Tackling loneliness in Merton

Task Group members:
Councillor Sally Kenny (Chair)
Councillor Laxmi Attawar
Councillor Mary Curtin
Councillor Joan Henry
Councillor Brian Lewis Lavender

Recommendations

1. To ensure loneliness is included within other strategies such as Falls Strategy, Hoarding Protocol and Volunteering Strategy.

2. Merton Health and Wellbeing Strategy and the East Merton Model of health to make reference to current work connecting communities which will address loneliness.

3. Public Health and Merton Clinical Commissioning Group (utilising existing infrastructure e.g. social prescribing and directories)   develop an agreed list of voluntary and community sector groups who provide services to tackle loneliness and provide community activities for older people.

4. Merton Clinical Commissioning Group to use the Practice Manager's forum to have a session to highlight the issues around loneliness

5. Public Health Team to lead discussions with partners such as the Chamber of Commerce on innovative ways to connect local communities to reduce loneliness. These discussions could draw on examples set out in this report. New approaches could use existing resources such as training material from Making Every Contact Count initiative and the Campaign to End Loneliness.

6. An Article in My Merton to profile the agreed list of community activities and services that lead to greater connectivity for older people with case studies from people who have benefitted from them.

7. Public Health to host lunchtime seminar for councillors on 'connecting communities with the aim of tackling loneliness' highlighting key issues and good practice.

Chair's Foreword

The Task Group considering how to alleviate loneliness in later years involved Councillors; Joan Henry, Laxmi Attawar, Mary Curtin and Brain Lewis Lavender. We wanted to achieve the best understanding of approaches to alleviate this, as well as what was already being undertaken in Merton. We liaised with various groups including Age UK, Merton & Wimbledon Guilds, Street Pastors and The British Red Cross. It was especially good to liaise with Abbotsbury Primary School and hear their excellent contributions. To have young school children so interested and full of ideas was invigorating. The meetings involved reaching out to groups as well as inviting them to the Civic Centre.

The group met over a period of about eight months. Interesting strategies were presented and thoughtful ideas put forward. We heard about approaches that highlighted the role of volunteers. We also gave some thought to safeguarding as a vital aspect of this work. The group appreciates the involvement, contribution and effort of all the groups involved, in particular the organisation arranged and administered by Stella Akintan, who collated and recorded the work.

Councillor Sally Kenny

Chair Loneliness Task Group.

Introduction

Merton is fortunate to have a vibrant voluntary and community sector which provides a wide range of services and support to those affected by loneliness. Councillors on this task group also work on the frontline within their local communities to make a difference in the lives of those who are experiencing this issue.

The topic was put forward by the school council at Abbotsbury Primary School. Pupils had seen the impact of loneliness within their community and wanted to take action to tackle it. Merton Councillors went to meet with them to discuss the issue and were highly impressed by their concern for wellbeing amongst senior citizens and for the well thought out and practical suggestions they put forward.

Loneliness is a wide ranging and complex area in terms of its definition, who it affects and most importantly how to tackle it.

Loneliness has been defined as a negative experience that involves painful feelings of not belonging and disconnectedness from others. It occurs when there is a discrepancy between the quantity and quality of social relationships that we want, and those that we have. [1]

Therefore the challenge for professionals is more than simply increasing the number of daily social interactions. It involves helping people to build meaningful relationships and social connections. This alleviates loneliness and contributes to an overall sense of happiness and contentment with life. [2]

The impact of loneliness is also a major public issue. It is known to have a detrimental impact on health and wellbeing causing depression and increasing the risk of premature death. It can exacerbate existing mental health issues and lead to additional ones such as anxiety and depression. Lonely adults are more likely to be overweight and less likely to take exercise. Feeling lonely has been shown to increase blood pressure and risk of cardiovascular diseases. Overall loneliness can increase the risk of premature death by 30 per cent. [3]

This review will focus on loneliness amongst older people and specifically ways to identify 'hidden citizens'; those who are lonely but not connected or known to services in their community. Loneliness is a personal and stigmatised experience therefore it can be difficult to identify people suffering from it. This group may face a number of barriers that may prevent regular contacts within their local communities including a lack of confidence in unfamiliar surroundings.

---

[1] Hidden citizens: How can we identify the most lonely older adults. Campaign to End Loneliness, .2015.

[2] Trapped in a bubble: An investigation into triggers for loneliness in the UK, Co-op British Red Cross, December 2016.

[3] Loneliness and Social Isolation in older people Policy Briefing, Local Government Information Unit.

Those who provide services for older people agreed that attracting people to services, especially those who may not come through a traditional referral process, is an important area to review. With an ageing population it is important that councillors with their knowledge of local communities review this issue and put forward suggestions for change.

Why the task group chose to focus on older people
Loneliness is an experience that can be exacerbated by different life events such as being a young parent, having health or mobility issues. Loneliness can occur at different critical junctures across the age ranges and may only persist for a short period. This report will focus on loneliness amongst older people for whom it is thought to be the most acute.

Risk factors for loneliness amongst the over 80s includes those on low income, poor physical or mental health, living along or in or in poor rural isolated areas or deprived urban areas.

Research by Age UK has highlighted the extent of loneliness. Over a million older people say that they always or often feel lonely – with those over 80 almost twice as likely to report feeling lonely most of the time compared to their younger counterparts (14.8% of 16-64s report this, compared to 29.2% over the over 80s) Around a fifth of older people (17%) are in touch with family, friends and neighbours less than once a week. Around 2 million people over 75 live alone and 1.5 million of these are women.7 12% of older people report feeling trapped in their own homes, 6% leave their homes less than once a week. [4]

As the population continues to age, so too will these particular sub-groups most at risk of feeling lonely. For example, increasing numbers of older people will be living longer with multiple health conditions, whilst people living into their 80s and 90s (the "older old") is set to increase dramatically, with the number of people over 85 projected to double within the next 23 years, to more than 3.4 million by 2040.

Reasons for the rise in loneliness

A number of reasons have been put forward for the rise of acute loneliness which affects health. Some research has found that British society has become more geographically and demographically segregated since the 1960s, and as a result, people are experiencing stronger feelings of isolation and weaker feelings of "belonging". The UK has also experienced greater prosperity and better access to transport, which has made it easier for people to move for employment, retirement, and a better quality of life. The decline in marriage, increasing divorce, immigration and a growing student population were also cited as having contributed to the segregation.

---

[4] DEMOS: Building Companionship: how better design can combat loneliness in later life, April 2016.

There has also been a deterioration of old-style communities where local services such as the post office and local pub provided a focus point for the area. The loss of these services is thought to contribute to the decline in the community spirit. [5]

The role of the local authority to tackle loneliness

The LGA working with Age UK and the Campaign to End Loneliness produced guidance for local authorities on how to tackle loneliness[6]. It recognises that no organisation can deal with this challenge alone, but calls on councils to lead a co-ordinated strategy involving other local partners such as health and voluntary sectors, those experiencing or at risk of loneliness. Councils are encouraged to adopt clear mechanisms to identify and address loneliness in their services.

The report highlights that measures to tackle loneliness are cost effective in comparison to the potential costs of providing health, social care services to lonely people.

The Joint Strategic Needs Assessment is identified as an important tool to understand the nature and extent of loneliness in the local area, as it can identify those at risk and include outcome measures for the Joint Health and Wellbeing Strategy.

The report has set out a framework for tackling loneliness, this identifies key points of intervention:

Foundation Services: reach out to lonely individuals and connect them to existing services.

Gateway Services: provide the mechanisms to bring people together such as transport and technology and social media platforms.

Direct Interventions: these are the local services in place to support lonely people. This can be the lunch clubs and activities provided by voluntary and community sector organisations, or it can be informal gatherings taking place in communities for example a local councillor setting up a domino club to engage potentially lonely older men in the area.

Structural Enablers: create the right environment to reduce loneliness. This includes neighbourhood approaches, volunteering and positive ageing programmes.

Loneliness in Merton

Merton Public Health Team estimates there are at least 8,000 lonely people in the borough. London's older people population has been identified as having one of highest levels of loneliness in the country, reporting that more than four out of five (87%) felt lonely at least some of the time. London and the North West also score

---

[5] DEMOS: Building Companionship: how better design can combat loneliness in later life, April 2016.

[6] Combatting loneliness: A guide for local authorities. Local Government Association, Age UK

poorly for having adequate opportunities to socialise and having adequate social events for the over 55s, which may be a contributing factor in their high loneliness scores.[7] Age UK Merton said there are particular problems in tackling loneliness amongst older men and some ethnic minority groups. Although the task group are aware that local groups provide services for ethnic minority groups and Merton's diverse population.

Social class can be an influencing factor in levels of loneliness as wealthier people are seen as able to alleviate loneliness through using their financial resources to participate in a wide range of activities. However, the Age UK heat map (attached at Appendix A) for Merton shows that there are hot spots across Merton's wealthy west of the borough as well as the more deprived east. Colleagues from Merton and Morden Guild told the task group that they believe there are high levels of loneliness in the Merton Park area. The task group felt this is likely to be a common thread and there will be pockets of loneliness throughout the borough.

Current services to address loneliness in Merton.

The task group spoke to a wide range of local organisations supporting people who may have otherwise been lonely. These evidence gathering sessions helped to build a comprehensive picture of the services available in Merton and the main issues and challenges they are facing in tackling this issue.

Merton Councillors

Merton councillors play an important role in building strong cohesive communities and connecting vulnerable people to local activities. Within the task group members have:

- Set up and facilitated lunch clubs and activity groups for older people
- Set up domino clubs for local residents
- worked with community groups and faith organisations to provide services
- Developing a local park with flowers and shrubs to attract the local community to use it.

Merton Public Health Team

The Public Health team conducted research in 2016 to look at the range of evidence based interventions available to tackle loneliness. As a result they invested in a befriending pilot. The service ran in collaboration with Age UK Merton, Wimbledon Guild, Positive Network, and Carers Support. This pilot was completed in February 2017. The project sought to identify the most isolated and establish telephone or face to face contact.

Age UK Merton

All services provided by Age UK Merton tackle loneliness. They serve 2,500 clients a year. Services are available to residents across the the whole of the borough,

---

[7] DEMOS: Building Companionship: how better design can combat loneliness in later life, April 2016.

however clients usually come from the more deprived east because this is where most activities are located. The age range of clients is between 65-100 years old. Activities include; holistic massage, art and craft, exercise classes, information and advice, befriending and continence services.

Merton Clinical Commissioning Group

Merton Clinical Commissioning Group (MCCG) recognises the important role of primary care in identifying loneliness and signposting people to the appropriate services. They informed the task group that they are moving towards a new model of supported self care as GPs only spend a limited time with patients and they are not aware of the breath of non medical services available in the community. Therefore MCCG is running a social prescribing pilot in four practices.

Social prescribing presents the most exciting opportunity for tackling the loneliness agenda. It enables GPs to consider patients needs in a holistic way and rather than dispense medication they can refer people to activities in the voluntary and community sector. There is currently a pilot in two GP surgeries in East Merton. If people meet the criteria for social prescribing which includes loneliness and social isolation, their GP will link them to a community co-ordinator, who find more appropriate services in the voluntary and community sector.

Community Co-ordinators hold expertise on a statutory, community and voluntary services across the borough. They sign post and act as advocates for local people. Frontline workers such as social workers can seek advice from Community Co-ordinators to refer people to appropriate services. Community Co-ordinators can also spend some time working in the community

Libraries

Libraries are accessible open spaces and attract a diverse range of people. Library staff come into contact with a wide range of issues including people who have not had any conversations, human contact with anyone that week, homelessness, depression and other mental health issues. They provide a range of training for library staff to help signpost people informally and refer them to agencies. Merton library service has the most successful volunteering scheme in England.

Adult Social Care

The council has a good understanding of the impact of loneliness on physical and mental health and recognises its important role in referring people to appropriate services within partner organisations. Two members of staff from the adult social care team work in the Merton Civic Centre reception Link in a weekly session to signpost and navigate people to appropriate services. This started in July 2017 and at least 300 people have been supported. The services refer people to activities and helps with transport costs.

The department commissioned an ageing well grants programme. Four local organisations were selected to run specific projects; Friends of St Helier, Age UK, Wimbledon Guild, Merton and Morden Guild. It is recognised that there are a

plethora of local organisations across Merton running services, many with little or no external funding.

Carers Support Merton has been commissioned to run a carers hub; this began on the 1st July 2016 and had referred 200 people by February 2016.

Wimbledon Guild

Wimbledon Guild (WG) run a wide range of services focussing on ageing well. They give small grants, offer counselling, chiropody, befriending, holistic therapy service. They have a person centred approach and meet with clients to identify their needs. WG have a charity shop in Mitcham Green. Referrals come from hospitals, adult social care, faith groups, families and word of mouth. WG refer people to other local services.

Merton and Morden Guild

Merton and Morden Guild (MMG) run a wide range of services in the community including a falls prevention course. The exercise programme is very popular and is attractive to those who may be lonely. As these activities do not have specific funding streams they remain under the threat of closure. MMG also work with Raynes Park High School providing intergenerational work helping older people set up their devices so they can Skype their families. Fire, Ambulance, PCSO services attend MMG to speak to service users and provide information and advice.

Street Pastors

Street pastors patrol the Wimbledon area late at night to provide reassurance and support to local residents. They hand out flip-flops to prevent accidents caused by wearing high heels when intoxicated, blankets for rough sleepers, help people who have collapsed on the street, help people to get transport home and offer a listening ear. Street Pastors maintain an up to date list of local services and have a referral list. Sometimes they engage in further follow up and attend agencies with people. They also work closely with the police and the council.

British Red Cross

British Red Cross are not currently providing Independent services in Merton[8] but met with the task group to provide an overview of their work. BRC are working with the Co-op on a project to tackle loneliness, this started in May 2017. It recognises all types of loneliness. The project will use community connectors who will be recruited to work for 3 days. Their role will include recruitment and training of volunteers in the

---

[8] BRC do have a Memorandum of Understanding with Merton Council Emergency Planning Team which means BRC will provide emergency support to vulnerable people in crisis if called upon by the Council. This supports people during things like UK Power Networks power outages, floods and in any instance a humanitarian assistance centre needs to be opened within the community.

community. Volunteers will go into local areas to identify people and re-connect them to their communities so they don't feel isolated. The aim is to connect people to existing services or community groups that help to reduce feelings of isolation. If a community group does not exist already, BRC will work with councils partners and community groups to establish new ones. The current funding will last for two years. The aim is to move away from traditional methods and not just signpost people into services.

Feedback from Abbotsbury Primary School

Some of the task group met with a group of school ambassadors who were working on a project looking at how to make improvements in their local community. The school ambassadors came up with ideas on how to tackle loneliness and shared them with councillors during the visit.

Task group members reflected on the responses from the school ambassadors throughout the review. Some of the suggestion which were particularly pertinent included:

The pupils highlighted that impact of low self esteem on older people and suggested that a pampering service which would help to build their confidence. The task group found that pampering sessions which are provided by Age UK Merton and Wimbledon Guild.

A pupil said….

"maybe it's possible to make elderly people feel good about themselves and have days where they go out and meet new people and get their nails done and hair done and maybe some massage but not only for women but with men too. Some people need encouragement to eat healthily and feel good about themselves and get out of the house."

They highlighted the benefit of social activities such as eating meals in a group. This is beneficial for both social activity to alleviate loneliness and can also encourage healthy eating. This is a core provision within many services such as Asian Elderly, Friends of St Helier and Wimbledon Guild, which has its own café.

Transport and financial issues were also raised as barriers to tackling loneliness.

" some elderly people cannot afford cars because they might have financial issues or something so we could provide special transport for those elderly people who can't drive."

The school ambassadors also offered to do some fund raising to resolve the financial issues.

Findings of the task group

The task group spent a considerable amount of time deliberating on how to tackle loneliness. They found that a new landscape is emerging with the council increasingly taking on the role of an enabler rather than provider of non statutory services. For example the Adult Social Care team explained that they do not specifically provide services to people who are lonely. Therefore they refer people to appropriate partner organisations in the voluntary sector.

The task group also found that the future shape of health services has a stronger focus on connecting communities and tackling the wider determinants of health and wellbeing and moving away from the medical model of health. For example the East Merton Model of health and the new Wilson health facility which is in the early stage of development will be a health and wellbeing campus, with involvement from the community. It will be a dementia friendly environment and the needs of older people will be central.

A holistic approach

The task group are keen to see a holistic approach to tackling loneliness rather it being looked at in isolation. It is important that our understanding of loneliness is reflected and embedded within in all the relevant strategies. The Public Health Team highlighted that there is a link between dementia, loneliness and falls. All these impact upon each other as dementia and being at risk of falling can cause isolate and make it difficult to maintain relationships.

The task group believes that we must recognise that loneliness is not only about providing services to people. Many people who are lonely would benefit from opportunities to volunteer. Building resilience is an important tool in tackling loneliness, therefore it is important to promote independence and look at existing resources within communities to support the vulnerable. The review of Loneliness from the City of London which highlights that it is important not to see communities as a repository of needs but rather a source of opportunity and strength. People are not only seen as recipients of services but rather those who something to offer and capacity to develop their own potential. [9]

Task Group members would also like the Health and Wellbeing Strategy to make reference to loneliness, highlighting the important work taking place and their aspirations to tackle this issue.

Recommendation
1   To ensure loneliness is linked to other strategies such as Falls Strategy, Hoarding Protocol and Volunteering Strategy.

2   Merton Health and Wellbeing Strategy and the East Merton Model of Health to make reference to current work on connecting communities which will address loneliness.

Relationship between the Community and Voluntary and statutory medical sectors

The task group welcome the new social prescribing pilot; it addresses many of the challenges that were highlighted during the review. A major concern was relationship between the voluntary sector and GPs. Witnesses told task group members that GP's can be reluctant to refer people to voluntary services. When the voluntary sector had the opportunity to discuss this with GPs they found that their hesitancy stemmed from their lack of knowledge about the credibility of these organisations. This came as a surprise to the task group particularly given that nationally recognised organisations such as Age UK Merton said they experienced the same problem.

There are similar concerns in relation to information material as surgeries can be hesitant to display voluntary sector leaflets in their surgeries. Merton Clinical Commissioning Group told councillors that the practice managers have a responsibility to act as gate keepers regarding the information on display to protect patients. It was highlighted that the surgeries are very busy and receive many requests to display information. MCCG told the task group that they hold a regular

---

[9] Improving Social Wellbeing in the City of London. Reducing loneliness and building communities. City of London

forum with Practice Managers and they could have a session to discuss all the issues surrounding loneliness in this setting.

It is clear to the task group that there is a necessity to build a relationship between the medical professions and the voluntary sector. One based on trust and mutual appreciation of their important contributions to health and wellbeing. The Health and Wellbeing Board is already playing an important role in this regard, as will the social prescribing pilot. It is also important to build relationships on the ground. The task group believes MCCG and the Public Health team should work together to develop an agreed list of voluntary and community sector organisations who are recognised for their work on tackling loneliness. These recommended groups can then receive referrals from GP's and Community co-ordinators and can build stronger relationships with GP Surgeries.

Recommendation

3   Public Health and Merton Clinical Commissioning Group (utilising existing infrastructure e.g. social prescribing and directories)   develop an agreed list of voluntary and community sector groups who provide services to tackle loneliness and provide community activities for older people.

4   Merton Clinical Commissioning Group to use the Practice Manager's forum to have a session to highlight the issues around loneliness.

Increased role for front line organisations

The task group considered how front line organisations can contribute to the loneliness agenda. These organisations work directly within neighbourhoods; therefore they tend to know the local residents well and could potentially, with training and support, refer people to appropriate services or professionals.

Street pastors have regular contact with vulnerable members of the community and may be able to help identify lonely people and refer them to appropriate services. However, to perform this role they will need further training on recognising signs of loneliness. They can also add recommended groups to their list of referral services.

The task group also spoke to colleagues who support neighbourhood watch and local high street businesses. Both officers informed the task group that these groups could be well placed to refer people who may be lonely, as they have a good links with the community.

The task group understand that Neighbourhood Watch Co-ordinators are very active and know who is vulnerable in the local area; they have good local knowledge as well as sit on ward panels.

The task group would like there to be more collaboration between different agencies in identifying and referring people to loneliness services. Some of whom have not

traditionally had tackling loneliness within their remit. We need to develop or use existing tools to recognise loneliness.

Both Wimbledon and Merton and Morden Guilds suggested that there could be an important role for supermarkets and local shops in signposting local people to existing services. The task group met with the British Red Cross who reported that the Co-op worked with BRC to fundraise for the social isolation work the charity was now delivering and have continued to support with promotion of the services in the community the service was operating in.

Again the task group found that there are structures in place that can be utilised to make links with supermarket managers to display information and identity. There are town centre officers in Mitcham and Colliers Wood ward shops. There is a business improvement district in Wimbledon Park that has a town centre forum managed through the chamber of commerce. The task group also believes the borough would benefit from the services provided by the British Red Cross.

The Campaign to End Loneliness has produced a number of resources that could be helpful with training and awareness raising:

https://www.campaigntoendloneliness.org/wp-content/uploads/The-Missing-Million-report-FINAL.pdf

https://www.campaigntoendloneliness.org/wp-content/uploads/CEL-Missing-Millions-Guide_final.pdf

---

Recommendation

5   Public Health Team to lead discussions with partners such as the Chamber of Commerce on innovative ways to connect local communities to reduce loneliness. These discussions could draw on the examples set out in this report. New approaches could use existing resources such as training material from Making Every Contact Count initiative and the Campaign to End Loneliness.

New and Innovative ways to identify hidden citizens

All witnesses informed the task group that identifying lonely people is one of the most challenging aspects of their work. Although there are many people in the communities who may be experiencing loneliness a number of barriers will mean that many will not access services that can support them. Given the stigma attached to loneliness and potential embarrassment they may feel in admitting they have a problem, many people may not wish to approach organisations directly. They may

also lack confidence in doing so. This is also coupled with the fact that many lonely older people may not be known to other services such as social care, or their loneliness may not have been identified by professionals.

A strong theme emerging from the evidence on how to reach hidden citizens is to adopt the NHS approach to make every contact count. This means making the right information available where people will visit on a periodic basis such as doctors, dentist and hairdressers, local supermarkets.

Adult Social Care is well placed to pick up the trigger points; such as bereavement, they could provide information to the registrar. They could also provide information and support to carers when they lose the person they are looking after.

The Hidden Citizens report[10] states that council funded magazines could be a good source of information because they go to every household. Special features could be run on special events such as international older people day. The task group considered the resources available within the council to identify hidden citizens and believe that My Merton, which goes to every household in the borough could highlighted those organisations which are tackling loneliness.

Evidence within the Hidden Citizens report argues that mailings and leaflets can be a good way to reach people; the task group found that some organisations found mass mailings to have mixed results. Age UK Merton found that mass mailings were not always successful. The public health team felt that more sustainable ways to reach people should be used. Mass mailings and campaigns are only successful while they are running.

Although the task group are aware that word of mouth, leafleting could exclude the most isolated who are least likely to engage with these methods due to complex barriers such as lack of confidence, discomfort in an unfamiliar environment.

The task group also found that organisations working together can be exacerbated by data protection regulations which mean that information about various groups or individuals cannot be shared between agencies.

Also Merton councillors already play an important role in the community and have a good knowledge of their local wards, therefore highlighting the issues around loneliness, especially for the new cohort of councillors after May 2018, could assist them in this role.

---

[10] Hidden citizens: How can we identify the most lonely older adults. Campaign to End Loneliness, .2015

> **Recommendation:**
>
> 6. An Article in My Merton to profile the agreed list of community activities and services that lead to greater connectivity for older people with case studies from people who have benefitted from them.
>
> 7. Public Health to host a lunchtime seminar for councillors on 'connecting communities' with the aim of tackling loneliness highlighting key issues and good practice.

Use of religious venues

A report by the City of London Corporation[11] looking at loneliness and social isolation found that faith venues can help to tackle loneliness. Faith venues foster a strong sense of belonging it is a familiar environment where people can often meet trusted friends or others with a similar viewpoint or share their faith.

A wide range of coffee mornings and outreach activities are happening within faith groups on a regular basis which could offer support to those experiencing loneliness.

This task group were told many faith groups in Merton provide services that support those who are lonely. However, this service may not be widely advertised and may only be attractive to people of that faith group. The task group believes there could be opportunities to harness these resources for the benefit of the wider community but is beyond the scope of this review. Therefore, councillors suggest that the relationship between the council and faith organisations could potentially be a future topic for scrutiny.

Conclusion

Although the task group came across a wide range of innovative and high quality services to tackle loneliness, some challenges still remain. The voluntary and community sector has experienced a significant loss of funding in recent years. Age UK told the task group that the centre used to be for traditional day services but this has now been changed to a social centre, this means that people pay for services. Also both Age UK Merton and Merton and Morden Guild no longer have a dedicated bus service and people either make their own way or use Dial a Ride. This can create a challenging environment when the voluntary and community sector are increasingly being called upon to provide services while their funding is in decline.

However many promising changes are being implemented such as social prescribing and East Merton Model of Heath. The Healthier Communities and Older People Overview and Scrutiny Panel will take a keen interest in how these services help to reduce levels of loneliness in the borough.

---

[11] Improving Social Wellbeing in the City of London. Reducing loneliness and building communities. City of London

The Director of Public Health also highlighted that we should not be on seeking to address loneliness by providing more services. We need to be more holistic and look at connecting communities and creating an environment for people from all walks of life to come together and enjoy mutual support. We must create spaces for people to interact. This is a long term goal and should be a central feature within regeneration and the re-design of local areas.

This page is intentionally left blank