there is a strategic and operational commitment to embedding Making Every Contact Count (MECC) at scale across organisations and communities, ensuring easy access to health and wellbeing self-care information, community activities and services, alongside increasing conversations around isolation and loneliness.

Key issue 5: Although several social groups exist across South Tees, there is no clear overview of where these groups are located, whether they are accessible, inclusive and meet the needs and interests of over 65s across South Tees. In addition, short term funding of such groups can be a barrier to long term sustainable provision and limits their ability to develop and adapt with community needs and interests, as opposed to meeting funding requirements.

⁴⁴ Healthy Places by Design, Socially-Connected-Communities_Action-Guide-for-Local-Government-and-Community-Leaders, 2021

Recommendation 5: Review community social activities provision across South Tees, ensuring that consideration is given to needs led intelligence, accessibility, inclusivity, the voice of residents and sustainability of this provision.

Key issue 6: There is a valued and varied Social Prescribing offer across South Tees, however not all residents/professionals are aware of these services and how to access them.

Recommendation 5: Develop a clear understanding across South Tees of the different models of Social Prescribing, including referral pathways and criteria to enable the promotion of these services to residents and professionals and ensuring that there is an equitable offer across all population groups.

Key issue 7: Volunteering can positively impact on social isolation/loneliness however organisations tell us that recruiting and maintaining volunteers is difficult.

Recommendation 7: Explore solutions to volunteer recruitment with organisations and communities and maximise opportunities through social value in contracts.

Key issue 8: Data tell us that people aged 65+ are more likely to experience digital exclusion (in terms of digital access, digital skills, and connectivity) however there is limited data and local intelligence to provide a clear picture of this issue across South Tees.

Recommendation 8: To gather further data and intelligence on digital exclusion of over 65s across South Tees and use this to ensure existing digital inclusion programmes, for those aged 65+, are addressing and targeting the areas of greatest need. Ensure any digital support programmes provide community outreach and home visits for the housebound/those with caring responsibilities and continue to reflect emerging technologies.

Key issue 9: Multiple teams and organisations engage with residents and partners across South Tees on a range of health and wellbeing themes (including isolation and loneliness), however no formal, coordinated mechanism exists to share this insight to inform the development of local strategies/plans.

Recommendation 9: Develop a mechanism for organisations to gather and share community engagement plans/findings/insight around isolation and loneliness and use this to inform local strategies/plans. Develop this further to include community engagement activities/insight across other JSNA themes.

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