

Lancaster Stakeholder Consultation Event

The Workshop was split into three sessions:

Session 1: What activities and initiatives run in your area that you really value and why?

Session 2 : Have we got the right picture? Who is lonely now, and where are they?

Session 3 : A Vision of Success (What does good look like?) What now? What next?

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SUMMARY

Discussion 3 – Vision of Success and How to get there / Next steps

a) Vision

"We want a culture where loneliness is no longer stigmatised."

People should feel able to talk about being lonely without feeling ashamed – requiring behaviour change from the public as well as professionals.

"We want a joined up system, with a single point of access for service(s) ideally through physical/digital community hubs".

These hubs, serving the varied needs of each community, would be a conduit for information so that anyone can access what is available and everyone knows where to go for information and support

"We want to understand, support, develop and join up our existing community assets (including bringing in the best ideas from elsewhere)."

- Identification through systems...
- 'Making Every Contact Count' (MECC)
- Building volunteer capacity
- Models of good practice
- Accessibility

Providing

- Provision should be tailored to meet local/ individual needs. Commission who is already there.

Funding / joining up

- Need funding from somewhere to make a community hub system work better and more effectively
- Can we allocate funding based on need identified in mapping
- Need something like Citizen Advice Bureau for someone that needs help & advice.
- Via a community HUB, available to anyone to access any support.
- Web/ internet? Physical building? Virtual? A mix of these things.
- A central HUB, then sub hubs out in districts?
- Important to have a presence in the communities.
- Funding from somewhere to make it work better and more effectively.
- 'West End Millions' – community profile done by CVS, identified assets and groups

b) How to get there

"We want the public and professionals to be more aware of the issue of social isolation and how they can help"

Suggestions on how to facilitate culture change and awareness raising included capacity building, use of media and campaigns, and a possible Isolation Awareness Day, asking people to think about someone they might be able to help.

"We want to understand the specific needs in each diverse community and ensure that they are met appropriately, making full use of existing community assets."

Based on Needs assessment including by population subgroup linking in with localities

- Models of good practice
- Supporting and developing community assets and connections (Kevin gave Leeds example of community network)
- Identification (i.e. of those with SI/L needs?) through systems
 - MECC through individual contact (for public as well as professionals) – thinking broadly, e.g. to include PCSOs and the general public – including assessment criteria (triggers?)

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Discussion 2 – Current local need and issues around SI/L (including identification and uncertainty)

- Accessibility
 - "Services are there; it's reaching the hard to reach people"

Transport / Special needs

We want good quality accessible transport (including specialist disabled access) which meets the needs of the individuals and groups using it (including isolated and vulnerable people who wouldn't necessarily be able to access services without it)

- Hospital
- Domiciliary
- Two centres
- Information
- Accessibility

- Assessment
 - Person-centred

Discussion 1 – What have we got already which is valuable in tackling SI/L locally; how is it good?

- Type of activity:
 - **Enablers**
 - Cancer Care NL and South Lancs
 - Provide good accessible transport including specialist disabled access, which enables us to reach isolated and vulnerable people who wouldn't necessarily be able to access our services.
 - Also a domiciliary service and access in hospitals (theme around everything is 'Accessibility')
 - **Specialist social groups** (i.e. activities targeting specific groups) ; examples include:
 - Dementia sufferers and their carers
 - Alzheimer's Society
 - Dementia Café (where?) **N.B. wider audience?**
 - Soup and a Song (Halton URC)
 - Drop-in group (Halton Community Centre)
 - Duke's Theatre Lancaster
 - Dementia cinema viewing (across all ages)
 - Age UK
 - Dementia support groups
 - St Thomas's Church, Lancaster
 - Lyrics and Lunch – meet fortnightly to sing, make music and share sandwich lunch
 - Homeless, isolated and marginalised in society
 - Lancaster "Churches Together" initiative
 - 2-course meal (weekly, Fri evenings) – The ARC
 - Neurological conditions (sufferers and carers?)
 - Neuro Drop-in Centre (Lancaster)
 - MS Society (for Multiple Sclerosis)
 - Stroke sufferers and their carers
 - Stroke Association
 - Support groups (in Galgate and Morecambe)
 - Provide for stroke survivors with communication difficulties
 - Blind/partially sighted
 - Galloways (nothing specific mentioned)
 - Macular Society (nothing specific mentioned)
 - Learning difficulties (adults)
 - Out In The Bay
 - E.g. Film groups
 - Hospice
 - St John's Hospice
 - Neighbours network- using volunteers, linking with the community
 - Hub day/drop in centre
 - Positive living- patients and carers

- Courses and repair activity groups
- Retired
 - St Thomas Church Lancaster
 - "After hours" – monthly Thursday a.m.
- Older adult learners
 - U3A (nothing specific mentioned – is this a social group?)
- Mothers
 - St Thomas Church Lancaster
 - Little Fishes – Mother & Toddler Group Wednesday a.m.
- **Activities 1:1 / individuals**
 - Dementia sufferers and their carers
 - Alzheimer's Society
 - Singing for the Brain (in Scotforth) – for the person with the diagnosis with their carer , all round benefit: get out of the home, support, 1:1
 - Age UK
 - Telephone befriending
 - Personal advisor
 - St Thomas Lancaster
 - Holiday at home- older adult volunteer co-ordinator runs this for three days in August for those too frail to go on holiday.
 - Open to anybody
 - Lancaster City Council – Leisure services
 - Exercise on prescription
 - Lancashire Care Foundation Trust
 - Minds Matter -Telephone self-referral for common mental health issues
 - Marginalised in society
 - Strawberry Fields Lancaster -
 - Aimed to prevent rather than alleviate SI&L (including, though not limited to, for those in the criminal justice system) by building relationships and skills through:
 - Courses on emotional intelligence
 - Mentoring, goal setting and personal skill building and sign posting
 - Reassurance that 'people are not that different'
 - Interventions around social anxieties

Other activities mentioned included:

- Social Prescribing,
- Health Trainers
- Churches/community groups
- Lunch clubs in rural areas
- Fall exercise group

- 50+ Partnership Group in Blackburn with Darwen, mentioned by David Keddie of LCFT david.keddie@lancashirecare.nhs.uk
- Peer support
- Advocacy
- Transport
- Walking for football
- Time for you (Time banking)
- Engagement – Spotting loneliness, Hard to reach groups

Organisations/Initiatives mentioned included:

- Age UK (The Helm), and befriending service, silver surfers group
- Rainbow
- A.A
- Baptist Age Concern
- Healing hands
- Cornerstones
- M.E. Society
- St. Leonardsgate
- Mind
- CVS – For people new to the area
- Faith communities
- N’compass – Health trainers
 - -Carer support
- Neighbours network
- M.E Society Making Space
- Rainbow (DayCentre) –All age groups
- Lighthouse Centre – counselling
- Cancer care support groups / coffee mornings
- Hospice/ complementary therapy
- Gardening groups
- Piccadilly – social enterprise groups
- Home Improvement Agency - Returned someone from hospital, initial 3 week wait, but they were there in 48 hours. If Handy Jobs assisted with, which then enable vulnerable groups.

Examples of joined up working:

- CVS – Education Support Allowance referrals- tend to be isolated/ single mums/ job centre.
- Strawberry Fields refer into social services