HEALTH SCRUTINY SUB-COMMITTEE

Monday, 8 January 2018 at 6.30 p.m.

MP701, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG.

This meeting is open to the public to attend.

Members:
Chair: Councillor Clare Harrisson
Vice-Chair**:**

Councillor Khales Uddin Ahmed, Councillor Abdul Asad, Councillor Peter Golds, Councillor Muhammad Ansar Mustaquim and Councillor Rachael Saunders

Substitues:
Councillor Andrew Wood, Councillor Candida Ronald, Councillor Mahbub Alam, Councillor Md. Maium Miah, Councillor Rajib Ahmed and Councillor Shafi Ahmed

Co-opted Members:

David Burbidge	Healthwatch Tower Hamlets Representative
Tim Oliver	Healthwatch Tower Hamlets

[The quorum for this body is 3 voting Members]

Contact for further enquiries:
Democratic Services – Rushena Miah
1st Floor, Town Hall, Mulberry Place, 5 Clove Crescent, E14 2BG
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Web: http://www.towerhamlets.gov.uk/committee

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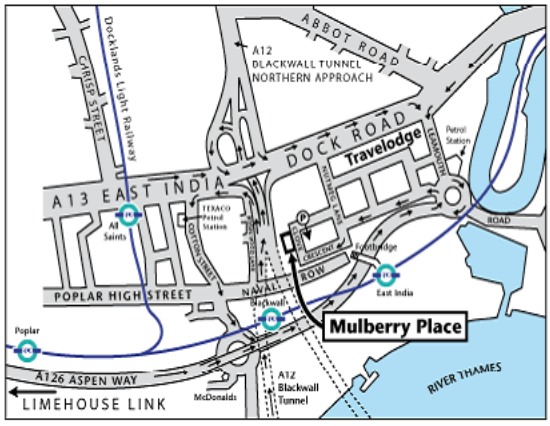

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PAGE NUMBER(S)

APOLOGIES FOR ABSENCE

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS — 5 - 8

To note any declarations of interest made by Members, including those restricting Members from voting on the questions detailed in Section 106 of the Local Government Finance Act, 1992. See attached note from the Monitoring Officer.

2. MINUTES OF THE PREVIOUS MEETING — 9 - 16

3. APPOINTMENT OF VICE CHAIR

This position is currently vacant. Members are asked to put forward nominations at the meeting for consideration.

4. REPORTS FOR CONSIDERATION:

4 .1 SCRUTINY CHALLENGE SESSION: CHILDREN & YOUNG PEOPLE'S MENTAL HEALTH SERVICES (ANNUAL ACTION PLAN UPDATE) — 17 - 24

This paper submits an update on the recommendations of the Health Scrutiny Sub-Committee's Challenge Session on Children & Young People's Mental Health Services (CAMHS) which was undertaken in 2016.

4 .2 LONELINESS — 25 - 134

4 .3 SCRUTINY REVIEW: MATERNITY SERVICES — 135 - 168

This paper submits an update on the recommendations of the Health Scrutiny Sub-Committee's Review on Maternity Services which was undertaken in 2016

5. ANY OTHER BUSINESS

Next Meeting of the Sub-Committee
The next meeting of the Health Scrutiny Sub-Committee will be held on Monday, 5 March 2018 at 6.30 p.m. in MP701, 7th Floor, Town Hall, Mulberry Place, 5 Clove Crescent, London, E14 2BG.

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DECLARATIONS OF INTERESTS - NOTE FROM THE MONITORING OFFICER

This note is for guidance only. For further details please consult the Members' Code of Conduct at Part 5.1 of the Council's Constitution.

Please note that the question of whether a Member has an interest in any matter, and whether or not that interest is a Disclosable Pecuniary Interest, is for that Member to decide. Advice is available from officers as listed below but they cannot make the decision for the Member. If in doubt as to the nature of an interest it is advisable to seek advice **prior** to attending a meeting.

Interests and Disclosable Pecuniary Interests (DPIs)

You have an interest in any business of the authority where that business relates to or is likely to affect any of the persons, bodies or matters listed in section 4.1 (a) of the Code of Conduct; and might reasonably be regarded as affecting the well-being or financial position of yourself, a member of your family or a person with whom you have a close association, to a greater extent than the majority of other council tax payers, ratepayers or inhabitants of the ward affected.

You must notify the Monitoring Officer in writing of any such interest, for inclusion in the Register of Members' Interests which is available for public inspection and on the Council's Website.

Once you have recorded an interest in the Register, you are not then required to declare that interest at each meeting where the business is discussed, unless the interest is a Disclosable Pecuniary Interest (DPI).

A DPI is defined in Regulations as a pecuniary interest of any of the descriptions listed at **Appendix A** overleaf. Please note that a Member's DPIs include his/her own relevant interests and also those of his/her spouse or civil partner; or a person with whom the Member is living as husband and wife; or a person with whom the Member is living as if they were civil partners; if the Member is aware that that other person has the interest.

Effect of a Disclosable Pecuniary Interest on participation at meetings

Where you have a DPI in any business of the Council you must, unless you have obtained a dispensation from the authority's Monitoring Officer following consideration by the Dispensations Sub-Committee of the Standards Advisory Committee:-

- not seek to improperly influence a decision about that business; and
- not exercise executive functions in relation to that business.

If you are present at a meeting where that business is discussed, you must:-

- Disclose to the meeting the existence and nature of the interest at the start of the meeting or when the interest becomes apparent, if later; and
- Leave the room (including any public viewing area) for the duration of consideration and decision on the item and not seek to influence the debate or decision

When declaring a DPI, Members should specify the nature of the interest and the agenda item to which the interest relates. This procedure is designed to assist the public's understanding of the meeting and to enable a full record to be made in the minutes of the meeting.

Where you have a DPI in any business of the authority which is not included in the Member's register of interests and you attend a meeting of the authority at which the business is considered, in addition to disclosing the interest to that meeting, you must also within 28 days notify the Monitoring Officer of the interest for inclusion in the Register.

Further advice

For further advice please contact:

Asmat Hussain, Corporate Director of Governance & Monitoring Officer,
Telephone Number: 020 7364 4800

APPENDIX A: Definition of a Disclosable Pecuniary Interest

(Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, Reg 2 and Schedule)

Subject	Prescribed description
Employment, office, trade, profession or vacation	Any employment, office, trade, profession or vocation carried on for profit or gain.
Sponsorship	Any payment or provision of any other financial benefit (other than from the relevant authority) made or provided within the relevant period in respect of any expenses incurred by the Member in carrying out duties as a member, or towards the election expenses of the Member. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
Contracts	Any contract which is made between the relevant person (or a body in which the relevant person has a beneficial interest) and the relevant authority— (a) under which goods or services are to be provided or works are to be executed; and (b) which has not been fully discharged.
Land	Any beneficial interest in land which is within the area of the relevant authority.
Licences	Any licence (alone or jointly with others) to occupy land in the area of the relevant authority for a month or longer.
Corporate tenancies	Any tenancy where (to the Member's knowledge)— (a) the landlord is the relevant authority; and (b) the tenant is a body in which the relevant person has a beneficial interest.
Securities	Any beneficial interest in securities of a body where— (a) that body (to the Member's knowledge) has a place of business or land in the area of the relevant authority; and (b) either— (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or (ii) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which the relevant person has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

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LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE

THURSDAY, 5 OCTOBER 2017

MP701, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Clare Harrisson (Chair)
Councillor Dave Chesterton (Vice-Chair)
Councillor Muhammad Ansar Mustaquim
Councillor Shafi Ahmed

Co-opted Members Present:

David Burbidge	Healthwatch Tower Hamlets
Tim Oliver	Healthwatch Tower Hamlets

Apologies:

Councillor Khales Uddin Ahmed	Councillor Abdul Asad
Councillor Peter Golds	

Officers Present:

Seema Agha	Locum Deputy Team Leader Social Care
Dr Somen Banerjee	(Director of Public Health)
Samantha Buckland	Prescribing Adviser NEL Commissioning Support Unit
Dr Sam Everington	Chair, Tower Hamlets Clinical Commissioning Group
David Jones	(Interim Divisional Director, Adult Social Care)
Ellie Hobart	Deputy Director for Corporate Affairs
Rahima Miah	(Tower Hamlets Clinical Commissioning Group)
Jon Owen	Transformation Manager at Tower Hamlets CCG
Denise Radley	(Corporate Director, Health, Adults & Community)
Karen Sugars	(Acting Divisional Director, Integrated Commissioning)
Jackie Sullivan	Managing Director of Hospitals, Bart's Health Trust

1. DECLARATIONS OF DISCLOSABLE PECUNIARY INTERESTS

Nil items

2. MINUTES OF THE PREVIOUS MEETING(S)

Agreed

3. REPORTS FOR CONSIDERATION

3.1 Self-Care and Prevention

The Sub-Committee received and noted a report that aimed to provide an overview of Self Care & Prevention and develop an understanding of the impact it has on resident's health and social care. The report it was noted aimed to:

- Set out what the self–care and prevention agenda is, detail what the benefits of this model is, and discuss how this is being implemented in LBTH.
- Develop an understanding of what the assumptions around self-care and prevention set out in the STP mean for the design of local health services.
- Discuss residents understanding of self-care and prevention. What degree of behaviour change is required for them to make an impact on health/social care sustainability?

The questions and comments from Members on the report may be summarised as follows:

The Sub-Committee:

- Noted that self-care refers to anything you do for yourself that promotes healthy choices and helps prevent or deal with illness. It is therefore important that there is a focus on elements that influence wellness, like hygiene, nutrition, lifestyle choices, the environment, socio-economic factors and self-medication;
- Asked how we will be able to measure those outcomes referenced in the report over a period of time. Also exactly what will we be measuring and how will we be gathering that data. In response it was noted that one of the things the LBTH and its partners need to do is we need to use all the same measures (**e.g.** "well-being measurers" and train providers to use the same measurement) and this is an opportunity to push forward on such measures;
- Asked if consideration was being given to the improvement of "clinical outcomes". In response it was noted that there is a need to undertake research on those interventions to understand the best way forward. Also in LBTH this process is assisted by the large data base upon

which can be utilised (**e.g.** We have started to collect that and in a year there will be enough data to show the benefits);

- Noted that there is a need to look at cultural changes; what is important to residents as to what will improve their health and well-being and have we made a difference in their lives. Also whilst it is important to look at what has been done and how intervention has had a positive impact upon people's lives. In addition, it is important that we look at how we can help people to tap into the various resources that are already there;
- Agreed that when considering self-care it is important to look at where dentistry sits in supporting oral self-care and dental clinic attendance;
- Agreed that NHS England has a key role to play in the process of the development of self-care as well as Housing Providers and the Third Sector;
- Agreed that it was important to look at the footprint of needs to be addressed across communities;
- Asked that in considering the development of the idea of the good self-care habits that there is a strategy to engage with those hard to reach people. In reply it was noted that consideration is being given to working with communities to see what these communities want. In addition, there are pockets of outreach work that has been commissioned e.g. when a patient uses a service they are asked about the service that they have received;
- Noted that work is being undertaken with the Somali Task Force to address their needs and so that services can be targeted accordingly. Also in LBTH there is a very robust Third Sector who we are working with on self-care and prevention whilst not all specified by LBTH they are meeting the resident's needs;
- Noted regarding those discharged from hospital we need to consider how do we support them and to prevent any further admissions need to look at how we address this issue; and
- Noted that the number of people online, aged 70 and over, has remained relatively static, with between 25% and 35% using the internet. As new online services become available and more benefits of being digitally connected are highlighted, this figure presents a real challenge to those working with this demographic.

Accordingly, the Chair Moved and it was:-

RESOLVED

To note the report

3.2 Aging Well Strategy

The Sub-Committee received and noted a report that provided an overview of the Aging Well Strategy; insight into the implementation of the Strategy, and set out details its impact on resident's health and wellbeing.

The questions and comments from Members on the report may be summarised as follows:

The Sub-Committee:

- Stated that it would wish to see figures on the capacity in the residential/nursing provision along with the extra care offer and those placed out of the Borough.
- Agreed it was important to engage Housing Providers on the configuration and building of future provision so as to get the best deal for older residents;
- Agreed that there was a need to recognise that there are older people needing extra accommodation for those that look after them, otherwise they have to go into a care home. Therefore, careful consideration is needed on what is the best way forward to meet the needs of the older residents;
- Noted that it was accepted that there is a challenge around addressing those issues but this is looking over a longer term 5 years to 10 years;
- Noted that it is felt that a strategy should be developed to ensure that LBTH has an overview of meeting the housing needs of the older residents (**e.g.** the nature of the offer to those living on their own and those in private and public sector); and
- Noted that there should be no differences in offer between the private and public sector and there are a number of innovative schemes to such people living in their own homes (**e.g.** sheltered properties or adaptions to a person's own home).

Accordingly, the Chair Moved and it was:-

RESOLVED

To note the report

3.3 Health and Wellbeing Strategy

The Sub-Committee received and noted a report that provided an overview of the Health & Wellbeing Strategy and reviewed how the four key priority areas in the Strategy are being implemented.

The questions and comments from Members on the report may be summarised as follows:

The Sub-Committee:

- Noted that the Tower Hamlets Health and Wellbeing Strategy 2017-2020 outlines a framework to improve the health and wellbeing of the local population;
- Noted that there is a growing public awareness and concern about climate change;

- Noted that the Council has a clear focus and responsibility for explaining, reducing and responding to the risks associated with climate change as a key part of its community leadership role (**e.g.** challenging those Housing Providers who rent out their parking spaces on their estates to commuters);
- Acknowledged that it is well documented that poor air quality has adverse effects on the health of residents and exacerbates certain medical conditions such as asthma; and
- Agreed that there is a need to give consideration to local schools (**e.g.** playground design and energy conservation).

Accordingly, the Chair Moved and it was:-

RESOLVED

To note the report

3.4 Low Value Medicines Consultation

This paper summarises the consultation run by NHS England (NHSE) and NHS Clinical Commissioners as part of a plan to develop new guidance on prescribing. It is hoped this guidance could help the NHS save money, while continuing to deliver the best possible outcomes for patients. There is an NHSE requirement that the consultation is discussed at the local overview and scrutiny committee.

The new guidance could mean items that are often routinely prescribed could only be provided where they are absolutely necessary and deemed to be 'clinically effective' with the aim to produce a clear and equal prescribing process across the country and make savings which would be reinvested in patient care.

A list of 18 items considered to be low priority for NHS funding has been produced as part of the consultation. This list, along with full details of the consultation, is available on the NHS England website. In addition the consultation is asking for views on the routine prescribing of some over the counter (OTC) medicines used for minor ailments or self-limiting illness. The consultation is open until 21 October 2017.

It was noted that Tower Hamlets Clinical Commissioning Group (THCCG) has:

I. full year costs of £636,172 on the affected items but this would not be realised as a potential saving as patients may require alternative medicines to be prescribed;
II. prescribing which falls within the TOP 50% of CCGs for 7 of the 18 items being covered by the consultation;
III. prescribing guidance in place already managing the costs of some of the affected items which is already and continuing to reduce the prescribing of these medicines; and

IV. not undertaken any work on proposals or guidance to reduce the routine prescribing of over the counter (OTC) medicines used for minor ailments or self-limiting illness.

The questions and comments from Members on the report may be summarised as follows:

The Sub-Committee:

- Noted the list of 18 items considered to be low priority for NHS funding and why are they actually available on prescription. However, the Sub-Committee queried that if somebody was only able to get such specific medication on prescription what would be the impact on LBTH;
- Noted those implications would need to be mapped as part of a wider look of the impact in the changes; and
- Asked that more should be done to encourage people to move towards self-care/management of certain medicines or accessing their medical needs via a Local Pharmacy rather than a General Practitioner's Surgery.

Accordingly, the Chair Moved and it was:-

RESOLVED

To:

1. Note that responses can be submitted via the online survey available at Engage England or that any written responses can be sent to england.medicines@nhs.net before the 21st October 2017;
2. Encourage affected local patients and public to respond to the consultation;
3. Encourage local healthcare professional colleagues and/or local partnership patient/public organisations to respond either individually or as local organisations to the consultation; and
4. Follow the public media releases from THCCG and share widely.

3.5 TH CCG Finance Update

A report was received and noted that stated that Tower Hamlets Clinical Commissioning Group (CCG) faced an unprecedented shortfall of £18 million in the current year. This shortfall being primarily due to the greater demand on services from the local population, greater complexity of patients being treated and a change in the allocation formula received from the Government. It was noted that this trajectory is expected to continue over the next few years. The CCG is sharing its financial position with local partners, including its membership, local patients and the public, allowing for there to be an opportunity for stakeholders to both understand and discuss the financial pressures faced by the CCG.

The questions and comments from Members on the report may be summarised as follows:

The Sub-Committee:

- Noted the lag between the number of resident's and the funding that the CCG receives is an issue through how the funding formula works;
- Asked if consideration is being given to address the increase in population through utilising those monies currently available from the Community Infrastructure Levy and Section 106 funding;
- Noted that the funding formula does not work in favour of LBTH due in part to the annual churn of population;
- Stated that residents should be encouraged to register at a General Practitioners Clinic as this draw down additional funding for LBTH;
- Wanted to see more about what is being done for Homeless and Refugee Families; and
- Noted that the aim of joining the CCGs together was to get more equitable footprint on the cost burden.

Accordingly, the Chair Moved and it was:-

RESOLVED

To note the CCG

1. Target for savings in next year is £13.2m;

2. Has so far identified £6.5m of savings;

    - Urgent care system redesign – redirecting patients to the appropriate care setting e.g. locality hubs;
    - Reducing unnecessary testing; and
    - Prescribing - switching to cost effective products/change in dosage.
    - Providing alternatives to outpatient services in the community e.g. tele-dermatology.

3. Is working with our members, the public and partners to identify further savings opportunities.

4. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

Nil items

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Non-Executive Report of the: **Health Scrutiny Sub-Committee** 08/01/2018	
Report of: Debbie Jones, Corporate Director for Children Services	**Classification:** Unrestricted
Scrutiny Challenge Session: Children & Young People's Mental Health Services (Annual Action Plan Update)	

Originating Officer(s)	Nancy Meehan, Interim Divisional Director Children's Social Care
Wards affected	All wards

Summary

This paper submits an update on the recommendations of the Health Scrutiny Sub-Committee's Challenge Session on Children & Young People's Mental Health Services (CAMHS) which was undertaken in 2016. The challenge session brought together representatives from the council, Tower Hamlets CCG, Tower Hamlets CAMHS, and community organisations to explore the level of provision and the performance of children and young peoples' mental health services in Tower Hamlets. The session focused on how accessible mental health services are for service users from a wide range of backgrounds, how effectively services are promoted and engage with a diverse range of services users, and what gaps there are in the current service provision. The Sub-Committee made a number of recommendations to improve CAMHS in Tower Hamlet's.

Over the course of the last year, services have implemented the action plan which was produced to address the recommendations identified as part of the review. This paper provides an annual update on the progress of the recommendations.

Reasons for Urgency

Children's Social Care were not able to provide the reports for this agenda item in time for publication due to ongoing performance monitoring and improvement activity which is taking place within the service. This item will still be heard at the Health Scrutiny Sub-Committee meeting as it forms a key function of the scrutiny committee's role to perform an annual review of the progress made in achieving the recommendations of scrutiny reviews and challenge sessions. The papers will be published as soon as they are available.

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Note the report and evaluate progress of the action plan.
2. Identify areas where improvements are still required

1. REASONS FOR THE DECISIONS

1.1 Children's and young people's mental health services provide crucial support in promoting and maintaining the wellbeing of young residents in Tower Hamlets. Many mental health conditions first present during childhood and if left untreated can develop into conditions which need regular care and have long lasting effects throughout adulthood.

1.2 In recent years Child and Adolescent Mental Health Services across the country have been struggling to manage increasing referrals to their services within limited budgets. As a result, many areas have either tightened or redefined their eligibility criteria and have raised thresholds in order to manage demand.

1.3 The Health Scrutiny Panel undertook a challenge session on 25th February 2016 that brought together key stakeholders to explore the level of provision and the performance of children's and young people's mental health services in Tower Hamlets.

1.4 This paper presents a progress update on the recommendations from this challenge session to ensure the areas of improvement identified by the Health Scrutiny Sub-Committee have been addressed by services.

2. ALTERNATIVE OPTIONS

2.1 To take no action. This is not recommended as the scrutiny challenge session provides an evidence base for improving children's and young persons' mental health services in Tower Hamlets.

2.2 To agree some, but not all recommendations. All of the recommendations are achievable within existing resources as outlined in the action plan

3. DETAILS OF REPORT

3.1 The challenge session held on the 25th February 2016 engaged representatives from the council, Tower Hamlets CCG, Tower Hamlets CAMHS, and community organisations to explore the level of provision and the performance of children's and young people's mental health services in Tower Hamlets.

3.2 The session focused on the accessibility of mental health services for service users from a wide range of backgrounds, how effectively services are promoted and engage with a diverse range of services users, and what gaps there are in the current service provision.

3.3 This paper presents a progress update on the 14 recommendations from this challenge session.

3.4 The report updates on the following recommendations:

3.5 **Recommendation 1:**
That the council and Tower Hamlets Clinical Commissioning Group (THCCG) work with the voluntary and community sector to support and strengthen early intervention services in the borough.

Recommendation 2:

That the council, CCG, specialist CAMHS and local services raise awareness of mental health issues, before children and young people reach specialist services, by promoting patient stories and examples of what mental health issues can turn into, with particular focus on BME communities.

Recommendation 3:

That the council ensure all frontline professionals who come into contact with children regularly or/and in a professional capacity (not just mental health professionals) are able to identify children with mental health issues and know what to do once they have identified a vulnerable child.

Recommendation 4:

That the council reviews the data it holds on care leavers and pregnancy to investigate if there is a link between care leavers, teenage pregnancy and mental health issues.

Recommendation 5:

That the council undertakes further work with young care leavers to educate them on sexual health.

Recommendation 6:

That as part of any future re-fresh of the Local Transformation Plan, the council, CCG and partner agencies should consider how services can be improved for children and young people who are in contact with criminal justice services, and who have a higher vulnerability to mental health problems.

Recommendation 7:

That the council and THCCG strengthen engagement and training for CAMHS service users to empower them with the skills and knowledge to effectively contribute to service development.

Recommendation 8:

That the THCCG work with CAMHS to review GP training in children and young people's mental health, including raising awareness of referral pathways for service users.

Recommendation 9:

That the council, THCCG, and Tower Hamlets CAMHS work with community leaders to improve cultural understanding of mental health and raise awareness of the services in place to support residents with a mental health need.

Recommendation 10:

That the council, THCCG and CAMHS undertake work to reduce the stigma of mental health including rebranding and renaming services.

Recommendation 11:

That CAMHS consider ways to make the service more accessible through reviewing their workforce to ensure it is reflective of the community.

Recommendation 12:

That the council, THCCG and CAMHS improve engagement with children and families in order to increase awareness of mental health in all communities in the borough.

Recommendation 13:

That the council undertakes an audit to check the usage and success of the CAF system in Children Centres and other universal services.

Recommendation 14:

That the council and THCCG raise awareness about mental health and support services amongst non-MH staff working with young people to improve accessibility to appropriate support.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

4.1 Finance comments to follow and will be published with the final report

5. LEGAL COMMENTS

5.1. Legal comments to follow and will be published with the final report

6. ONE TOWER HAMLETS CONSIDERATIONS

6.1 The scrutiny report makes a number of recommendations to improve mental health services for children and young people. A key focus is on promoting the importance of good mental health through improved engagement with the diverse communities of Tower Hamlets. This will help to address stigma and improve access to the appropriate local support.

7. BEST VALUE (BV) IMPLICATIONS

7.1 There are no direct best value implications arising from this report or its 'Action Plan', however many of the recommendations relate to improving early intervention and prevention activities, which have the potential to reduce demand on health and social care services in the longer term.

8. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

8.1 There are no direct environmental implications arising from the report or recommendations.

9. RISK MANAGEMENT IMPLICATIONS

9.1 There are no direct risk management implications arising from the report or recommendations.

10. CRIME AND DISORDER REDUCTION IMPLICATIONS

10.1 There are no direct crime and disorder implications arising from the report or recommendations.

Linked Reports, Appendices and Background Documents

Linked Report

- Scrutiny Challenge Session: Children & Young People's Mental Health Services, 2016

Appendices

- State NONE if none [and state EXEMPT if necessary].

Local Government Act, 1972 Section 100D (As amended)
List of "Background Papers" used in the preparation of this report
List any background documents not already in the public domain including officer contact information.

- NONE.

Officer contact details for documents:

- N/A

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Non-Executive Report of the: **Health Scrutiny Subcommittee** 8 January 2018	
Report of: Somen Banerjee, Director of Public Health	**Classification:** Unrestricted
Loneliness	

Originating Officer(s)	Chris Lovitt, Associate Director of Public Health; Judith Shankleman, Public Health Programme Lead; Afia Khatun, Programme Manager Later Years of Life
Wards affected	All wards

Summary

This report provides an overview of loneliness and social isolation and seeks to:-

- Highlight the importance of loneliness as a significant health issue
- Present a summary of the findings from local Tower Hamlets participatory research on loneliness
- Update and share findings from a recent local stakeholder's event and workshops on tackling loneliness to inform next phase of delivery
- Discuss next steps

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Review presentation and video on loneliness
2. Comment on proposals for next steps.

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Tackling loneliness and social isolation in Tower Hamlets

Chris Lovitt- Associate Director of Public Health

8th January 2018

Overview

- Background
- Impact of loneliness and social isolation
- Local insight
- Loneliness event 14 November 2017
- Next steps

Background

- Addressing loneliness was identified in the Mental Health Strategy 2013-19

- 2 projects were commissioned by Public Health in 2015/16 and have now finished and reports received.

- The Ageing Well Strategy includes reducing isolation and loneliness as one of 10 key themes

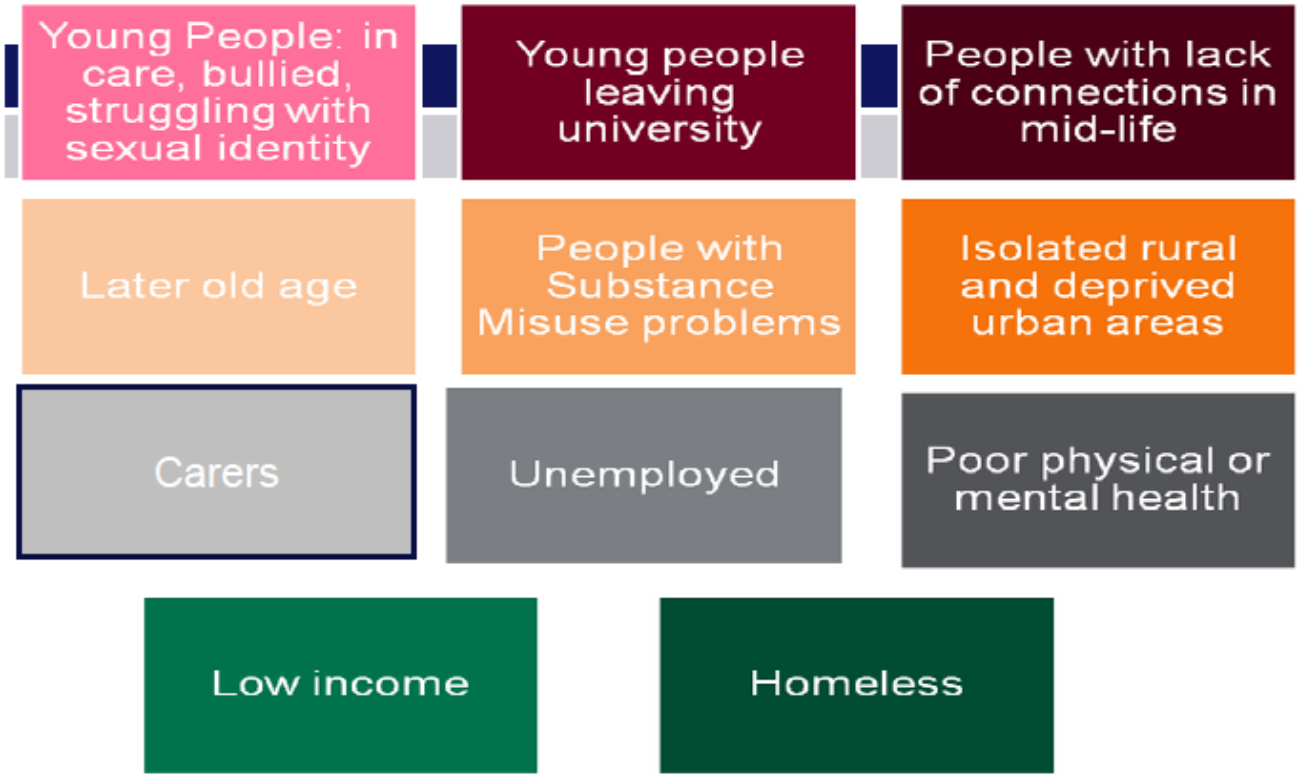
Impact of loneliness and social isolation

- Associated with 26% increase in mortality
- Leads to poorer physical & mental health
- Inc. risk of CVD poor health & higher rates of disability
- Inc. risk of dementia, depression & suicide
- Inc. risk of cognitive decline

Estimates in Tower Hamlets

- 16% of over 65's (2,500 TH residents) are likely to be lonely 'all or most of the time' - referred to as 'chronic loneliness'
- Loneliness levels amongst care home residents are between 22% and 44% (10% in the wider community)

Risk Factors for loneliness



Local Insight

Public Health Commissioned 2 Projects:-

- Community Perspectives on Loneliness
- Action on Loneliness: care homes

- Stakeholder event in Nov 2017 to report findings

Community Perspectives on Loneliness

As you get older you become infirm, invisible, incoherent, incontinent

Aim: To explore people's views on loneliness. Twenty volunteers were trained in community research techniques to find out the thoughts and experiences of loneliness of 600+ residents from a wide range of backgrounds and ages.

It was depression – like catching a germ, I just wanted to die, as straight as that

Eight themes were identified as having an impact on loneliness:

I often wonder 'who can I ask if I smell?'

- Mental health and wellbeing
- Physical health
- Feeling safe
- Housing conditions
- Family, relationships and life experiences
- Community activities and social networks
- Culture, faith and cohesion
- Environment and infrastructure

My family are busy – they don't know I am lonely

I refresh my mind and meet friends by coming to the Mosque

Action on Loneliness: care homes project

"*I don't really enjoy talking. If I talk, it's not because I want to, it's because I have to. I'm not a friendly man; I was once, a long time ago. I'm friendly with John (volunteer) though. I think I enjoy meeting with him more than anyone. I think he is a great chap.*"

Resident

- 5 care homes and 1 extra care home with a focus on Asian elders were involved
- 51 volunteers were recruited and matched with 51 residents based on common interests
- When the project came to an end, whilst there was a desire among care homes to continue it due to its success, this was not possible due to specialist knowledge and time required to support the volunteers and costs associated with it

"They enjoy a lot of one to one time which is impossible to give …there is just not the time to sit down with them every single day, even for 30 mins with one person, we cannot do that with 41 people."

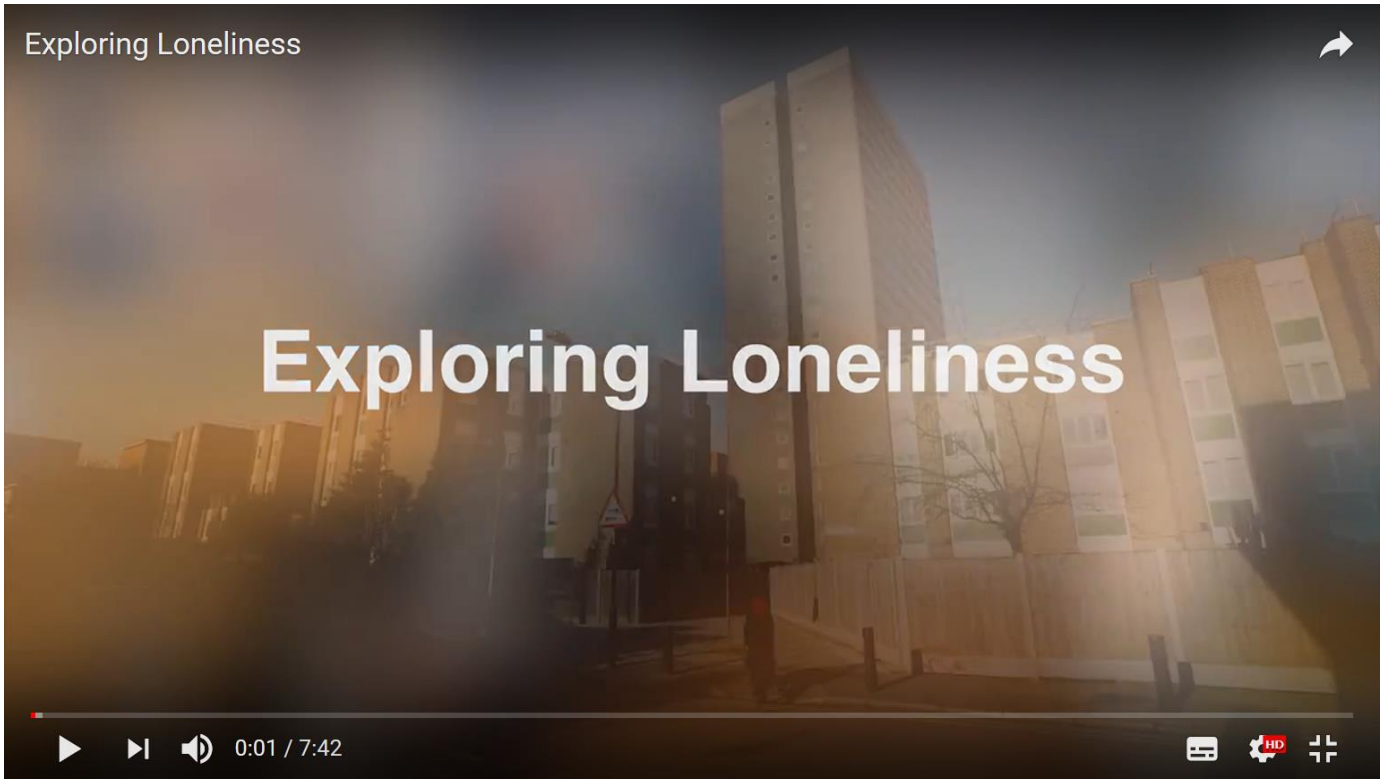
Care home manager

video: https://www.youtube.com/watch?v=gbRiGtR_I_0

Loneliness Stakeholder event

- Nov 2017; fed back on findings from projects
- 60 people from a wide range of organisations represented incl: Idea stores, Volunteer Centre, Carers Centre, District Nurses, Adult Social Care, Tower Hamlets Homes, Parks, Strategy & Policy, Integrated Commissioning & Cohesion

Video on loneliness



www.youtube.com/watch?v=gbRiGtR_l_0

Discussion groups

- Strategic approaches to tackling loneliness
- Detecting and measuring loneliness
- Reaching lonely and isolated people
- Supporting lonely people through neighbourhood approaches
- Tackling loneliness – the role of information and advice
- Tackling stigma related to loneliness
- Awareness raising
- Insight and understanding
- Enabling activities
- Enabling environment

& a Poetry competition….

Recommendations from event

- :Target high risk group: young people, people with disabilities, long term conditions, older people, people who live alone, carers & bereaved
- Key people who can access lonely people:
  - Estate level: Resident warden, concierge, housing associations
  - Community level: post office, pubs, betting shops, idea stores, faith groups, cafes, local retailers
  - Health level: GP, bereavement services, district nurses, health visitors
  - Social care: Social workers, Home care staff, care workers, Meals on wheels, Fire & Rescue
  - Others: Samaritans

Recommendations continued

- :Need for more toilets in the park
- Stronger partnership with schools and older people:
  - Lunch club for older people in schools
  - Walk a mile with older people
  - Integration of ‘adopt a gran/grandad’ with school-based internet classes
- Raise awareness among frontline & non-frontline staff e.g. barbers
- Have friendship benches on strategic sites
- Enable older, disabled & housebound people to access internet
- Routinely & sensitively ask people about their social contacts for e.g. by social care staff

Next Steps – for discussion

- This is a crosscutting issue across the partnership
- Engagement with the public and community organisations has highlighted feasible actions and opportunities to address loneliness
- There are a range of strategies and programmes that are already addressing issues of loneliness eg Ageing Well Strategy, Health and Wellbeing Strategy, Social Prescribing, Healthy Communities
- The next steps will be to review how best to drive concerted action across a range of partners

Winning poem

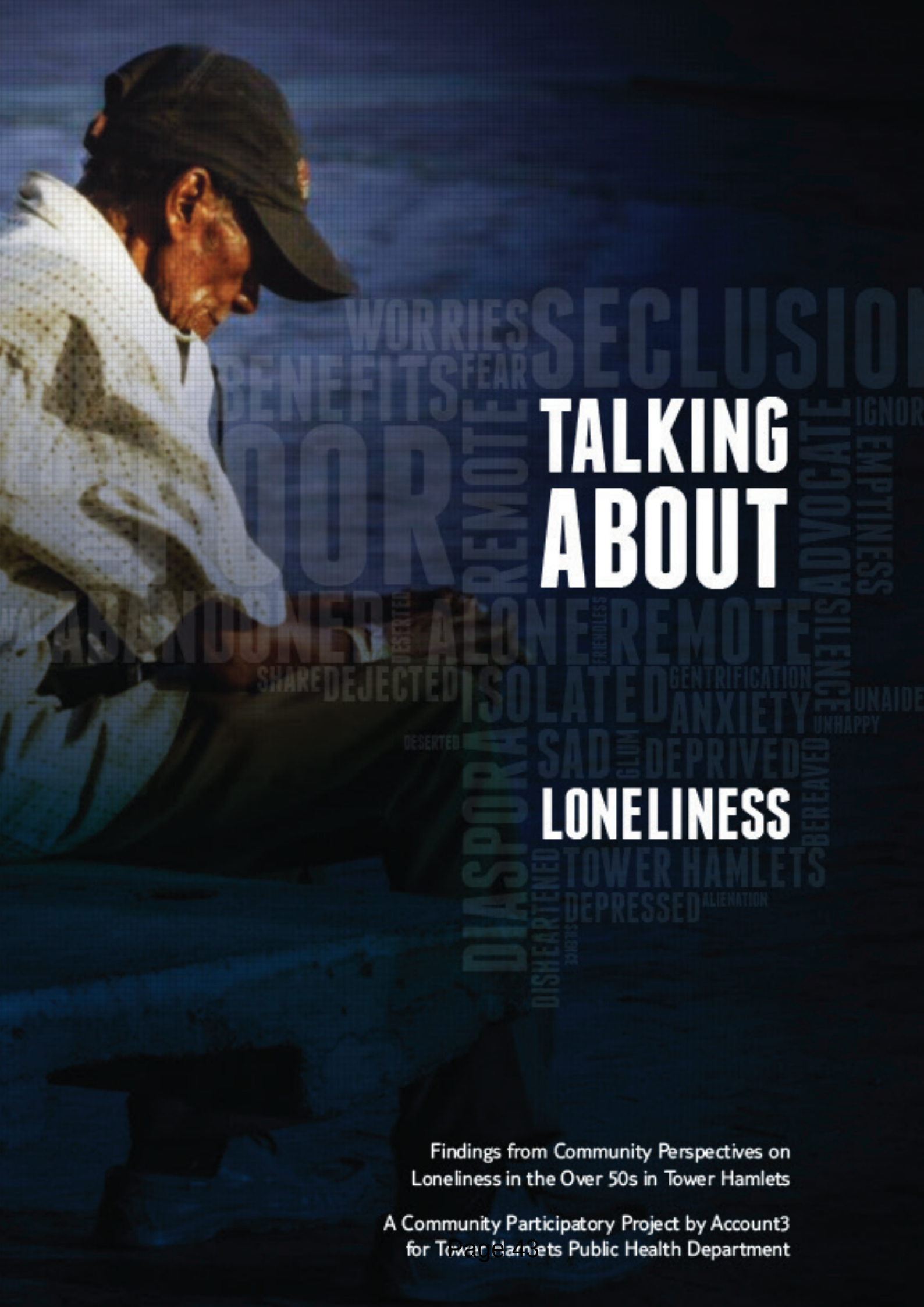
Little old Flo

She sits and she waits…for what she does not know
Because it is not for her company, these people that come and go
They may pause for a moment and almost catch her eye
As they turn down the bed and hang out the sheets to dry
As they wash her down
And sterilise her teeth
Always someone new, busy, unaware of her grief

They do not know you see, that once she was like they
Full of life and in a rush to get through the day
Full of responsibly of people to care
Now they are gone and all that is left is her despair

You see, nothing is lonelier than having loved and lost
There is no greater pain, and no greater cost
As the emptiness that follows swallows you whole
Once you were someone
Now your just little old Flo

No time to stop sorry, goodbye Flo, time to go



Findings from Community Perspectives on Loneliness in the Over 50s in Tower Hamlets

A Community Participatory Project by Account3 for Tower Hamlets Public Health Department

CONTENTS

ACKNOWLEDGEMENTS

We would like to acknowledge particularly the contributions of the many Tower Hamlets residents who were kind enough to share their time and personal life experiences to add depth and insights to this project.

The volunteers:

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They are:

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- Linnelle Knight
- Marwa Egal
- Nilufa Begum
- Parmila Chowdhury
- Paulline Williams
- Prafula Copp
- Rahima Khatun
- Rukia Begum
- Sabiha Khanam
- Shumi Begum
- Stamatoula (Matina) Panagiari

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- Sukhjit Sanghera

Stakeholders, Community Connections and Projects:

- Age UK
- Alzheimer's Society Tower Hamlets
- Beside Mental Health Community Project
- Bethnal Green Library
- Bethnal Green One Stop Shop
- Cranbrook Community Centre
- Dementia Café (run by the Alzheimer's Society at London Muslim Centre)
- East End Homes
- East London Chinese Community Centre
- East London Tabernacle Baptist Church
- Geezers Club
- Grounded Project – Cemetery Park
- London Borough of Tower Hamlets (LBTH) Idea Stores - Whitechapel / Chrisp Street/ Bethnal Green
- LGBT Consortium / East London Out Project
- London Muslim Centre
- Maryam Centre
- Nomadic Gardens
- Poplar HARCA Estate Services Teams
- Providence Row Housing Association
- Somali Integration Project
- Somali Learning Education Centre
- Spitalfields City Farm
- St Hilda's Community Centre
- St. Andrews Health Centre
- Stepney City Farm
- Sundial Healthy Living Centre
- The Centre, Merchant Street
- The Zacchaeus Project
- Tower Hamlets Homes
- Zander Court

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- Matina Panagiari
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This project was commissioned by the Public Health Team in Tower Hamlets Council in 2015 to inform a Joint Strategic Needs Assessment on Loneliness and Isolation of older residents in Tower Hamlets. Data and intelligence suggested that older people in the London Borough of Tower Hamlets (LBTH) were at high risk of loneliness, however we lacked information on local people's experience of the issue. This project was therefore undertaken to capture residents' views, perspectives and experiences of loneliness, as well as their suggestions for what could be done to address loneliness in the over 50s in Tower Hamlets.

The project engaged some 600 residents from the communities in the borough. This report reflects what they said, and their views are as diverse as they are numerous, and it is important therefore to acknowledge that people do not always have the same views, they do not always agree, nor do they come to a consensus of opinion. Accordingly, this report presents the views of the people we have spoken to, and so should not be considered true for all Tower Hamlets residents, any particular group or community of interest.

This project was carried out over the period of 12 months from October 2015, during which time Account 3 recruited and trained 20 local volunteers in Participatory Appraisal (PA) in order to equip them with the skills, attitudes and tools to engage with the communities of Tower Hamlets. There have been many projects looking at loneliness in recent years, but none specific to Tower Hamlets and so we wanted to find out in more depth about the impact on older residents living in this borough has on being lonely, or not being lonely.

The purpose of this report is to share these experiences of living in Tower Hamlets, to identify what factors lie at the heart of loneliness as it exists in the borough and, importantly, including what assets exist to alleviate loneliness. Accordingly, we set out in this report the findings and recommendations developed from the engagement with people in Tower Hamlets in order to provide some guidance for action by all those involved that might help reduce and overcome loneliness in both the short and longer term.

PA is a process that comprises community research, learning and collective action. It uses interactive visual 'tools' that overcome barriers to participation, and that encourage clearer expression of issues, group analysis of these which leads to development of ideas, solutions and aspirations. Thus, it encourages an open and wider range of views, issues and perspectives to be expressed. Central to the approach is the belief that local people are experts on their own lives and that, without their participation and expertise, sustainable and appropriate actions, in this case to address loneliness, will be neither found nor implemented.

In the course of the project the volunteers engaged people in places where older people congregate. We used both planned and 'opportunistic' sessions; most were open to the public but some were closed, for example those held in lunch clubs or support groups. In addition we carried out in-depth semi-structured interviews with more than ten individuals who are lonely or have been lonely in the course of their lives. These have given us unique insights into what it is like to live with loneliness.

[1]The project concentrated principally on three wards – Bethnal Green, St Peters and Mile End.
See Four: Demographic Information

[2]For a more in depth description of the PA methodology see Appendix Three

PA is a qualitative approach and, accordingly, our findings here reflect people's feelings, perceptions, beliefs and lived experiences; these are subjective and vary from individual to individual and are not based on quantifiable, absolute or verifiable facts .

We have heard people's stories that reflect both positive and negative aspects of living in this borough that connect to the issue of loneliness. From early in the project a number of themes for the over-50s emerged clearly as major areas of concern for local people, and were common across the borough and within the three wards that were the focus for this project. What developed over the project period were the depth of the discussions, the analysis and comparisons people shared, and the nature and impact of these issues on the lives of older people, their families and communities.

These themes are:

- Mental health and wellbeing
- Physical health
- Feeling safe
- Housing conditions
- Family, relationships and life experiences
- Community activities and social networks
- Culture, faith and cohesion
- Environment and Infrastructure

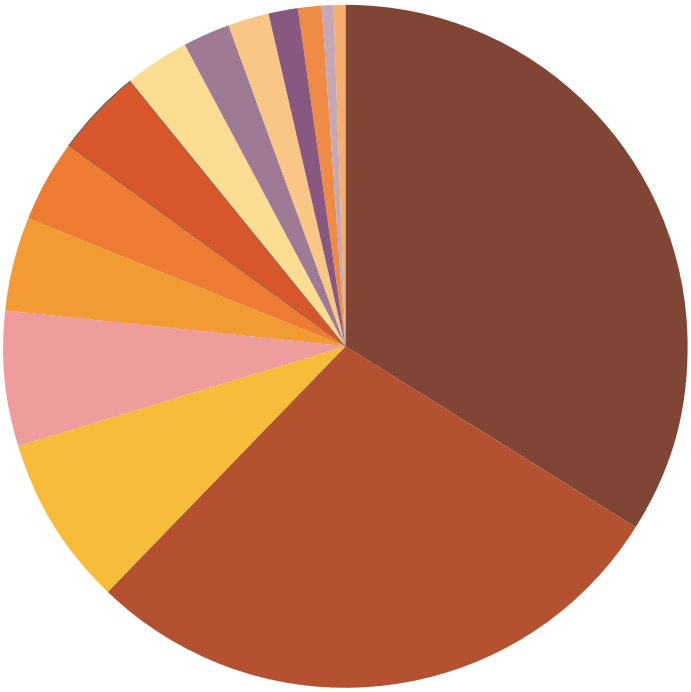
Of course themes interlink, and there are issues that apply across the headings, which cannot be neatly 'sliced'. In particular two discussion topics arose frequently within each of the above themes: the first was **service provision** and the second was **poverty and economic disadvantage**. We hope key providers will find evidence that relates to their services and, by looking at the wide impact of poverty and financial disadvantage, people may be able to better understand the context and nature of loneliness in the borough, and take action to make positive change.

[3]Limitations of the methodology:
(a) PA is qualitative, not quantitative, and although those we engaged with reflect the demographics of the Borough in terms of gender, ethnicity and cultural background and include a majority aged over 50, the people engaged do not comprise a representative sampling of the local population.
Furthermore, the views expressed are highly subjective and arose in contexts of specific groups, venues, times of day, season, and by the length, depth and priorities of attendees.
(b) We used a demographic pro-forma from the outset in order to record participants' broad age ranges. In the one to one interviews we were able to record more specific age information. As was confirmed by the validation process, needs, personal circumstances and opinions change with advancing age; it would have been helpful, in retrospect, to have recorded narrower age ranges over 50 years in order to capture more nuanced data.

[4]See Appendix Four – Demographic Information

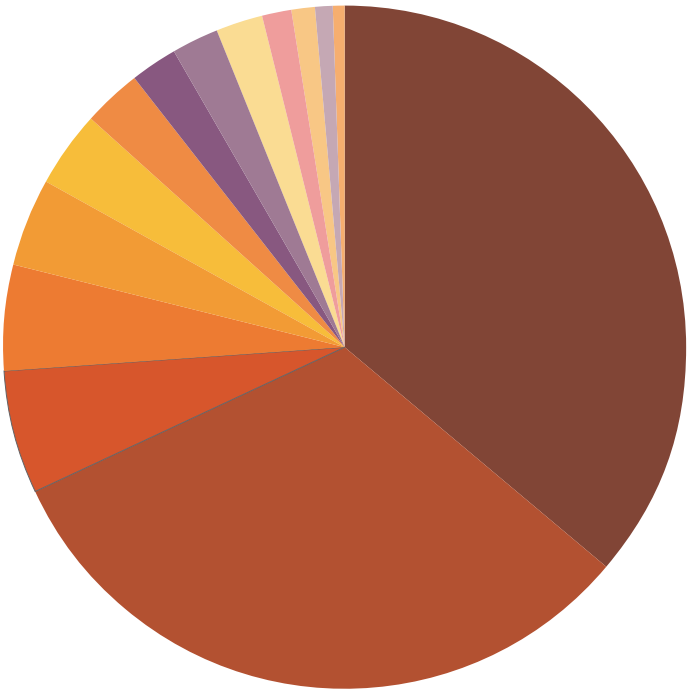
We have listened to the voices of the diverse communities of Tower Hamlets:

Men



- White British
- Asian or Asian British: Bangladeshi
- Black or Black British: African
- Other Ethnic Groups: Chinese
- White Other
- Black or Black British: Somali
- Mixed/Dual Heritage: Any Other Mixed Background
- Mixed/Dual Heritage: White & Black African
- Mixed/Dual Heritage: White & Black Caribbean
- White Irish
- Asian or Asian British: Indian
- Asian/Asian British/Other Asian Background
- Asian or Asian British: Pakistani
- Black or Black British: Caribbean

Women



- White British
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- Black or Black British: African
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- Mixed/Dual Heritage: White & Black African
- Mixed/Dual Heritage: White & Black Caribbean
- White Irish
- Asian or Asian British: Indian
- Asian/Asian British/Other Asian Background
- Asian or Asian British: Pakistani
- Black or Black British: Caribbean

Most people we spoke to were over 50 years old, but we also heard the views of the wider community including younger people, workers and families of older people.

Older people living in Tower Hamlets are predicted to be the loneliest in all of England according to a model looking at risk factors for loneliness which quantifies the many factors that can increase the risk of loneliness in older age. In Tower Hamlets, older people are more likely to live alone, to be from an ethnic minority, to report poor health, compared to England overall. Furthermore half of all older people in the borough live in an income deprived household, which is the highest, by far, in England, being three times higher than the national rate (16%).

Within the three chosen wards and across the borough generally there are demographic and other factors relating to Tower Hamlets that may influence the experiences of loneliness that people talked to us about. These include population churn and other aspects of its rapidly growing population, impact on the supply, availability and quality of housing provision. Environmental quality, health, and crime deprivation statistics also correlate to the range of issues that people reported.

Given these factors, an outsider might expect this project to present a wholly negative picture, but the perspectives we have accessed from local people indicate that statistics alone do not reflect the full picture as lived locally. While our findings do indicate that loneliness is something that very many older people experience, there is also considerable data to suggest there are aspects of living in the borough, including a great many 'community assets', that impact very positively on the lives of older people within our communities.

There are many observations in this regard. Travelling by bus can be testimony to older people being on the move, and using their Freedom Passes; on the bus you can often observe banter, gossip and the presence of people with mobility problems, as well as willing locals making room for them and supporting them to travel about. If you walk along Bethnal Green Road, Whitechapel Road or Chrisp Street for example you will find many older members of the community shopping, chatting, or sitting with friends in the local cafes.

Tower Hamlets is well connected with many destinations:

In our sessions we heard and observed that people will travel a long way to go to activities and places that meet their needs – so it is quite usual to find older people taking the bus from Bethnal Green to Roman Road for the 'Golden Hour' or for the street market; people with dementia from the Bangladeshi community travel from the length and breadth of the borough to the London Muslim Centre (LMC) in Whitechapel to attend the Dementia Café. The Chinese Community Association that meets in Mile End has regular attenders from the ward, the borough and beyond - from Essex and South London. The Idea Stores are a beacon for older people borough-wide and also from other parts of London and the South East.

Tower Hamlets is a better place to live than it used to be:

For anyone who knows the East End well it is also clear (and our findings support this) that many, though not all, people think the borough is a much cleaner, safer and pleasanter place to live in than 40 years ago. Tower Hamlets is no longer in the top 20 of the league tables across the range of Indices of Multiple Deprivation, having made relatively marked improvement in the years from 2010 to 2015 (though this could partly be due to other areas declining relative to Tower Hamlets).

Refurbishment and improvement of social housing estates has been considerable, and the range and quantity of community assets are good and highly rated generally. They include community and other centres, clubs, gardens, green spaces, leisure centres, as well as health centres and provision of many other services. Many of those we engaged, though in the older age ranges, told us that the improved performance of schools is a reason for all the community to feel better about the place, and that in turn is good for self-esteem and general community pride.

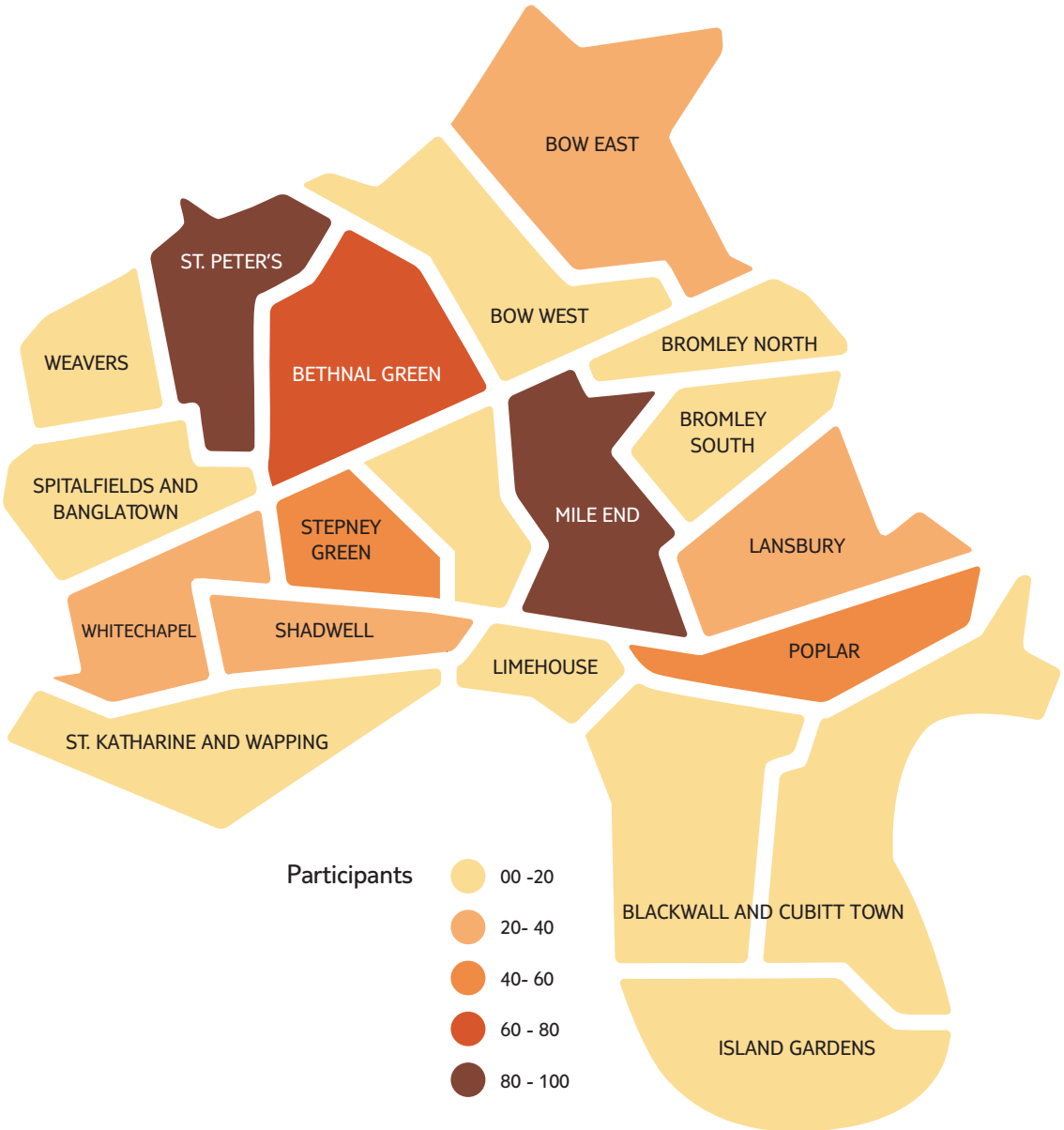
A call to action:

These findings, importantly, provide the community insights, views, ideas and suggestions that will inform and, we hope, motivate individuals, families, communities, service providers, elected and community leaders, and a range of professionals from all disciplines to work closer together, make funding bids and direct resources, change cultures, ways of working and old habits, in order to step up to the challenges of loneliness in later life and make a positive difference.

In the current climate of cuts and austerity that affects many organisations and services, making change and motivating people to take action may be daunting. A strong message from our data is that one size does not fit all and no single intervention will solve the issues; a range of projects of different scales might in the end make for more feasible, practical, sustainable ways of making long and short-term change in this borough. It is important also to think more about the wealth of community assets that exist here, and which we have begun to list in this report. They offer accessible, usable building blocks and the potential for real synergy.

The Loneliness Project took place over a 12 month period from October 2015 to September 2016 and included several phases: recruitment of the volunteer team, training, engagement, on-going analysis of and learning from the engagement sessions, and all of these have led us to this presentation of the findings and recommendations arising from what people talked about and that were validated at the end of project event.
In the course of the project we recruited 20 local people as volunteer community researchers, and we ran training courses for them in PA. Subsequently they led participatory engagement with around 600 people, principally from the three wards St Peters, Bethnal Green and Mile End, in some 60 engagement sessions including:

- Opportunistic sessions in public places like Idea Stores, parks, markets, health centres and other locations where older people are likely to be found in the course of their daily lives.
- More in-depth discussions with groups of people such as lunch clubs, community centres, faith groups, support organisations. In most cases these groups took part in two such sessions in order to understand people's perspectives better, and to analyse and compare them more deeply.
- Semi structured interviews with 11 local people to understand personal lived experiences of being lonely, or not being lonely.



[5]Office for National Statistics, Probability of loneliness for those aged 65 and over (2015) at <http:/london.gov.uk/dataset/probability–of-loneliness-for-those-aged-65-and-over>

[6]London Borough of Tower Hamlets. Loneliness and Isolation in Older People: Factsheet (2016).

[7]Income Deprivation Affecting Older People (IDAOPI) Index.

[8]See Demographic Information – Appendix Four

[9]Though this was observed in the course of the project by our researchers, this was not everyone's opinion when we spoke to a range of different people.

In the course of the project there were occasions when older community members were asked to locate on a map (a) where they don't feel lonely and (b) where they do feel lonely. Our intention had been to create from this a 'loneliness map'. However, while many places and activities in the borough were pinpointed relating to being lonely and not being lonely, overwhelmingly where individuals feel lonely is 'at home'; that location is individually and uniquely subjective and 'located' everywhere.

While some individuals were reticent at first to give their views, we found most pleased to be asked for their opinions and about their life experiences; many said that that this does not happen often. A telling comment was that ***"the workforce doesn't think about some communities – it is good that local people are doing this project"***. Importantly, in order to build trust and to free people up to speak honestly, we have taken care to protect the anonymity of the individuals who participated. Furthermore, by framing questions in terms of 'people like you' or 'people that you know' we could de-personalise the issues and make it easier for people to contribute.

When community views are sought in projects like this there is a danger in asking people mostly about what is wrong or what complaints they have. In our approach therefore we always tried to start conversations positively – if you spend all the time on the negatives you might never get to the good things. Also, by looking at what does work one can begin to identify how this learning can be used to make barriers and problems easier to overcome, and solutions clearer.

Though we made sustained efforts to speak to people who might be described as the 'most lonely', for example by approaching the doctor's surgery, one stop shops, or through personal introductions and support groups, as well as the testimony of those who provide support and services, it remains a challenge to access and engage those people. For ethical reasons, including the personal safety of the volunteers and safeguarding older people in their homes, this PA project did not involve door knocking to find and talk to those who are housebound, living alone and who never go out at all. The engagement of housing providers and their front line staff helped to identify those who were particularly vulnerable to loneliness. As with other projects involving those particular people, this remains a problem, but is perhaps one that can be overcome by others with the specific remit and the professional authority to access and support people in their own homes.

The fact that the project has been implemented across all seasons is also crucial – there are seasonal differences that impact on older people's mood and ability to get out and about. Also, during the year some contexts have changed. For example, towards the end of the engagement, we heard more about impacts of austerity, including discussions about families moving out of the area, family members working all the time and impact of cuts, and since the 'Brexit' vote, reported increased occurrences of racist incidents and racist comments .
A summary report of the findings from the engagement sessions formed the focus for a participatory Feedback and Validation 'World Café' event attended by some 60 participants including community members, the volunteer community researchers and statutory and voluntary/community sector stakeholders, that gave the attendees the opportunity to:

- Discuss the issues of greatest concern to the community
- Tell us whether we had 'got it right' (and where we might have got it wrong)
- Add further views and issues
- Consider and add to the suggestions and ideas for change that came from our engagement with the community

[10]People reported fear of and incidence of racist incidents in several engagement sessions held before June 2016, but the 'Brexit' increases were a particular topic of the discussions at the Validation Event in October 2016.

[11]A knowledge café, or World Café, is a participatory meeting or workshop which aims to provide open and creative conversations around themed tables on topic(s) of mutual interest to surface collective knowledge, share ideas and insights, and gain a deeper understanding of the subject and the issues involved and/or to plan future actions.

The following eight separate sections correspond to the main issues that the local people we engaged with linked to the experience of loneliness for over 50 year olds in the borough. Each section presents what the project found out about the particular theme, why it is a key factor in local community perspectives on loneliness. We also present in these sections the main learning from the rich qualitative data that we accessed; this reflects the diversity of responses and insights that enable us to understand better people's opinions, emotions, lived and shared experiences and, importantly, the range of barriers they face to leading lives that are not lonely and solutions that are, or could be, in place to help overcome them.

The themes reflect the most cited and discussed issues relating to loneliness in the course of this project. Although it was actually Environment and Infrastructure that came up most often in numerical terms, when we look at the depth of discussion and inquiry, and the quality of the data, we are not able to rank them in order of importance to local communities. This list does not constitute a 'league table' of topics. We found priorities often reflected the group or community of interest we were engaged with – for example with people attending mental health support groups clearly mental health was both the most burning and most discussed issue while, for faith groups, the role and impact of faith and faith-related social and support activities dominated those discussions.

The most mentioned issues and suggestions relating to each theme are illustrated by means of a coloured evaluation wheel at the beginning of each section. The larger the individual segment, the greater number of times the particular topic was raised.

In order to make the wealth of data easily accessible to the reader, each section also contains the main positive and negative forces that impact on the issue, and these are set out in a 'force field analysis'. This diagram captures, simply and in one place, the balance, or weighting, of good and bad forces (relating to the individual theme) of living in the borough. It illustrates the range and diversity of opinion and perspective within the community that the PA process reveals, compares and analyses, and which is covered subsequently and in more depth in each section.

[12]It is telling that the Force Field analysis also highlights differences of opinion – for example, one person's positive can be another person's negative. The Force Field analysis is generally, and was often used in this project, as a component part of the 'H Form' tool, often used at the beginning of the PA process to gain an overall picture of what people think about the issue or issues. For more information about tools and their application see Appendix Three.

Most mentioned issues

Befriending and outreach

Support groups and services properly funded and quicker and easier access to services

Education about mental health

Most mentioned ideas and suggestions

Story telling

Volunteering and spending time with people with mental health issues

Positive attitudes and motivators

In our engagement with local people to discuss factors in experiencing loneliness mental health and wellbeing was cited on numerous occasions and was a topic for deeper and extended conversations. They identified good mental health and a strong feeling of wellbeing as being important. Feeling mentally healthy and self-confident, positive, active and valued, and being well supported by services and social networks help people overcome loneliness in older age.

While 'mental health' was not always the exact form of words used, other terms like 'state of mind' 'depression', 'anxiety', 'self esteem', 'stress' came into the conversations. Our data evidences that, for many of the local people we talked to, mental health and issues relating to state of mind and wellbeing can be both the causes of and impacts on loneliness. Many respondents told us they suffered from these problems, while others were familiar with the issues through the experience of friends, family and support workers. It was noted also that poor mental health impacted negatively not only on the individual but also on family and friends who also find it difficult to cope. *"If you don't like yourself how do you expect others to like you?"* ... *"I don't go and see her any more because she's a misery."*

Degrees of mental ill-health experienced by participants ranged from anxiety, worry, stress and lack of self esteem, increasing memory loss, to severe depression, suicidal thoughts as well as diagnosable and chronic conditions like bi-polar disorder, schizophrenia, dementia and learning difficulties. *"Loneliness just creeps up on you. It's devastating."* ... *"I have been lonely all my life."* ... *"Loneliness is a killer."*

People told us about the negative impacts of practical problems including living, often alone, in unsuitable or temporary accommodation; "You wake up – and start getting dressed and you think ... why am I getting dressed... that feeling is devastating." They also cited being adversely affected by poverty and financial exclusion including debt and benefit dependency, as well as difficulties in accessing adequate and sustained support and mental health services generally. "Professionals move around, you can't build up a relationship and get help" ... *"If you go to the doctor you get a pill for a headache, a cream for your skin, but you can't get anything for loneliness."*

They talked with us about how poor mental health can arise from family and relationships, life experiences and life changes, physical illness and disability. *"I am the queen of loneliness."* They also referred to worry about funding and service cuts, lack of education and a shortage of appropriate information about mental health. *"Being left with no workers, no psychiatrist, no doctor that really cares enough to take time with you – that's loneliness."* Many reported experiencing stigma and prejudice about mental health. People also said that those with memory loss or early stages of dementia may forget or get confused, including about taking their medication.

Being able to 'talk about loneliness and dementia' was an important aspect of overcoming some mental health problems, and it is interesting to note that people did say that taking part in our sessions was therapeutic, as they didn't get much opportunity to have a voice.

An interesting example here was with dementia sufferers at the Dementia Café held at the LMC, whom we found could and did talk about loneliness and they really wanted to be listened to. They said people with dementia often revert to their mother tongue, and suggested that younger carers need to understand the older generation better and help to overcome language barriers. *"People don't talk about loneliness - I don't know why."*

The stigma of mental illness

Woman aged 55+

It's complicated ... my first partner died, and my time with him wasn't great, there was domestic violence. But I was left isolated then with no support and two kids. But years later as I am getting older I still miss him, I did love him. I swept it all under the carpet, and couldn't talk to anyone about things.

Woman aged 50+

I feel lonely at home, with no one to speak to. Depression just makes you sit – there is no motivation, it feels physical. There is a stigma about mental health, it makes you scared to share it, and you lose friends. Sometimes I can't get up, you just sit there waiting till it gets better. But the other side of this is that sometimes there are real friendships between people with mental health problems.

Motivators, resilience and strength

Woman aged 60+

I think it is important to fight old age – it's a motivator. The more it hurts the more determined I am

Woman aged 75

It reminds me of something my mum used to say to me. She said there is no point chasing after the world because all that really matters is the afterlife. That's what's important to me. That's what gets me by, when I remember that. I rely on God for everything.

Woman aged 50+

I was close to killing myself when I had the kidney failure but a picture of my son on the wall saved me as I felt I couldn't to it to him. I was lucky that I had a counsellor at the Renal Department.

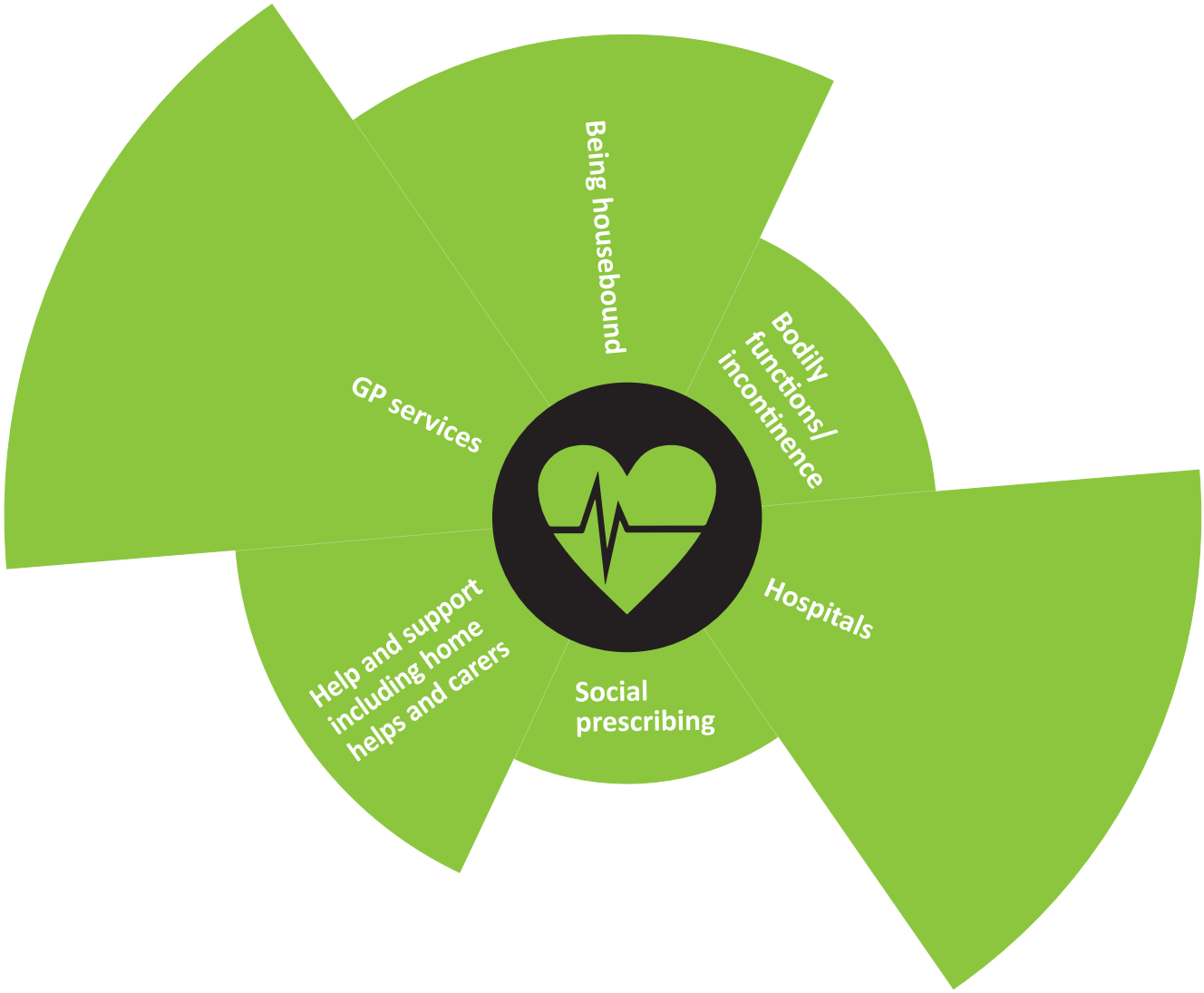
Woman aged 90+

It was depression ... like catching a germ. I just wanted to die, as straight as that - it was a good idea. I wouldn't have to bother with anything any more. But I had carers who were quite stern with me – I was being hopeless and self-pitying. But these girls got me going.

Woman aged 65+

(She) is a diamond in my life ... she found me and put me in touch with things going on ...

Most mentioned issues



Outreach and befriending

Access within the home/estate (mobility issues like stairs, lifts, repairs)

More time for carers on visits and better training for them

Most mentioned ideas and suggestions

Walk more

More volunteers and befrienders for people who can't go out

Provision of toilet facilities

Cooking courses /info on Diabetes

People whom we engaged with identified good physical health as being an important factor in overcoming or avoiding being lonely. They also recognised that deteriorating health often comes with increasing age, but stated that good services and support, may ameliorate associated isolation and loneliness.

PHYSICAL HEALTH

"As you get older you become infirm, invisible, incoherent, incontinent"

Many of the older people we talked to had health problems including: arthritis, poor mobility, deafness and tinnitus, cancer, diabetes, back pain, blindness, stroke, heart disease, chronic obstructive pulmonary disease, alcoholism, asthma, liver and kidney problems, epilepsy, mobility, balance, neurological problems including sciatica, memory loss, loss of bodily functions, skin conditions, and the general age-related deteriorations of health. People pointed to the connection between mental health and physical health – if your mind is unwell it affects you physically – while others said if you have a serious illness you can be impacted negatively in terms of your mental health.

People had a lot to say about the impact on being lonely of increasing immobility and being unable to get out and around. *"A lady I visit in her home had a fall years ago and she just doesn't want to go out now."* They also evidenced the good quality of services they experience from hospitals, GPs and other health professionals, as well as support from voluntary and community groups. A significant minority of people, however, were concerned about the length of time it takes to get a GP appointment, waiting times at hospitals, staff who are sometimes rude, the impact of cuts on caring and social support services, and the difficulty in getting advice and information. *"After being in hospital you come home to nothing, so you just get ill again."*

They also reported a tendency for different service providers not to communicate effectively or consistently with each other. *"Seeing the person not the illness"* was something people would like to see more of from service providers. Others felt that some professionals do not see loneliness as an issue – they only look at the physical. One person suggested that *"professionals should do more digging in casework"*.

Some people reported being frightened to tell what illnesses they have, and generally to talk about incapacity issues and fears as they get older – for example *"I have often wondered who can I ask if I smell?"* - while bodily functions including incontinence are often taboo and hidden subjects. Typical comments related to talking about illness and not drawing attention to difficulties were: *"They know I try to hide my illnesses. ... The doctors and nurses at my local practice know I hate going in and I don't like to feel like a burden on anyone, especially when it comes to my health."*

Even small things like losing your spectacles or being hard of hearing can cause confusion, worry and perhaps lead to reluctance to go out or be self-sufficient. Others cited the loss of physical contact with a loved one in older age, and the loss of the comfort of human touch.

The poorer you are the more likely you are to have health problems. For example, if you are poor you are less likely to have a good diet and are more likely to live in substandard accommodation. If your family is poor they may be in less of a position to help you. Even for those who are better off the cost of private care, accommodation or equipment is high or even prohibitive, and certainly the subject of worry.

Feedback also underscored that it is important for people to have a sense of purpose and not to lose their sense of belonging and independence – even when living with terminal illness. More planning for and talking about getting older would be cost effective ways of making a difference in this context.

TALKING ABOUT...

Man aged 65+, Men who are stuck in the house

I have been trying to get this friend of mine out ... he sits in-doors and drinks five to six pints of beer in a day. You have to think how much is this costing the Council and the NHS – he is drinking so he probably has liver problems, but it would run into £000s if he has to go into hospital. In my opinion it would save the Government thousands in Tower Hamlets to get really stuck in and get these people out of their armchairs. Get them out of the house. If I could help with that it would be a result!

Man aged 65+ Having a pet

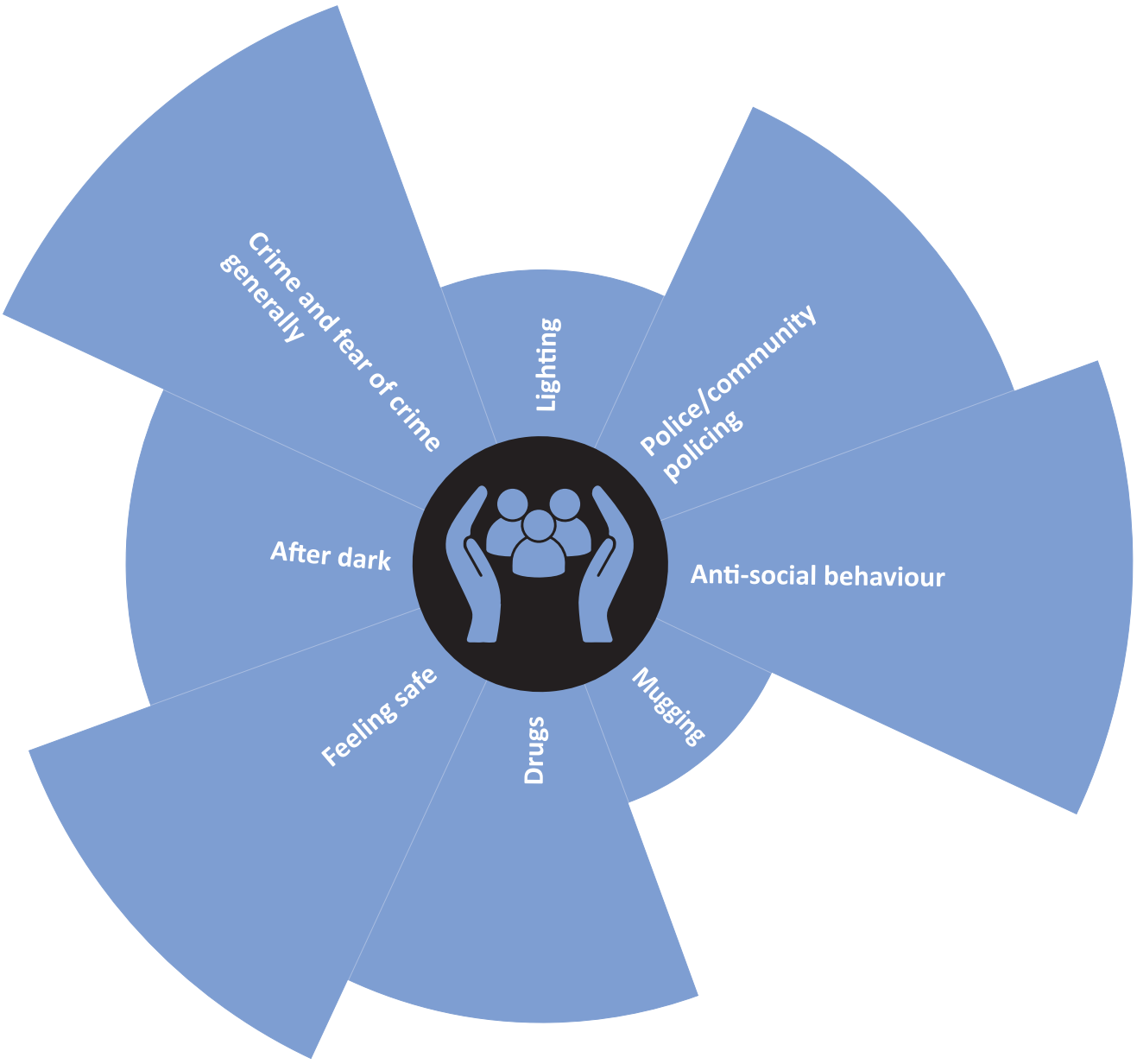
What about helping older people to have a pet? It's something to look after, responsibility, it gets you out of yourself. You would need to go out to get the dog something to eat, go to the vet, brushed, looked after. It makes life livelier. People don't think about that – that little thing, it means a walk every day, keeps you away from the GP. I think the RSPCA has a scheme for this but people need the information to make it work.

Man aged 60+ Having a pet

I lost my dog last year, and feel more invisible now ... people used to come up and speak to me ... if you have a dog people talk to you.

[13]Some branches of the RSPCA offer the Elderly Animal Re-homing Scheme

Most mentioned issues



More youth provision

More/ visible/ friendly police/ community safety officers

Someone to go out with at night

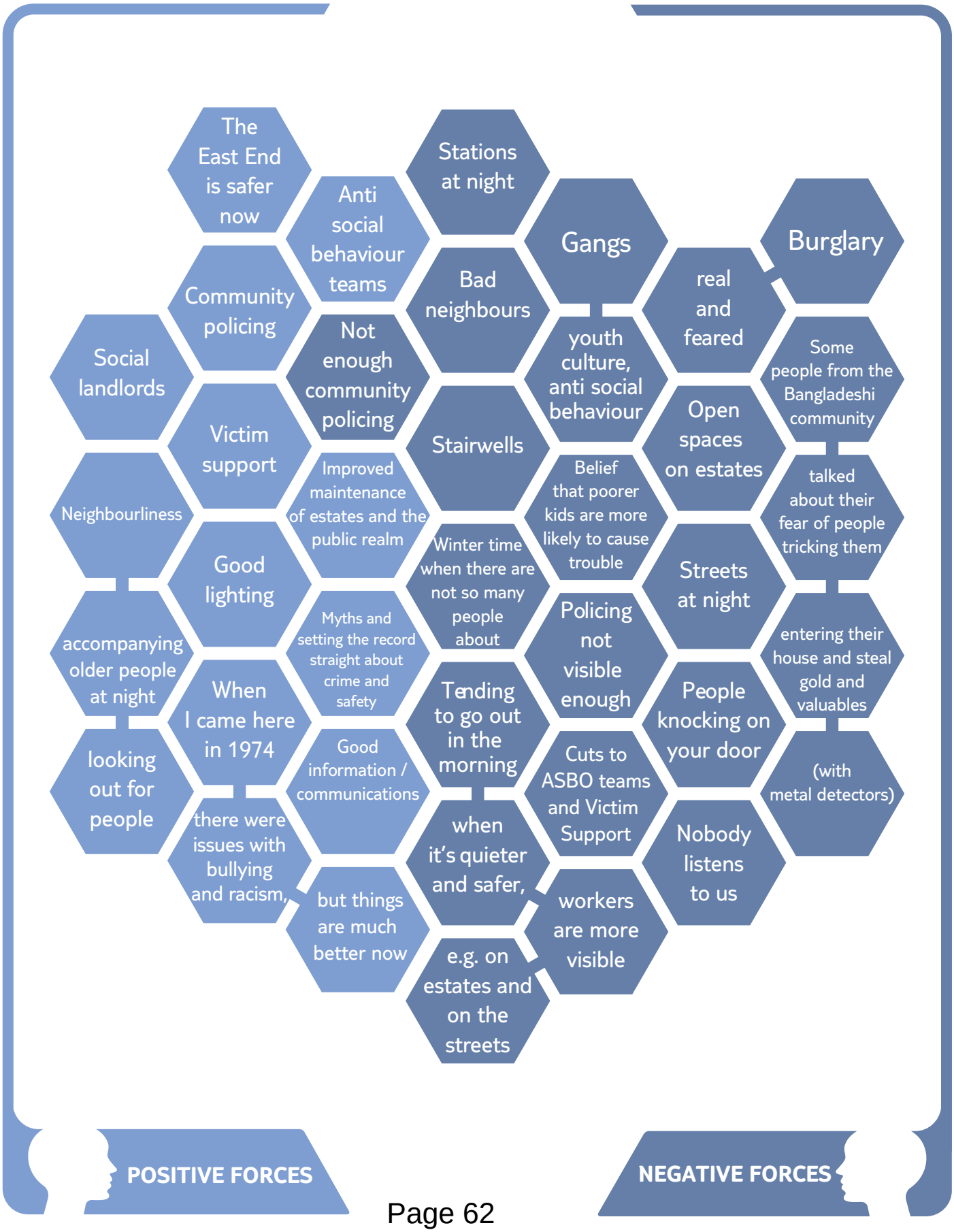
Most mentioned ideas and suggestions

Lighting improved

Road safety/ crossing the road

Dispelling myths

Community participants cited 'feeling safe', and crime, or fear of crime, as particular worries for older people, and contributors to experiencing or exacerbating loneliness. Many older people stay at home (alone) a lot or all of the time, or do not go out after dark or at certain times of day.



FEELING SAFE

Experiences and opinions about feeling safe ranged from being afraid to answer the door and go out in the evening, to perceptions and impact of anti-social behaviour, criminality, drugs and drinking in public places. *"There are gangs and youth issues so people don't want to go out."*

We took conversations deeper in the second part of the project in order to try to ascertain whether 'crime' and 'anti-social behaviour' were more perceived than experienced, and found that fear of crime was more prevalent than being the victim or witness to actual crime. *"They read the papers too much, they don't actually see the crime, but they are fearful."* ... *" I don't read the papers in case I get to know about murderers."*

There is no doubt, however, that fear of crime makes crime seem very real to people with those feelings. It is also true to say that significant numbers of people we engaged with had seen or experienced genuine crime and anti-social behaviour – citing for example muggings, burglary, chewing betel, drug taking/dealing and littering, particularly in Mile End ward, a finding which may correlate with that ward being more deprived than other wards on the Crime measure of IMD.

[14]See Appendix Four – Demographic Information

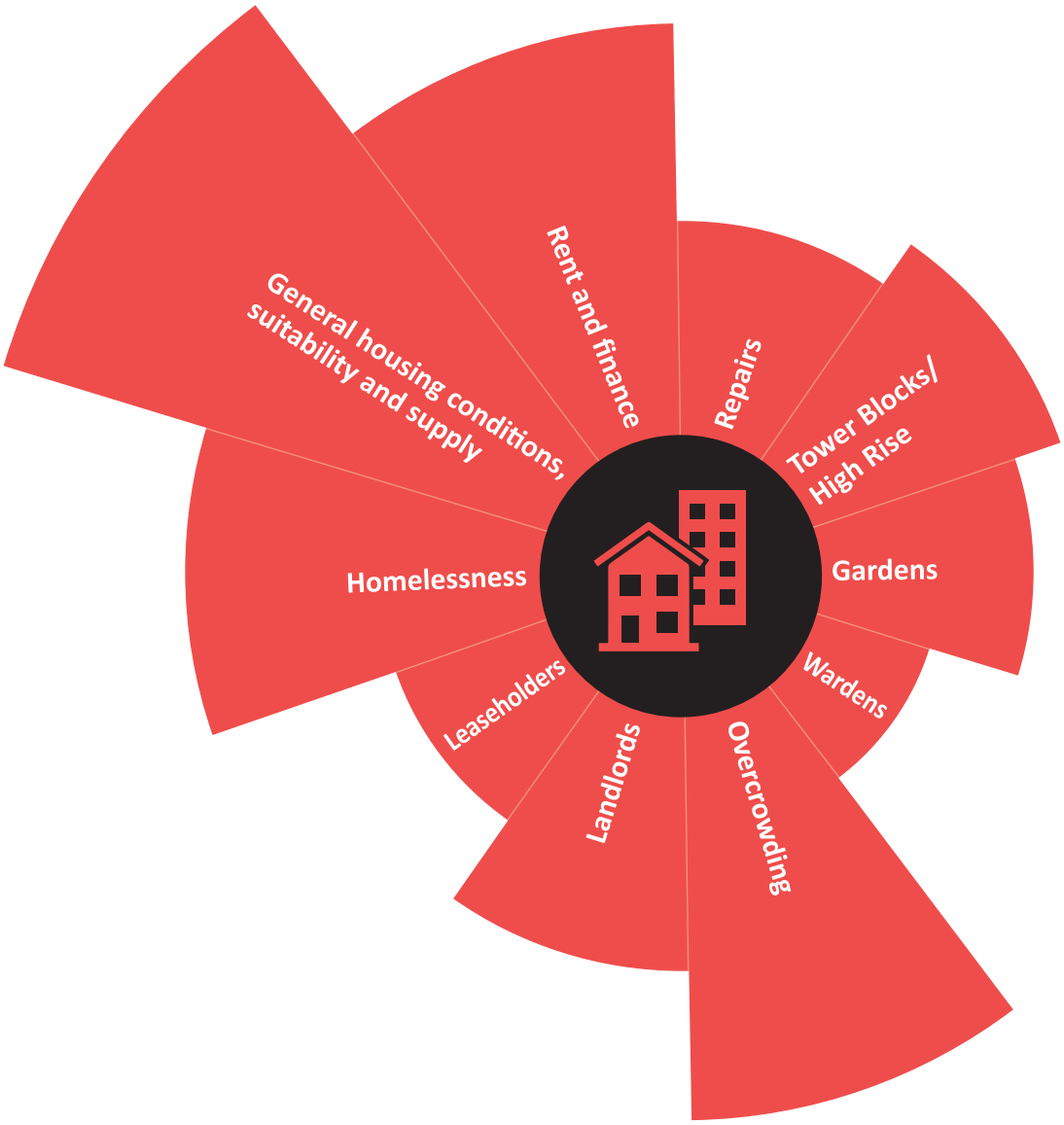
Woman aged 75+, Things that prey on your mind:

There are people going around this area who trick you into letting them into your house, and they come in and steal your gold and valuables. They have metal detectors that help them find it.

Woman aged 90+, Things that prey on your mind:

You sit here and you read the paper, and your imagination goes wild.
We get lots of people in and out of the car park and I can see it all from my window here. There had been a pair of cars out there a few times, quite expensive ones, and the drivers meet and they talk and walk off. So I am thinking all sorts of things – even, are they from ISIS? ... Anyway I mention it to my daughter and she goes out to see what's happening, and do you know they offered her dope! Really I feel safe here, but you know I didn't feel threatened, I did wonder what they were doing.

Most mentioned issues



Most mentioned ideas and suggestions

Allocation of and planning system to provide for suitable housing for older people at different times of their lives

More affordable and social housing

Housing for families so they don't move away from their elders

Reliable and timely repairs and maintenance

Alarms for all the elderly

More provision for the homeless

Social Landlords to take on the issue of loneliness as they are on the front line

Housing is a major factor for many older people in the borough in the context of loneliness; the availability of affordable, appropriate, well-maintained housing can make the difference between being lonely or not lonely. Many felt that key to overcoming or preventing loneliness is living in a home that is suitable for older people. Ideally there should be good access, a good landlord, good neighbours, and the neighbourhood should consolidate a sense of belonging and community spirit.

HOUSING CONDITIONS

For many people, especially those who have spent most of their lives, or significant time in Tower Hamlets, the improvements in housing, cleanliness, and the role of social landlords services have all seen considerable improvements in the last 20 years particularly. Regeneration and upgrading of housing has been very positive.

"People are lonely because when they open the door they don't see anyone." Where 'suitable' housing for the elderly is available it has a very positive impact on their lives, and people have mentioned having a garden, being able to see out to what is going on, and good access as significant positive features. *"Old people like living in a house, so they can relax in the garden as they don't go out much." ... "The housing officer walks around a lot and greets people – so I feel safe, as it is a familiar face."*

The flip side of this picture demonstrates that various negative aspects of housing can exacerbate the experience of loneliness. Tellingly, when asked to place a sticker on a map showing "where in Tower Hamlets do you feel lonely" the 'place' most identified by respondents was "home".

Others said that they experience damp conditions, poor repair and maintenance, either because they can't afford to pay for this themselves, or their private landlord does not put things right. *"If the house is not clean you don't feel well." ... "I have a disability and when I am at home I have difficulty going up the stairs. I feel cold, repairs service is poor, ... my toilet seat is unsuitable and I can't get it changed." ... "Old people are made mad by poor housing."*

Overcrowding is another problem. People talked about the consequences of recent benefit and housing cuts and lack of affordable housing, especially seeing their families moving away because they have been hit by the 'bedroom tax' or not being able to afford to rent or buy privately. Some talked about a lack of affordable housing to buy or rent as a serious problem, and consequent changes in the community and social structures. *"Local people and families that have lived here for generations are driven out of the area because of high rents."* Many said to us that these changes have removed support mechanisms and the family safety net for older people – including informal help with health issues and social care. Some, though not actually experiencing this themselves, fear that it will happen to them – including as a consequence a widespread perception that communities are being 'cleansed'. New housing is perceived to be for the 'rich' not for 'us'. Furthermore, people commented on the increasing numbers of older people who are homeless in the borough (and this is backed up by local homeless charities). *"No friends, no family, homeless."*

High-rise accommodation was considered unsuitable for many older people who reported to us that it can exacerbate the loneliness because of mobility and accessibility issues, anti social behaviour, lifts out of action and just being isolated and cut off socially. *"There are 34 steps to my flat ... I have no life, but I suppose I manage." ... " I am on the 21st floor and there are people sleeping on the stair."*

Care homes and sheltered accommodation are regarded as very good, though people have said that it is quite common for residents to be lonely even when they live with other people. One lady in a care home said it was better to be in a room near the people with dementia as their doors were always open and people were moving around, whereas the non-dementia residents tended to keep their doors closed. Hostels and temporary accommodation are felt to be adequate and necessary but can be un-conducive to socialising or community spirit.

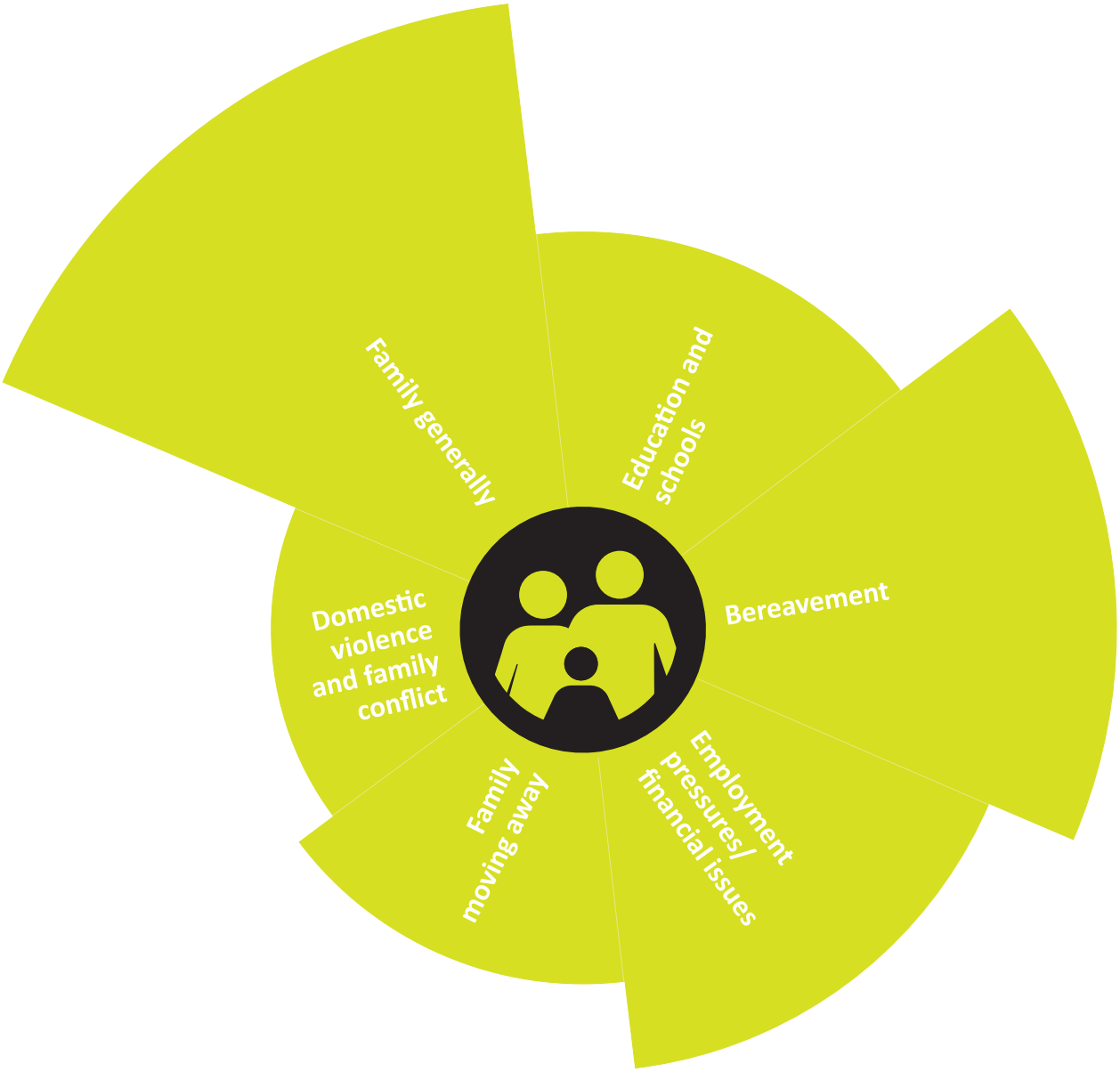
Man aged 60+, Memories

A lady I know who liked her high rise flat where she lived for all her married life but, after losing her husband, she found the memories surrounding her were too much to live with. She was re-housed in low-rise accommodation with a garden nearby; the loneliness, emptiness and isolation vanished from her life.

Man aged 65+, Living in temporary accommodation when you are older and single

I live in a hostel – you have to be on the housing list for years … a single guy has very little standing - and it is filled with all sorts of people. I have got a heart condition. I'm supposed to be taking it easy. Taking it easy in that place? I have to be there for three years before I get on the housing register to move, three years. I probably got no chance anyway, as a single white male maybe no chance. I am not allowed to do anything – can't bring any one back, cook food even in my room. That is against my human rights. … I am retired now and draw a pension. All I do is go and check me money has come in.

Most mentioned issues



Intergenerational projects including language

Use of schools as assets

'Adopt a granny or grand-dad'

Most mentioned ideas and suggestions

Advice and family support

Awareness campaigns on less talked about issues/taboos

Many of the people we engaged with made links between living within or near a supportive family as being helpful in preventing loneliness in older age. Strong bonds with, and support from, spouses, partners, children and grandchildren are all important ways of preventing or ameliorating loneliness. For many bereavement is particularly difficult and can often be a time when people are very lonely. People also talked of links between absence of a supportive family environment in early life as being a cause of loneliness in later life.

Our project shows that family relationships are key when it comes to being lonely or not feeling lonely in later life. As with other issues, there is a bright and positive side to family life, but also at times a darker side.

Generally people spoke about family as being central to avoiding loneliness in later life.
"The best thing in life is a wife and a family – this is happiness." Support from family is wonderful and positive when it is happening, through visits or living with relatives who give support, company, practical help.

"I have nicknames for my two daughters who help me - one is my transport manager, the other is my finance manager."

Even when their families live outside London more active elderly people (who can afford it) go for visits which keeps them in touch and happier. Schools and education being good are cited as 'feel good factors', creating family pride.

Family support, regardless of background , is highly valued. *"When you have a big family it is difficult to feel lonely."* People from outside the Bangladeshi and other Muslim families tend to believe that those communities have stronger family ties and therefore probably older people get more family support and care, although some of the in-depth conversations we had might suggest that this is not always the case.

Many community members reported that the tradition of older people living with their children is decreasing, as society changes, and work demands take priority – for example many were saying that people are more independent now, and rely less on their children.

I would ask my family to help me ,..... but I realise they have their own things to deal with; they have to pick up their kids from school ...I don't want to ask them for help because I don't want to cause problems. I understand, I don't want to burden them

My family and people are working all the time, sleep at night is difficult, I worry about where I will go, and I spend evenings on my own.

Values are changing – we used to look after the elderly, now we want our own space

These comments are from people we spoke to, and not therefore, necessarily reflective of all views. There are those who don't expect, and indeed say they don't want to stay with their children. This is perhaps an indicator of significant societal trend. However, as our case studies indicate, even when older people do live with their families there can be pressures that mean they may feel lonely in that environment. *"My family are too busy – they don't know I'm lonely."*

Bereavement and loss of spouses, partners and friends is deeply traumatic and is considered a major factor in people being lonely in Tower Hamlets, as indeed it is everywhere. *"You've been with that person for 48 years and it's a part of you gone."*

Conflict, arguments, domestic abuse, problems with employment and finances and intergenerational problems are also contributors to loneliness. Being bullied in early life, being in care, having been in a single parent family, especially with many siblings and without a father figure, getting into trouble in early life, being an ex-offender, were also cited as causing life-long loneliness that does not diminish or disappear as you get older – they are exacerbating factors. For some LGBT people loneliness is an issue; family breakdown, depression and suicide were also mentioned. For those who came out in the 1970s, and before equalities legislation, it may be significantly worse, as it can be for many who lived through bereavement caused by HIV and AIDS.

TALKING ABOUT...

Woman aged 70, Not being a burden on my family

I don't want to be a burden on my children. But I am weaker now. When my family come to see me I can't cook for them, feed them or look after them any more. ...If they have to look after me, they will fall behind in life, it will affect them negatively. I don't want to be the cause of that. Nowadays everyone has to work to get by, for their livelihoods. They don't have time for me. ... I am blind, I can't read the Quran and learn new prayers. But I don't want to burden my family with this. This world is a test, it's not meant to be easy. The Mosque has everything I need, I come on Fridays, I wish I could come more often, but there is no one to bring me.

[16]This is reflective of the comments made by people we spoke to, and is not therefore necessarily reflective of all views, i.e. White British or Bangladeshi people.

Woman aged 75, Not being a burden on my family

I have certain expectations or habits that my daughter in law and son don't always understand. It can get tense living with them. I am a very independent woman and I have my own ways of doing things. I don't like relying on people, but sometimes the situation requires it. That's when I feel lonely. They are a younger generation and they don't understand me, and things get easily misconstrued.

I don't like to feel like a burden on anyone, especially when it comes to my health ... I don't want to take any money from the government because of any illness I might have. I don't want to be dependent on anyone. I am scared of growing old and losing the ability to control certain bodily functions. I pray to Allah to keep me from becoming like that. I want to be in a constant state of cleanliness so I am always ready to pray.

Woman aged 55+, An unhappy marriage

My former husband was very controlling; the money, my family allowance, there was a lot of coercion. ...He was always good with my family, but cruel with me. No one believed me about what was happening. Respect is important in our family, and he was nice to my family and children. When he divorced me it had terrible effects on me and my life was so difficult. I struggled to cope with it all, but I got through.

I feel now that my family doesn't want me and so there is distancing between me and the wider family now I am older. I feel like I got all the blame; at times it was better with the family, but then there was gossip going on about me and I lost trust in my family and friends.

Woman aged 60+, Family attitudes to difference

I remember my first encounter with loneliness was when I realised I didn't feel the same as other people, I didn't want to do the things my parents were expecting me to do as a girl. I was always in conflict of gender identity but tried as much as I could to fit in by hiding my true feelings. I was often angry.

At 15 I was thrown out of home by my parents who could no longer deal with me in the controlling fashion they felt was required. I spent many years homeless and squatting and not knowing what I should do. I had very limited social support. There was no LGBT centre and I didn't know any other lesbians. I was very lonely. I was involved in lots of gender based political activism but normally hid my deep-seated fears about difference.

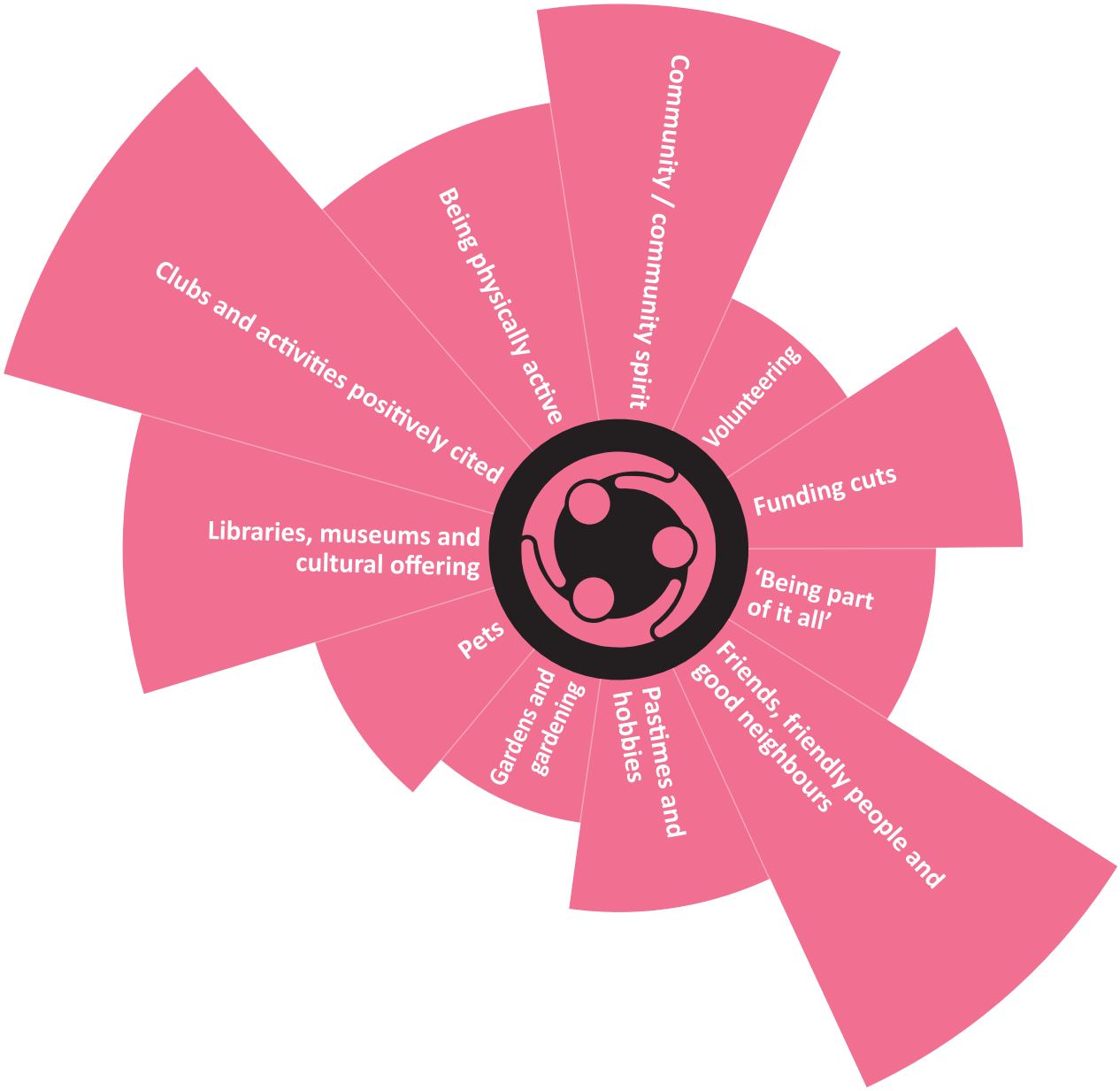
Woman aged 65+, Losing my wife

Probably the worst time was when I lost my wife ... it wasn't long ago, only 18 months. Through our life together we had our problems, but the thing about it then was that there was always a light at the end of the tunnel. I was her carer, and I still felt there was light at the end of the tunnel and you could overcome it, but when you lose a partner there is no light, she is never coming back and that is the hardest thing in my life.

When you are with people you can put a front on, but the most difficult time is when you get home and you close the door behind you. I do try to keep myself occupied, I don't just sit in the chair and watch TV, but no matter how you keep yourself busy, it knocks you back. It is the silence - it comes down like a cloud and hits you.

I lost a lot of friends over 10 years of being a carer. I was on duty 24/7, she was ill, multiple things were wrong with her, so I had to put her first. I did what I could, but I couldn't leave her for any length of time ... you don't go out for a drink with friends because you have to look after, keep sober. ... You lose your friends, they pass on, they move out. I had to make the choice; my wife came first. I have no regrets now, but it is good if you do have friends.

Most mentioned issues



Most mentioned ideas and suggestions

Neighbourliness/ helping hands/friendliness/ restore community spirit/ campaigns and events

More clubs and activities more frequently open

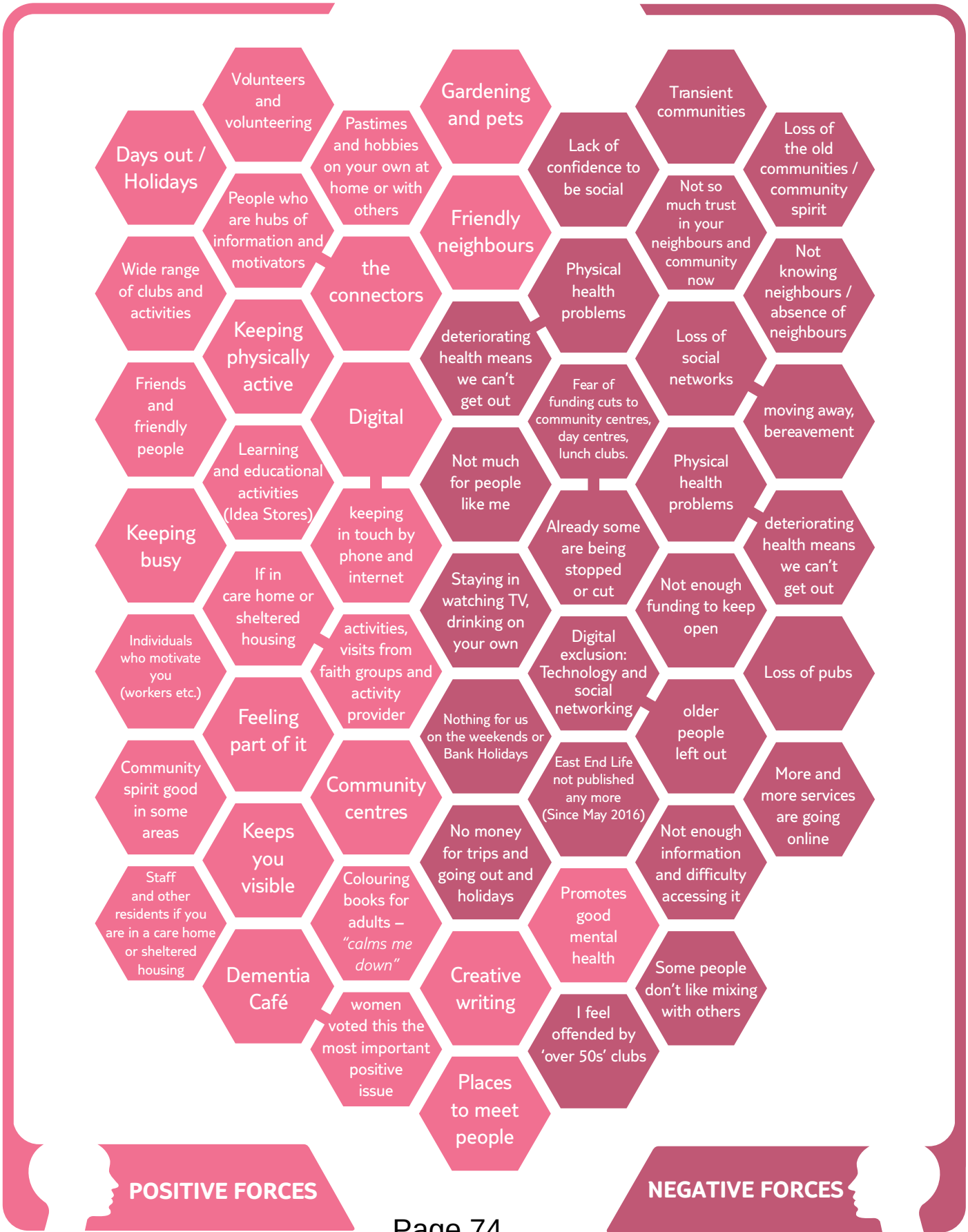
More outings

No more cuts to funding – Lottery applications

Expanding the Idea Store services

Take a lonely friend with you

In the course of engaging with local Tower Hamlets residents we found that people, almost invariably, valued community activities and their social networks as key ways of avoiding loneliness. This was because these aspects of life motivate them to do the things that keep them socially connected, that 'get you out of the house' and 'give you somewhere to go', that keep the mind and the body active and that maintain a sense of purpose, all crucial to not feeling lonely.



People said repeatedly that clubs and activities have an extremely positive impact on 'not being lonely'. *"Don't just sit around – do something."* This is not surprising, as we were talking to people often in the setting of a club, community centre or as part of a social activity. The range and quality of activities, clubs etc. is very extensive - from hobbies to lunch clubs, healthy eating, physical exercise, support groups, cultural groups, local history, faith groups, gardening, leisure centres, coffee mornings, rumba, day centres to name but a few.

There is certainly a very substantial amount of community activity, formal and informal, funded and unfunded, going on in the borough; this is valued and makes people happier, socially networked, and busy and occupied. *"I'm too busy to be lonely." " A bit of gossip keeps you going ... I have a different outlook on life since coming here."* For some being a volunteer, on a committee or housing association board, being a leader in the community and having a civic/societal role are all things that combat loneliness and build self esteem. "*Get dressed, put on your make up and make yourself feel better."* ... *"Your humanity comes back."*

'Community spirit' is another aspect of this theme. There was a lot of discussion about community spirit, neighbourliness and friendly people, and that these aspects of life in Tower Hamlets help to combat loneliness. *"Feeling at home and being part of the community."*

Some people believe that women are more likely to be social, networked, to volunteer and be active in the community - though there is nothing absolutely conclusive about this. Individual experiences were telling: *"This is my main place, I don't have anyone"* ... *"You can be lonely when you are with other people."* ... *"I feel like a different person since coming to St Hilda's."* ...*"I refresh my mind and meet friends by coming to the Mosque."* It was interesting to note that, for women in one Bangladeshi group, being part of the community was their most 'positive' about living in Tower Hamlets – while for the men in the same group good health services were most important.

We were also able to delve deeper into the barriers and hardships that really lonely people face in attending such activities (noted in the diagram at the beginning of this section).

Isolation and dying alone

One respondent told us about his elderly neighbour who was found three months after his death, and he was concerned because he now knows that this could happen to anyone. Initially there was no cause for concern as he assumed the social services were visiting regularly to pick him up and to take him out – but it turned out that they were not picking him up at all.

It was only when he saw a damp patch that it was noticed he hadn't been around lately. He found a damp patch next to his wardrobe on the wall and floor. He was very concerned as he was used to seeing him every day. He had not seen him for a while and reported to the social landlord that he had not seen his friend in months he was not opening the door.

The Police came to break the door down to find out what had happened. They found the neighbour dead on the floor next to the window – the damp had come from the deceased leaving the tap on before he fell to the ground. They estimated that the man had died in the Christmas holidays, and his body was found only in March.

Man aged 60+, Being grounded

A lot of blokes come here to the Grounded Project in Cemetery Park. They are usually referred by GP, Probation, or by the Housing Association. It's much better than running around on heroin with your mates on the streets. They come four times a week and build up their time here – everyone does a minimum of two days a week. We call it 'Grounded' because the whole thing is physical, getting back to what our ancestors did. It's far better – not everyone is the same.

People have to learn to get on-line to get their dole money, and some older people are not interested in learning the computer. This works, winter and summer, we have pets here, a shelter, it's good exercise and we get people out to play.

Woman aged 65+, Being grounded

I'm not really ever lonely - I do two days here at Spitalfields City Farm, I do the watering. When I am in this place all the aches and pains and anything negative is gone – doing stuff, that's what keeps me going. I also have a plot in Stepney – gardening keeps me going winter and summer. Gets me out of the house.

Man aged 77, Being grounded

I started here four years ago – my neighbour brought me – he took me over here, and I have never stopped. Winter and summer – winter doesn't worry me at all I just get out.

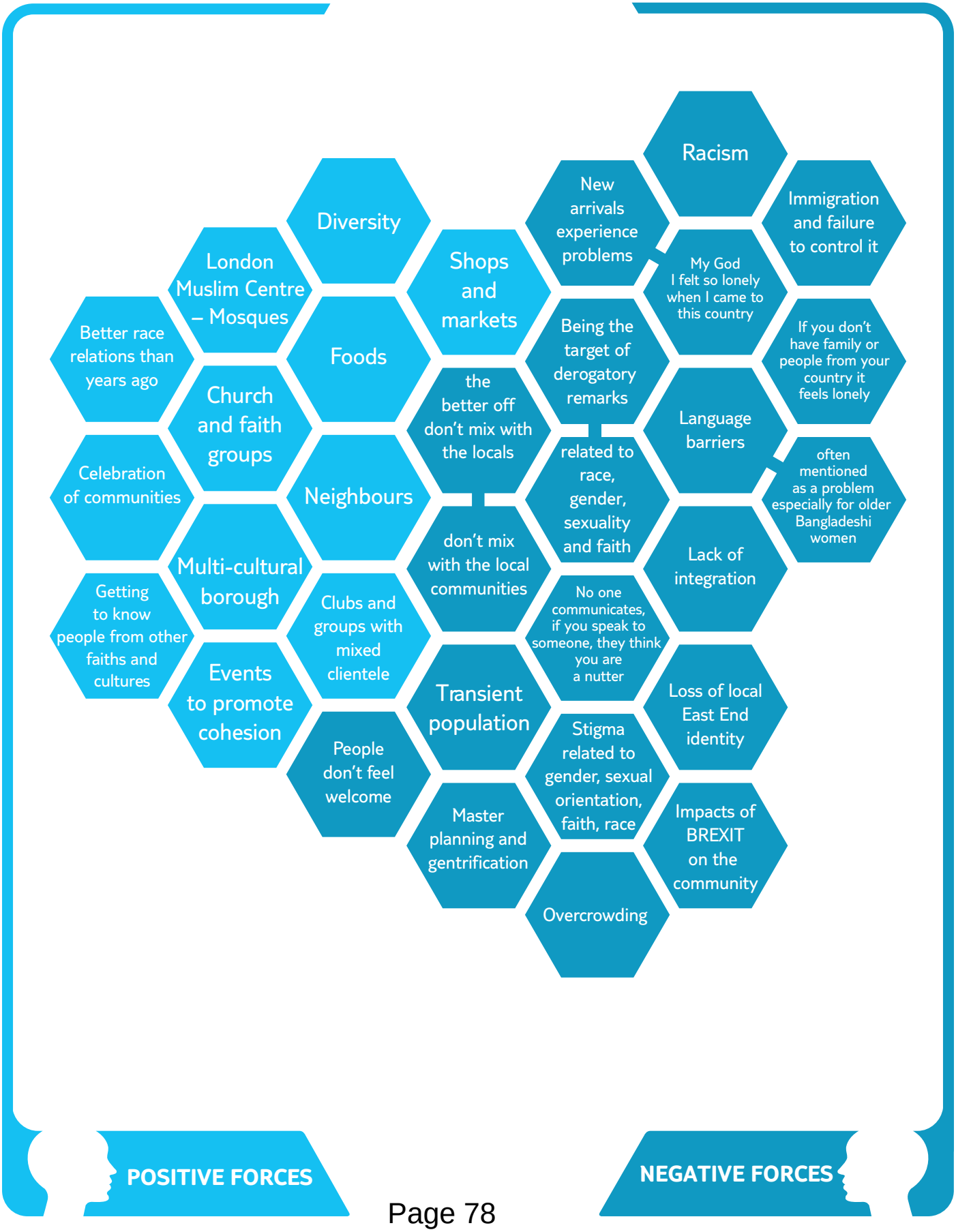
Most mentioned issues

70% of the people we spoke to had a faith

Most mentioned ideas and suggestions

- Tolerance and consideration
- Education about others
- Multicultural events – more festivals and street parties
- Local history walks
- Support and respect to overcome stigma/ stigmatisation

The residents we spoke to linked loneliness to aspects of culture, faith and cohesion. Where people value and respect each other's cultures and faiths, where a sense of belonging is strong and where tolerance is nurtured , residents say, loneliness is reduced. Whereas divisions can result in loneliness because people do not feel valued or 'at home'.



CULTURE FAITH AND COHESION

Tower Hamlets is one of the most diverse boroughs in the country, with many different ethnicities having lived here for generations, while others have settled here more recently, including refugees and asylum seekers from many areas of the world, some of them very recently arrived. Another aspect of problems with cohesion is rich and poor, and people have talked of a divide that is growing as the more affluent come into the borough with 'gentrification' and rising rents and property values.

While many felt that diversity was one of the reasons for celebrating life in the borough, others expressed concern about the number of immigrants, the old white East End culture being lost, people speaking of feeling like a stranger in your own place. *"We are losing our communities ... they are transient, people don't know their neighbours any more."* ... *"We live in a bubble. ... It's like a ghetto – sometimes I feel I am the only white person."*

In many cases people stated, and we observed, that people tend to gravitate to those they feel they have something in common with; sticking to their ethnic group. Some centres demonstrably have a multi-cultural clientele, but many do not. *"Even at community centres, you only sit with your friends."*

Language is often a barrier – even between generations of the same ethnicity and older people tend to have more language difficulties than younger people. Some felt that people get on well, and cited examples that celebrate diversity, while others said there is little true cohesion. *'There is a divide between communities and that is not good." People rub along together but do not come together.*

Seventy percent of people who gave us demographic information were recorded as having a faith or belief, principally Christian and Muslim, but also Jewish, Sikh, Hindu and Buddhist.

Having a faith, a belief in God and/or being part of a faith/religious community were considered a good way of alleviating, overcoming or preventing the negative impacts of loneliness, and were a great comfort in later life, especially in the context of bereavement. Going to worship at a church or a mosque, and also the many activities that faith groups provide or host were often mentioned. *"When I feel lonely I come to the Mosque."* Churches and mosques in Tower Hamlets are considered easy to access, and we noted that people said both that these were near and local to them, but also reported that people would travel to attend faith groups where social activities take place. They are an important source or hub of information for attendees.

In older age attending a place of worship can be difficult or impossible due to incapacity/ health problems. We heard that faith groups that go into communities and care homes provide a good service that is important to people with faith and also other residents (in the case of care homes). It was felt that more of this (going out to the people) should happen, and that it would have a positive impact on lonely people either in their homes or in care homes. For example also, it was suggested that perhaps prayer rooms and religious studies provided at the Idea Stores might be a good thing.

Some women from the Muslim community spoke of their fear of losing control of their bodily functions as they age and this might mean they therefore might face serious barriers to taking part in worship as a result.

Faith:
Typically people said of their faith or faith community:

"They give you moral support and someone to confide in"

"When I feel lonely I ask someone to drop me to the Mosque "

"I love the Maryam Centre because I can talk with other people, and pray – it makes me feel happy"

Beyond the structure and support offered by organised faith groups, people also talked about the strength, comfort and resilience that faith gives them:

'It is God's job to decide when we die'

"I thank God everyday for being alive"

Several respondents talked about this life not being important, and that what comes afterwards is, giving the sense of an acceptance of the health issues that come with older age.

People cited the positivity of the multiculturalism in the Borough, and the positive impacts of festivals, of sharing food. *"It's a good community and now it's really, really mixed – it is a good thing – mix of shops. We have the four corners of the world here. I love to see it. " Having neighbours of different faiths and cultures and receiving support from them is very positive: "At Ramadan I get fed like a princess."*

However, we also noted as the project progressed and in later stages people said that Muslim women were increasingly being the target of racism. Older people are worried about their own safety as a result, and men said they are worried about their wives and daughters on account of the way they dress. Some people felt that the 'old religion' was being 'taken away' by other religions and faiths 'taking over' and that this impacted particularly negatively on older white 'East Enders'.

Woman aged 65, Living in a foreign country

Coming with someone else (a friend) at the same time makes it easier to not be lonely. You need time to make friends. You have to learn English and get over the language barriers. You don't know the ways of life or the laws of your new country, you don't know what you are allowed to do. You find that the climate affects the way you live in a foreign country – its different here.

Woman aged 60+, Help to cope with stigma

I feel now that I can be me, and am supported by the law and services are available. More recently as centres have closed down I have been worrying about young lesbians and where they go. There are LGBT services but no lesbian spaces and this means they might end up in bars in relationships fuelled by alcohol. That is a terrible thought for me.

Now I am getting old I am worried that as I get older and more vulnerable I will start to have to hide my sexuality and "invisibilise" my past and my present in order to get treated well by services which pay only lip service to equality issues. I meet many social workers and carers who know the rules and can articulate equalities policies, but in reality they do not treat us with the respect they may treat others, sniggering about lesbians and transsexuals is commonplace. Sometimes I have the strength to challenge, sometimes I do not.

Craving for the home country

A grand-daughter's perception

When my Somali grandmother was healthy and active she (like many others) would go back to the native country and her family back home for a few weeks of holiday but she would always come back here to live with us. But after deterioration of her health, when she was having lots of headaches and complaining about living in England she wanted to go home. The weather here didn't suit her; she hated the cold and damp and the house was draughty. Because of rumours that went around the community, especially amongst those like her whose English was non-existent, she also convinced herself that the doctors here wanted to kill people off before they wanted to go. So she wouldn't have the flu jab or anything.

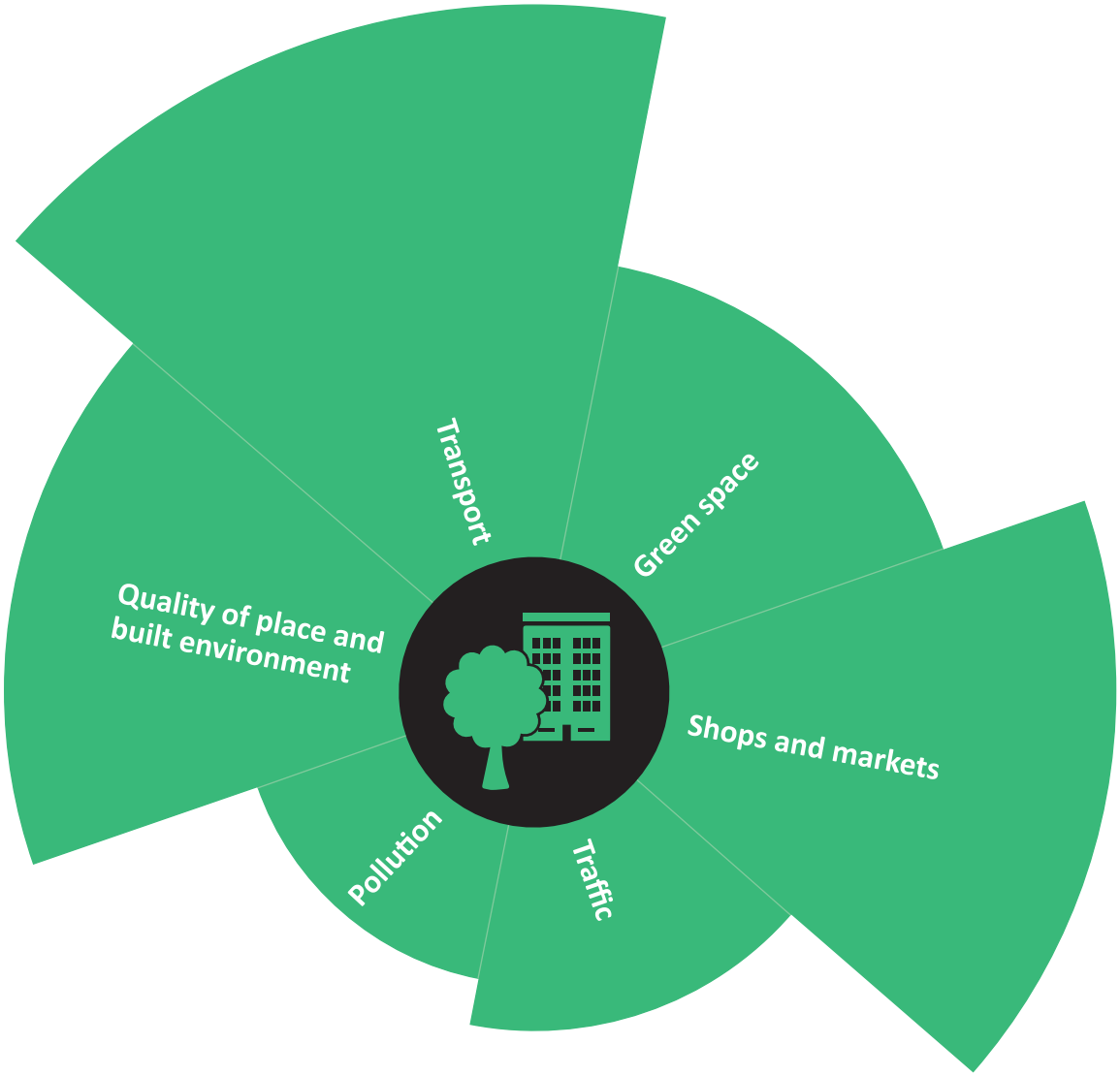
She felt the heat back home would be good for the pain in her joints, and she thought so if she went back in Somaliland she would be healthier and happier. So she went back to her roots which taught her to be very self-disciplined, rigorously practising her religion and its daily rituals, to know her own mind, and her habits of eating simple food and only enough to keep her maintained.

It did make her happier - Somali people have extended family here - but all of her family except us were abroad, so she did feel lonely. She went back for good. She getting very old and now she is in her 90s, and she would rather be very old there than here.

Woman 80+, Craving for the home country

I didn't know about Loneliness when I was in Jamaica. If I was in Jamaica I wouldn't be lonely – it's only in England

Most mentioned issues



Most mentioned ideas and suggestions

Improved transport for older people

Cleaner, safer environment, including dealing with rubbish and littering

Assistance to get on and off buses/ transport

More sitting areas for older people in public places

More pedestrian crossings

Making it safer for older people (e.g. make cyclists aware, deal with pot-holes)

Local people frequently felt that a good built environment, green spaces and other aspects of the Tower Hamlets infrastructure had a positive role in enabling older people to overcome or prevent loneliness, and they made connections between quality of place and quality of life. Amenities (assets) that make daily activity easier such as good accessible transport, attention to road and traffic safety, availability of local shops and markets, cultural venues and green spaces underscore this.

POSITIVE FORCES

NEGATIVE FORCES

The impact of the place is important. People were generally positive about the place where they live, citing examples of Tower Hamlets improving, being cleaned up, becoming in recent years much smarter, pleasant and safer in terms of the built environment. *"It's quiet and peaceful where we live."*

Almost everyone was very enthusiastic about the quality and quantity of the transport infrastructure, and the Freedom Pass in particular. *"You can just go for a ride if you've got nothing to do."*

"Everything is here!" People value and use the parks and green spaces and cultural and environmental amenities generally – Idea Stores, museums etc. *"The Idea Store is the key – we can watch people go by, drink a cup of tea, read a book."* Shops and markets, the availability of cheap food, located near to where people live, are particularly valued.

However, there are areas of concern about the quality of place and of infrastructure that exacerbate the problems of being older, and consequently on becoming lonely in later life:

- getting about can be dangerous
- traffic is heavy
- parking is expensive and inadequate
- crossing the road can be difficult
- pavements are crowded or poorly maintained. *"There are dangerous pavements and you can fall over."*
- *"Why do I have to cross the bike lane to get to the bus stop ... and it is even more difficult in a wheelchair or with a walking aid?"*
- *"Pollution can make asthma and other health conditions worse and stop you going out."*
- disabled access is lacking at tube stations.

Many people feel they don't feel at home here anymore because of gentrification and all the new developments, and it does not look like it used to. *"All the old fishing spots are gone – development has led to marinas and only boats are there now – this has led to my loneliness."* ... *"The rich are getting richer and the poor are getting poorer."*

Apparently there are people in the borough who are eligible for Freedom Passes but, due to isolation or language barriers, lack the information about how to apply for one or how to use it; people who know of this problem say it needs addressing.

Impact of parking charges

Woman aged 65

This woman is a pensioner and is registered Disabled. She initially made an application for a parking bay at the beginning of this year. She had been informed that the policy had changed and she needs to pay £10 weekly. She is unable to afford this.

She has a blue badge for the vehicle in question. However, this vehicle is not registered at her property and her grand daughter, who is the owner and driver of this vehicle, is her carer, providing basic care and social support. She asked for the social landlords to have more compassion. She needs her granddaughter to help with her basic needs but due to the parking charges, she is unable to come as frequently as is needed.

In the context of austerity and funding cuts to public services and to voluntary and community sector organisations, perhaps it makes sense to concentrate on small initiatives and actions that could make a difference in a cumulative way. Working together need not cost money. Can people do more to change attitudes by joining up – is there an argument for everyone to think about Loneliness Proofing? By this phrase we mean that, for example, whenever a project is being developed, a service cut or modified, the organisations and personnel involved should try to consider older people and loneliness part of the overall equalities impact processes and identify the short and long-term impacts which will be alleviating or exacerbating loneliness and the lives of older people.

Do we know enough about our community assets? Is there more social and community capital that could be built on - like front line workers being incentivised to do things to reduce loneliness – call centre staff, estate cleaners, maintenance workers and gardeners? How much does changing organisational cultures cost? To what extent do our community and democratic leaders have the will and the power to change things?

A digital hub is one thing, but maybe we also need to engage better with the 'bush telegraph', i.e. activate informal communication networks in the community. (Could, for example, putting notices up on the public transport infrastructure get people talking to each other about loneliness?) Building up the number, capacity and power of the motivational connectors and leaders in the community might also make a big difference. How can we all strengthen recent work in Public Health and the Clinical Commissioning Group on 'Making Every Contact Count ' and building and extending the reach and impact of social prescribing, making it appropriate to the local and individual need?

We therefore asked people at our workshops to think about:

- what can I do?
- what can we do?
- what should they do?
  (i.e. those with decision-making or service-provision roles like Government, Council, NHS, Police etc.)

Can the ideas captured and actions identified be spread around to meet a range of different needs and different kinds of people? Our findings indicate that one size doesn't necessarily fit all - there is much commonality of concern, but we cannot assume that one big change will be the answer. So we shouldn't think that because digital inclusion is a good thing that everyone should be trained – e.g. at a project for people with mental health and addiction issues people reportedly don't find that doing training in IT relieves them from loneliness and do not like to be reminded of negative educational experiences. They benefit more from something physical and more social, while for others digital is wonderful – one lady said her son had given her an i-pad and she had never looked back, she's 'surfing every day'. Another said she spent many evenings in touch with friends around the country and on the other side of the world.

Local people's suggestions and ideas for action can be found in Appendix One and are listed as interlinking groupings, I, We and They.

Combating Loneliness: A Guide for Local Authorities recommends local authorities adopt place based approaches, joining up of services that impact people who are likely to be lonely, and proposes that asset based community development approaches are key to positive action. In the course of the project we started to list assets, including public sector assets, community assets, online and digital assets and private assets. The list can be found in Appendix Two. It is the start of a full list; the assets are constantly growing and changing.

[17]Making Every Contact Count (MECC) is an approach that encourages frontline staff and volunteers to build into their daily routine conversations that may help service users to make healthier choices

This project on community perspectives on loneliness in the over 50s in Tower Hamlets aimed to shed some light, via the residents' experiences on factors that lie at the heart of loneliness. There is a big difference between being alone and feeling lonely. Loneliness is often about the quality of relationships rather than the quantity. Being alone is something we may all experience at some point in our lives, sometimes by choice, sometimes as the result of circumstances beyond our control. Loneliness can involve a sense of not having enough meaningful contact with others, or quality companionship, which can result in feelings of isolation and not belonging.

What we learned from this participatory project carried out by trained community volunteer researchers, is that the loneliness as experienced in the borough, does not have a simple cause, but is complex and highly subjective. The researchers have identified several themes and factors that are interconnected and have an impact on older people's health and well-being. Thus, it is paramount that the responses to the problem of loneliness, as lived in the borough, comprise multi-dimensional approaches and solutions in which all stakeholders (statutory service providers, housing providers, business, community services, and members of the community) have a role in tackling loneliness. It is everyone's business to address loneliness and isolation.

Recommendations:

Recommended action: Raise awareness of loneliness and its causes

Awareness of the causes and signs of loneliness that local people have told us about is a first step to action. People have made many suggestions (see Appendix One). Raising awareness could be a major catalyst for change. It would be a first step towards tackling people's lack of knowledge and understanding. It might also assist in identifying residents who may be experiencing loneliness and associated stigma, and provide an opportunity to overcome barriers.

Recommended action: Build on and fully utilise community assets to combat loneliness

In the course of this project people have identified a wide and diverse range of community assets (listed in Appendix Two). It is important that the stakeholders involved in the issue of loneliness should know about them, harness, champion and link up better around them using co-production or partnership approaches. People frequently told us that services and assets should be better joined up, and improved communication between them is much needed. They held up as an example of good practice the borough wide social prescribing programme, and suggested that this initiative should make more links to the huge range of community activities that can meet the needs of lonely, or potentially lonely, people. Another opportunity could be to involve local businesses and harness the potential for corporate social responsibility. For someone who is lonely, a cashier or assistant, in a shop or a bank, may be the only person with whom they have regular meaningful contact. Businesses and their frontline staff could really make a difference.

Recommended action: Take a strategic approach on loneliness

The Council should take a strategic approach towards preventing, reducing and alleviating loneliness among residents in Tower Hamlets. The findings of this report have relevance across all services. Spatial planning, for example, is a context where our findings could aid understanding of the impact of planning decisions on loneliness. Furthermore, opportunities exist to break down barriers caused by intergenerational misunderstandings; these could be realised by engaging children and young people in the lives of elders through children's centres, schools, colleges and clubs.

Recommended action:
Support and enable older people to be actively involved in shaping and where possible delivering local action on loneliness

People talked about the value of being listened to and of having a voice. An approach that empowers and engages older people directly in shaping local action to combat loneliness should be central to informing strategy.

Mental health and wellbeing

Befriending and outreach Support groups and services
properly funded and quicker and easier access to services
Education about mental health
Story telling
Volunteering and spending time with people with mental health issues
Positive attitudes and motivators

Physical health

Outreach and befriending
Access within the home/estate (mobility issues like stairs, lifts, repairs)
More time for carers on visits and better training for them
More volunteers and befrienders for people who can't go out
Walk more
Provision of toilet facilities
Cooking courses /info on Diabetes

Feeling Safe

More youth provision
More/ visible/ friendly police/ community safety officers
Someone to go out with at night
Road safety/ crossing the road
Lighting improved
Dispelling myths

Housing conditions

Allocation of and planning system to provide for suitable housing for older people at different times of their lives
More affordable and social housing
Housing for families so they don't move away from their elders
Reliable and timely repairs and maintenance
Alarms for all the elderly
More provision for the homeless
Social Landlords to take on the issue of loneliness as they are on the front line

Family, relationships and life experiences

Intergenerational projects including language
Use of schools as assets
'Adopt a granny or grand-dad'
Advice and family support
Awareness campaigns on less talked about issues/taboos

Community activities and social networks

Neighbourliness/ helping hands/friendliness/ restore community spirit/campaigns and events
More clubs and activities more frequently open
More outings
'to secure funding i.e. Lottery applications'
Expanding the Idea Store services
Take a lonely friend with you

Culture, faith and cohesion

Tolerance and consideration
Education about others
Multicultural events
more festivals and street parties
Local history walks
Support and respect to overcome stigma/ stigmatisation

Environments and infrastructure

Improved transport for older people
Cleaner, safer environment, including dealing with rubbish and littering
Assistance to get on and off buses/ transport
More sitting areas for older people in public places
More pedestrian crossings
Making it safer for older people (e.g. make cyclists aware, deal with pot-holes)

Local people's suggestions and ideas for action

What 'I' could do

Encourage positive attitudes and habits:

- Talk about it
- Listen better and more
- Stop being selfish
- Show tolerance and consideration

Take practical actions:

- Be a buddy or a mentor, someone to rely on
- Go out with an older person at night
- Visit lonely people in their homes
- Make them a cup of tea and talk to them
- Help them with shopping / deliveries / carrying
- Help older people on and off the bus, especially those who face difficulties

What older people might do for themselves, or could do more of

Encourage positive attitudes and habits:

- Talk about it
- Don't say can't until you have tried
- Think positively - good thoughts can make you physically stronger
- Avoid being apathetic

Take practical actions:

- Read books and use the internet to keep in touch and keep occupied
- Challenge yourself
- Plan for your old age
- Do more and keep yourself busy
- Think about keeping a pet
- Walk more – it's very good exercise
- Do some gardening - Reconnecting with nature improves physical health and mental wellbeing
- Go to the GP fully prepared with list of questions, symptoms, solutions and what you want to happen
- Know where to go for support and advice

What 'we' could do together: (co-production)

Encourage positive attitudes and habits:

- Talk about it
- Helping hands' – put people together to support each other
- Listen to the eyes and ears in the community – including frontline staff
- Campaign about / promote neighbourliness
- Have smaller meetings where people can hear and see better, and gain the confidence to participate
- Let people know where to go for support and advice
- Correct the myths that prevail in communities
- Enable people to recognise loneliness

Take practical actions:

- Connect people to clubs and activities, advice, talks and courses such as healthy eating, wellbeing, mental health, pet schemes
- Make a booklet of activities
- Think about providing more outings and trips
- Set up a 'telephone tree' project for people who are lonely
- Conduct more surveys of older people's needs
- Develop and extend Idea Stores activities including digital inclusion
- Make social media more accessible for older people – it's a hub for everyone - but not
- everyone can afford it
- Promote improved cohesion at all times
- Enable older people to tell their stories about the East End

  Hold more multicultural carnivals, celebrations and festivals that include older people, for example celebrate St George's day
- Involve men across all communities and cultures
- Set up more Men's Sheds and more 'geezers' groups
- Make funding bids (.e.g. Lottery, Charitable Trusts, Corporate funders) using this project's findings as 'evidence'
- Utilise public gardens and spaces to encourage more community gardens
- Get older people to volunteer and clean up the green spaces/ garden projects

- Try to improve transport for older people -– dial a ride, community transport
- Encourage organisations and businesses to join to form a community toilet scheme in range of community locations, with facilities for ablutions
- Use and provide free spaces for activities and socialising
- Help people to plan for the future, including making "living wills"
- Activate the community grapevine – not just online – using newsagents
- Lead and join in on Loneliness Awareness Days – maybe twice a year, one being in January
- Take the loneliness issues to the Community Ward Forums and include in Community Plans
- Set up Grandparents assemblies

- Devise intergenerational projects:
  Encourage young people and older people to speak and learn, for example, Sylheti together, so that
- younger people connect better with the elders
- Adopt a granny or grand-dad
  See the whole person not just the illness

  What 'they' could do
- Encourage positive habits and 'joining up'
- Talk about it
  Make sure it is not your service that is 'hard to reach' (many services talk about people being 'hard to reach',
- not the service)
  Ensure your information is connecting with people
- who need it
  Think about how your service could impact more
- positively on loneliness and related issues
  Put people who 'socially prescribe' in touch with projects that welcome people in need and older
- volunteers
  Join up assets/services more in smaller
- neighbourhoods and make them area/estate specific
  Encourage peer support groups – pairing up and buddying

- Take practical actions:
- Improve housing infrastructure
- House people appropriately
- Tackle homelessness in older people
  Make access better for the disabled within their homes
- and neighbourhoods
  Plan for/ provide outdoor space for groups to meet
- socially, including more sitting areas
  Plan for and provide more toilets in public places such
- as markets and parks
  Clean up more and repair more – in order to make the
- roads and pavements safer, less hazardous
  Promote road safety tips for motorist and cyclists that
- make them more aware of older people
  Ensure neighbourhood wardens / community policing
- are adequate
  Make underused buildings more available for
- community activities
  Promote freedom passes - linking to ethnic groups
- and signposting to the TFL scheme
  Provide free New Age Games like Hackney does for
- older people in parks etc.
  Enable care workers to spend more time when they
- visit old people in their homes
  Enable older people to access speedier
- appointments at hospital and GPs
  Promote and provide better information about mental health and how to combat depression and poor wellbeing
- Promote intergenerational projects to bring the old and the young together to learn from and understand each other
- Encourage access to safe social places for older
- lesbians
- Do more to tackle economic hardship for older people
- Make more job opportunities for people in older age

Community Assets

Public Sector and Service Provider Assets:

- Tower Hamlets Council
- Tower Hamlets Council Community Engagement Strategy 2017-20 https://democracy.towerhamlets.gov.uk/documents/s93185/ITEM%205%20-%20CES%20Presentation_HWBB%202.pdf
- Local democratic representation
- Community Forums, Action Plans, Neighbourhood Boards
- Central Government
- Information and communication services

- Mental Health services
- Health centres
- Hospitals and discharge services
- Social prescribing
- Public Health
- Health Trainers Programmes
- Make Every Contact Count (MECC – NHS England initiative)
- End of life services

- Social housing providers / Housing Associations /Social Landlords
- Care homes
- Home Helps
- Carers
- Staff who deal directly with people and communities

- Police and community safety services (including victim support and anti social behaviour teams)

- Schools, universities, colleges
- Idea Stores

- TfL's Travel Mentoring Scheme
- Transport services
- Parks and green spaces
- Museums

Community assets (including charities, voluntary sector and community groups):

- Groups, projects, clubs, centres, clubs, advice giving bodies generally
- Tower Hamlets Council for Voluntary Service (thcvs) (including current courses/workshops they offer including Asset Based Community Development and Co-Production)
- Faith groups – Mosques, Churches etc.
- Community centres
- Bereavement charities
- Tenants and Residents associations / boards
- Befriending schemes and charities
- Individuals who motivate others
- Meals on Wheels'
- End of life projects including Living Wills
- Underused buildings
- Retirement planning courses and support organisations
- Death Café at Stepney City Farm
- Community arts organisations
- Tower Hamlets Friends and Neighbours
- St Katherine's Foundation
- Museums
- Arts organisations
- Good Gym
- Victim support projects
- Residents themselves, particularly volunteers (including older people)
- Young people

Digital and online assets:

- Information/communication/digital inclusion
- Directories such as the Idea Store directory available
- online
- 'Gransnet'
- www.TowerHamletsLocalLinks – the online Asset Map
- Idea Store directory
- Social media

Private Sector Assets:

- Private landlords
- Businesses and corporate social responsibility
- schemes
- Markets
- Shops
- Post Offices
- Resources of the City of London and Canary Wharf Media – newspapers, radio, TV (local and national) Methodology and tools to plan action for positive change

[19]TfL offers advice on planning a journey using an accessible route and can provide a mentor to come with people for their first few journeys to help them gain confidence and become an independent traveller. They also provide assistance to people who wish to use mobility scooters and other mobility aids on London's bus services.
Mentoring is free of charge and can be provided Monday to Friday from 08:00-18:00.
Email:travelmentor@tfl.gov.uk

Participatory Appraisal: A Brief Introduction

Participatory Appraisal (PA) is a process that comprises three elements: community research, learning, and collective action. It is an approach that has its origins in work during the 1970s and '80s in developing countries where successful projects were dependent on whole community involvement, and where the views and
expertise of local people was crucial to sustainable development strategies. Over the past 25 years it has been increasingly and successfully adapted for use in contexts of rural and urban poverty and disadvantage in the UK. In Tower Hamlets it has been the approach underpinning a number of participatory community projects relating to health and wellbeing over the past eight years.

PA is based on a set of interactive, highly accessible 'tools' that rely largely on visual methods that can overcome barriers such as formal literacy or numeracy. It aims to encourage an ethos of involvement and engagement that allows for much clearer expression and analysis of ideas and ambitions. It therefore encourages the open expression of a wide range of views, issues and
perspectives. PA is a process by which communities express their needs and aspirations that leads to positive learning for future action. It is also a process whereby people who do not traditionally have a voice are enabled to be a crucial part of the process.

PA differs from more traditional 'academic' and quantitative research methods. It is not a scientific approach, but concentrates instead on collecting highly qualitative information relating to participants' experiences and perceptions, on acknowledging and analysing and planning for change. In PA great emphasis is placed on process, relationships and building trust, sharing of knowledge and conciliation between stakeholders in context, in order to move forward in ways that are mutually beneficial.

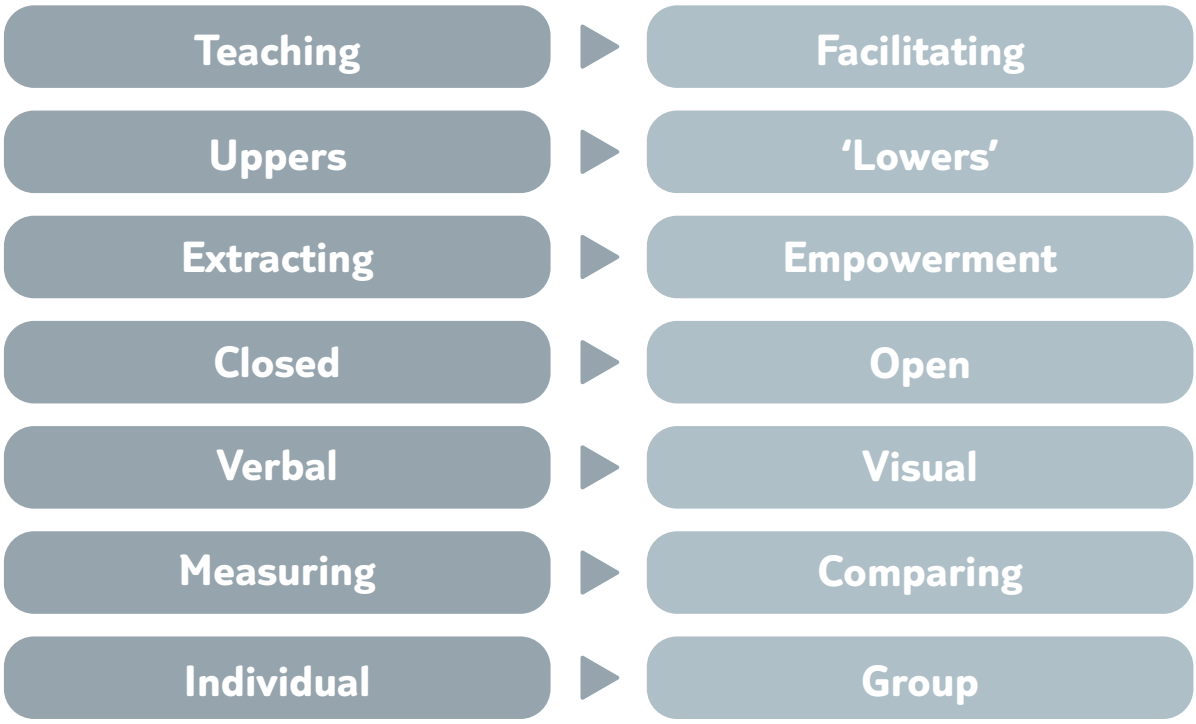
The approach makes 'big shifts' from traditional research:

[20]PA is one in a family of approaches that includes Participatory Learning and Action (PLA), Participatory Rapid Appraisal (PRA), Rapid Rural Appraisal (RRA)

[21]PLA was the approach used in the Joseph Rowntree Foundation project Neighbourhood Approaches to Loneliness https://www.jrf.org.uk/cities-towns-neighbourhoods/loneliness

[22]For more information on these projects see http://shortwork.org.uk/projects/

The Big Shifts
('traditional' compared to participatory reasearch)



Alongside these shifts, PA practitioners adopt essential attitudes and behaviours, some of which are reflected in the following 'tips':

- Be 'on tap' not 'on top'
- Un-learn
- Ask them
- They can do it
- Hand over the stick (i.e. power, symbolised by the pen)
- Embrace error
- Relax - don't run
- Be nice to people
- Sit down, listen, learn
- Use your best judgement at all times

The desired outcomes of a PA project can only be achieved if key stakeholders (funders, services, and others with the resources and power to make things happen) actively support the process. They are needed in order to translate the recommendations into real changes and action on the ground. Crucially, they should be available to feed back to participants any suggested actions that are (or are not) possible to put into action.

The use of PA tools to plan for action

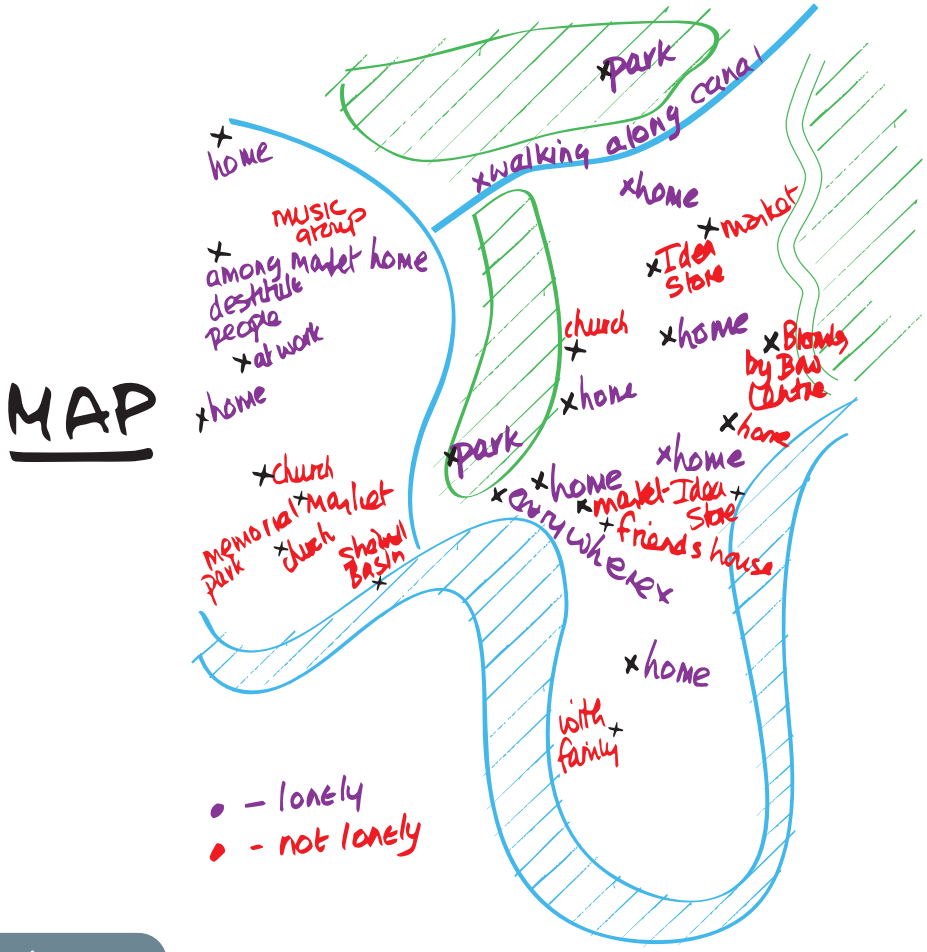
The use of visual tools has helped people participate in this project, and the aim of using them is to stimulate discussion, analysis and exploration of people's views, enable learning by everyone, and to access different opinions and experiences.

How it works

This is one of the most basic and often used tools in PA. A map (or drawing) enables local people to draw their own experiences and perceptions of a place.

Types of map can include data on:
the make up of a community or society
land use

- ideal or potential – to show what might be possible
- available resources or services
- who lives where
- historical – how things were or have changed.



How we use it

We used the map with stakeholders to find out where to find older people in the three different wards, and also and to find out from people where they feel lonely, and where do they not feel lonely in Tower Hamlets (illustrated above).

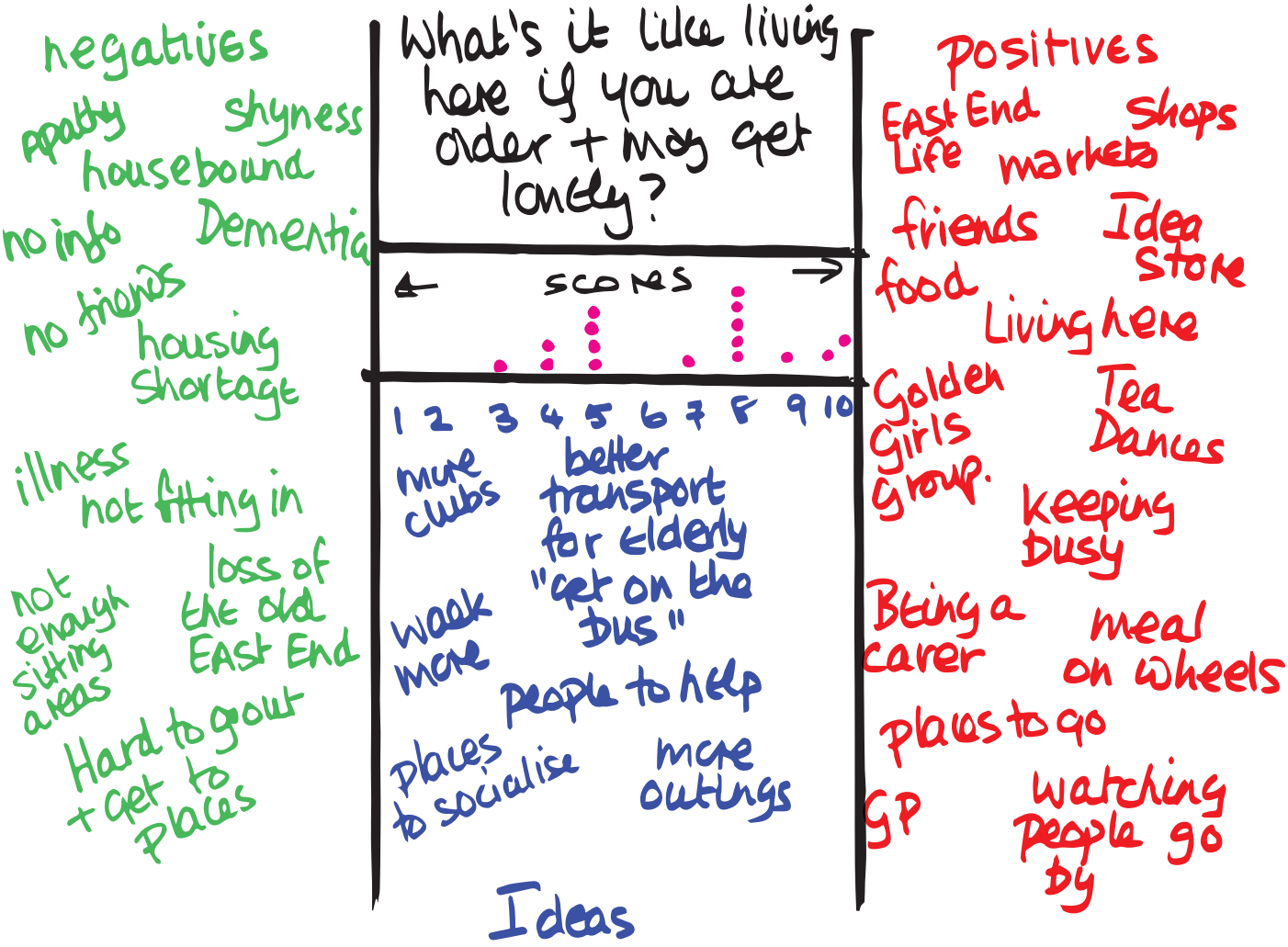
How you might use it

How you might use it:
You could use this tool to look into where people might want better lighting to be provided. Another use might be to ask local people where the best places might be to provide advice and information about loneliness.

2. H FORM

How it works

This tool combines several tools in one, scoring and positive and negative 'graffiti walls' and an area for ideas and suggestions. A great many views and solutions can be captured in one place and in one session. It is especially effective when used in a slightly larger group.



How we use it

We used this tool to ask older people, for example, what's it like living here if you are older and may get lonely?

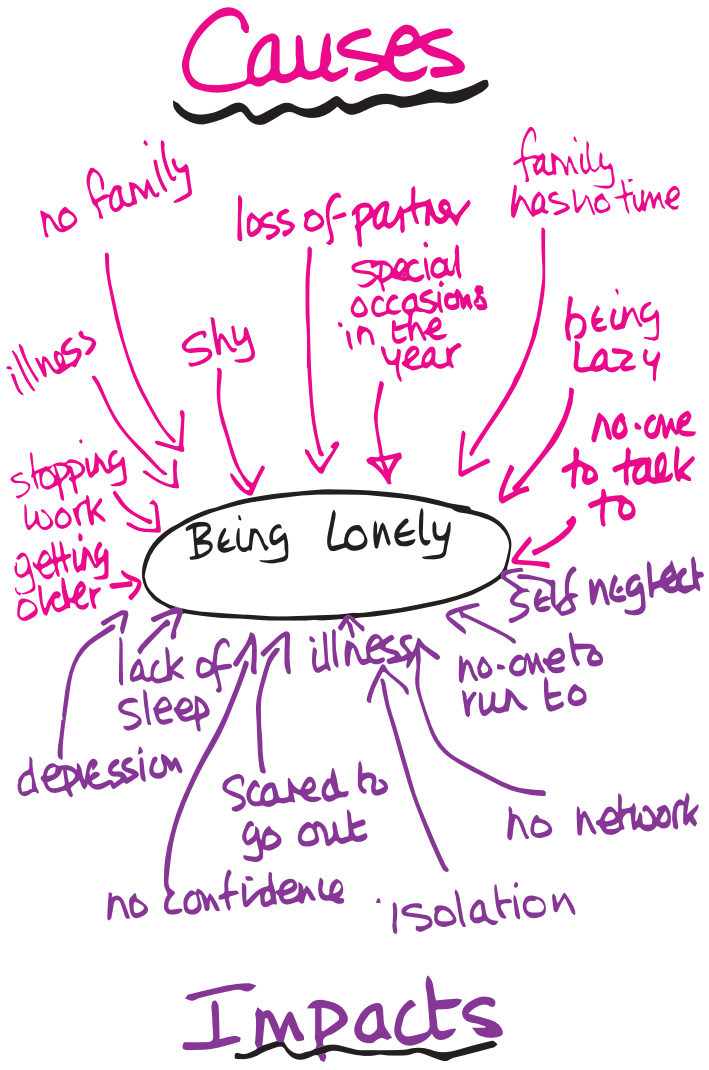
How you might use it

You could use it to find out what your organisation and the people who use its services think about, say holding a Loneliness Awareness Day twice a year?

How it works

This tool looks at the causes of something, and also the effects or impacts which that something has or may have. It helps people identify and understand a single issue, which may be complex and therefore makes it possible to address it by breaking it down in to smaller component parts.

It is possible for some factors to be both causes and impacts, so when using the tool it is important to use a one colour for causes and one for effects.



How we use it

We used it for Being Lonely – and to identify and discuss its causes and impacts
We also used this tool for causes and impacts of Not being lonely.

How you might use it

You could use it to test out an idea – for example – Neighbourliness – what causes people to be more neighbourly, what is the effect of being more neighbourly?
A spider diagram is one with a central idea, normally in a circle, which has lines coming off that look like spider's legs.

4. SPIDER DIAGRAM

How it works

It can be used effectively to identify barriers that exist preventing something from happening or making something difficult. Conversely, it can be used to identify different reasons that make something easy – for example what makes it easy to access different services.

How we use it

We used it in relation to the major issues and themes of loneliness and to discuss the barriers people face in relation to each of them.

How you might use it

You could use it for looking at your service for older people, the different kinds of people that it should be for and then the barriers each of those groups face in accessing the service. Or you could use it to identify the reasons why people find it easy to use your service.

How it works

A beany counter takes ideas or issues that previous tools and discussion have identified and enables participants to 'vote' (individually) for their most important or favoured idea, issue or priority. Usually sticky dots are used and people allocate, for example, three dots to their chosen topic, issue or idea. This leads to being able to identify the community's priorities.

How we use it

We used this for biggest issues relating to Loneliness

How you might use it

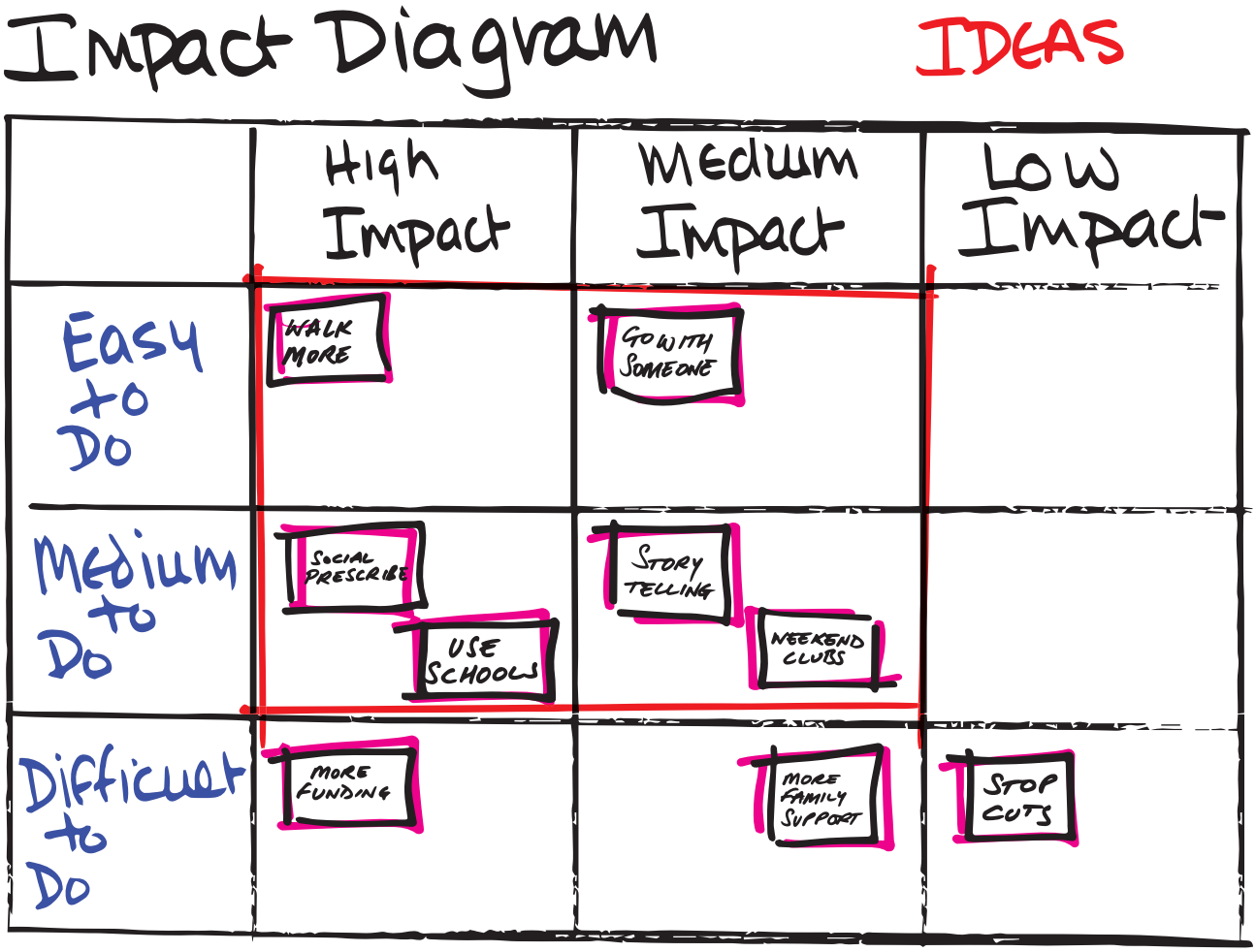
How you might use it:
You could use this tool in order to choose or prioritise the most popular/ favourite ideas or activities.

6. IMPACT DIAGRAM

How it works

This tool comes towards the end of a participatory process to enable people to show which solutions they feel will have the greatest impact and which will be easiest to achieve. People stick post-it notes with each idea on the appropriate box and discuss it in depth. The post it can be moved if people change their minds during discussion. The boxes within the red line are usually those that are the most achievable and having the most impact.

This tool can also be used to discuss the relative power and impact different organisations have relating to an issue.



How we use it

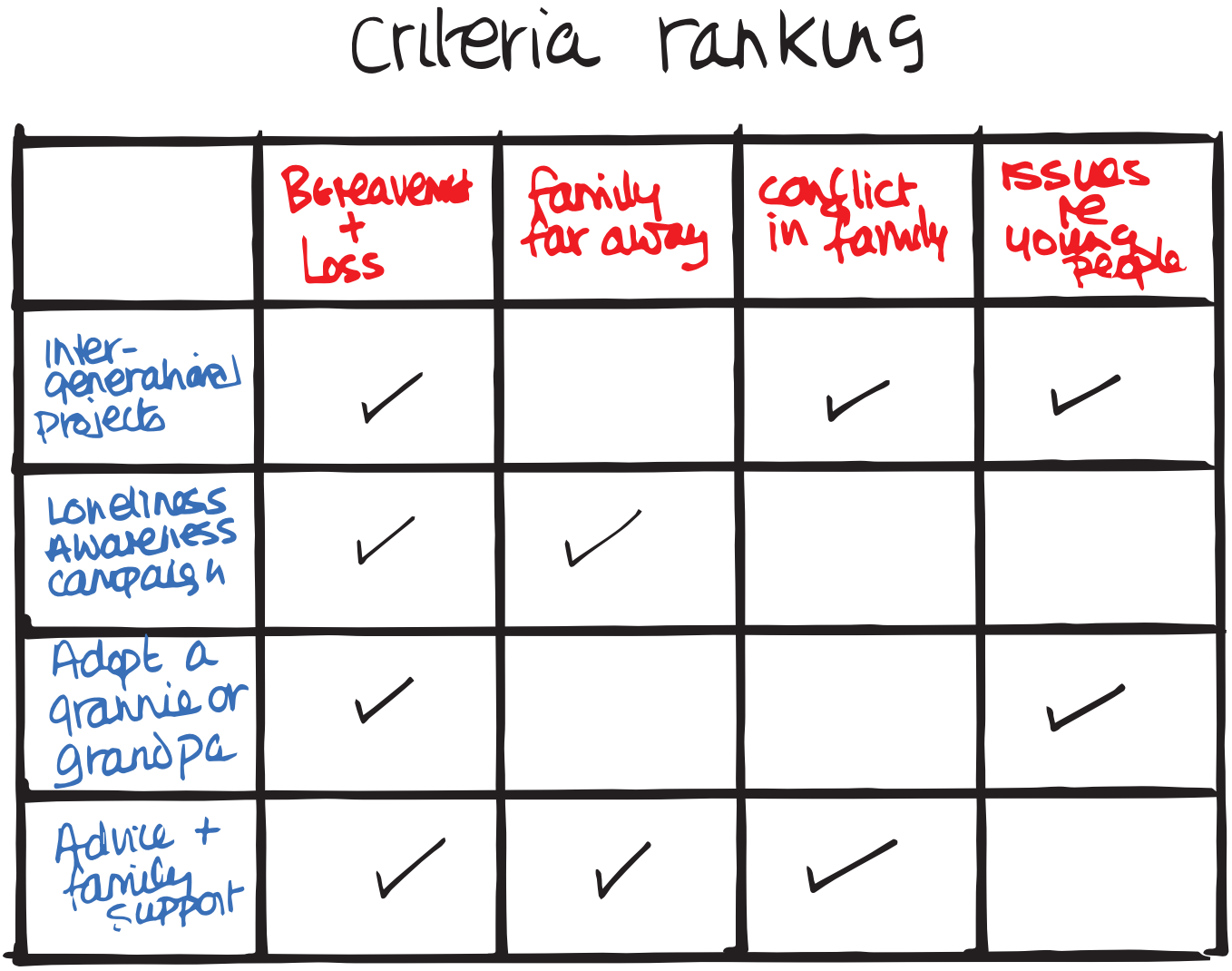
We used it to compare and discuss ideas and their impact, and the ease with which they might be implemented.

How you might use it

You could use it in a similar way, or to look at what/who would have the resources to do something about it and what impact their involvement might have.

How it works

Criteria or matrix ranking is a tool that helps participants prioritise from lists of options identified by using other tools in earlier stages of the participatory process. After identifying things that they want to act upon, participants come up with the criteria by which all of the options can be ranked. By ticking the appropriate boxes it will show which options are preferred.



How you might use it

We didn't use this tool in our outreach work, but in moving towards action, it is a very useful one. You might use it to look at suggestions as to solutions and then tick criteria which will be the same as the themed issues – this could be very useful when making a lottery bid and deciding what actions to focus on.

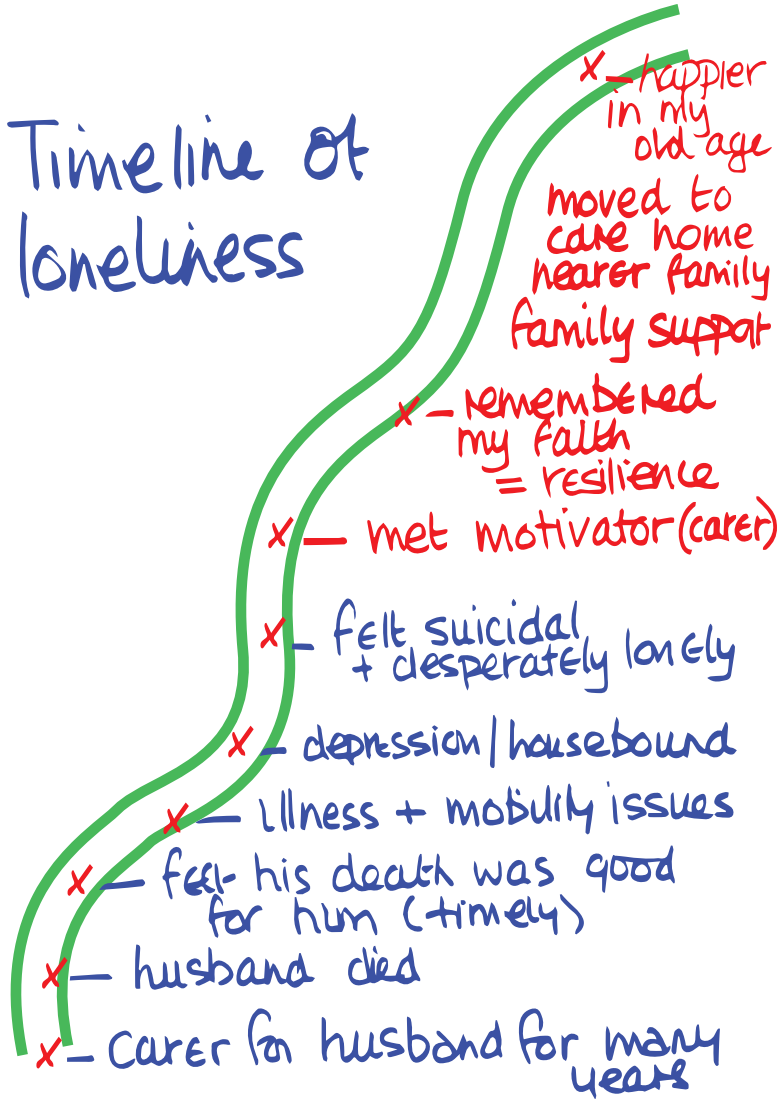
8. TIMELINE

How it works

A timeline is a 'linear' tool for showing significant or important events in a community over a period of time. Different people will have different perceptions about what the important changes are and how things have changed over time.

Community members can use timelines to look at how their area or lives has altered, noting important changes. Types of timeline include:

- Daily activity charts
- Lifelines – how changes in someone's lifetime, usually more personal. Care must be taken, in groups, not to make a lifeline too personal or public
- Future planning – timelines can be effective when used to look ahead to the future and plan for change, working out the individual steps which will need to be taken.



How we use it

We used the timeline to enable people to tell us about when in their lives they have been lonely.

How you might use it

You could use timelines to plan for doing something about loneliness over the next three years.

Demographic Information

Factors about Tower Hamlets that relate to loneliness in the over 50s

Population Facts
In June 2015 the Tower Hamlets population was estimated to be 295,200 1. Tower Hamlets has a relatively young population, only 6.0% of residents are aged over 65. Looking at the population as a whole, Tower Hamlets residents are ethnically diverse with over two thirds of people being of an ethnic minority. This is less true among residents of pension age where 73% identify as White British.
This next section will explore deprivation in Tower Hamlets with a particular focus on the wards in which the community research was undertaken, St Peters, Bethnal Green and Mile End.
These three wards were selected as a higher proportion of the residents are aged over 65 and are from a black and minority ethnic group . These wards were also
relatively deprived according to the indices of multiple deprivation.

Deprivation
The Indices of Deprivation 2015 provide a relative measure of deprivation for small areas across England3. There are seven domains. Combining information from the seven domains produces an overall relative measure of deprivation4.

- Income
- Employment
- Education
- Health
- Crime
- Barriers to housing services
- Living environment

Many of the factors that are used to measure deprivation also emerged as themes in the community research on loneliness. Mental & physical health, feeling safe,
housing conditions, environments and infrastructure were all considered by local people to be relevant to loneliness.
Two thirds of the borough's wards (13 out of 20) are in the most deprived ten per cent of wards in all of England and this includes the wards of Mile End, St Peter's and Bethnal Green3.

Income
Half of all older people in the borough live in income deprived households which is three times greater than the rate for England3.

Crime
The LGA ward estimates indicate that St Peter's and Mile End wards are among the most highly ranked wards in the borough on the crime domain and are ranked in the most deprived 2 percent of wards in England.

Health
Tower Hamlets has a relatively low share of the most heath-deprived areas of England. In the London context, however, Tower Hamlets has high levels of health deprivation and is ranked as the most deprived London borough in terms of the average LSAO score3. At ward level, St Peter's is one of two wards in Tower Hamlets that are ranked as the most health deprived in the borough.

Barriers to housing and services
Two thirds of the LSAOs in the borough fall into the most deprived 10% of areas nationally and this includes the wards of Mile End, St Peters and Bethnal Green. Tower Hamlets is ranked 4th most deprived out of 326 areas in England. This domain includes issues of overcrowding, homelessness and affordability.

Living environment
This domain measures the quality of the local environment for both indoor factors such as; housing in poor condition or houses without central heating, as well as outdoor factors such as; air quality and road traffic
accidents. Due to the 'outdoor sub domain' 88% of Tower Hamlets LSAO's fall into the most deprived in England. Looking at the both domains combined the indoor and outdoor factors St Peter's and Bethnal Green are in the most deprived 10%.

Changing population
Tower Hamlets is expected to be the fastest growing borough in London and one of the fastest growing LAs in England over the next ten years5.
Over the past ten years the borough has grown in size by 34%, of this 45% was due to natural change which is the excess of births over deaths; and 55% due to migration.

There are also high levels of population churn or movement in and out of the borough. Tower Hamlets has the 10th highest population turnover rate in England.

If you would like more in depth understanding of the Tower Hamlets population you can access this on the London Borough of Tower Hamlets website http://www.towerhamlets.gov.uk/Home.aspx

1. Corporate Research Unit. Population Estimates 2015 Analysis of the 2015 mid-year population estimates for Tower Hamlets. (2016).
at **www.towerhamlets.gov.uk/Documents Borough_statistics/Population/MYE_2015_CRU_ Briefing.pdf>**

2. Corporate Research Unit. Population Projections for Tower Hamlets - research briefing. (2016). at **www.towerhamlets.gov.uk/Documents/Borough_ statistics/Population/Population_Projections_for_ Tower_Hamlets_January_2016.pdf>**

3. London Borough of Tower Hamlets analysis of the 2015 Indices of Deprivation data. Deprivation in Tower Hamlets. (2015).

4. Department for communities and local governement. The English Indices of Deprivation 2015 – Frequently Asked Questions (FAQs). (2015).

5. Corporate Research Unit. The borough's changing population Past and future trends. (2016).

6. Victor, C. R., Burholt, V. & Martin, W. Loneliness and ethnic minority elders in Great Britain: an exploratory study. J. Cross. Cult. Gerontol. 27, 65–78 (2012).

We analysed the data from those responses in order to find out if there were trends that could be identified. There were no significant correlations between the responses and age, ethnicity or where people lived. The only significant observation we can make is that there was little or no difference in the range of responses between men and women across all ethnicities in terms of percentages for each statement on the spectrum.

Report by Susie Hay , Shortwork, Graphics, Proper East, Produced by account3, 1-3 Birkbeck Street,London E2 6JY

ACTION ON LONELINESS IN CARE HOMES

October 2015 - October 2016

London Borough of Tower Hamlets

By Ellie Watmough and Marine Begault

WITH SPECIAL THANKS TO:

All the residents, staff and families at the six participating homes:

Hawthorn Green (Sanctuary Care)

Pat Shaw House (Gateway Housing)

Peter Shore Court (Gateway Housing)

Silk Court Care Home (Anchor)

Sonali Gardens Extra Care (Creative Support)

Westport Care Centre (Excelcare)

All 51 Magic Me volunteers.

My Home Life (City University) for support and advice on evaluation.

London Borough of Tower Hamlets, Public Health Team, who commissioned Action on Loneliness.

REPORT WRITTEN BY:

Ellie Watmough, Project Manager, Magic Me

Marine Begault, Evaluation Coordinator, Magic Me

Chaira Ceolin, Photographer for Magic Me

To find out more about the work of intergenerational arts charity Magic Me, visit **www.magicme.co.uk**

Throughout this report names and identifying details have been changed to protect the privacy of individuals.

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INTRODUCTION

“Action on Loneliness in care homes: an intergenerational project” was commissioned by the London Borough of Tower Hamlets Public Health team and was run by Magic Me between October 2015 and October 2016.

Older people moving into care are often already experiencing loss: of their health, independence, home or a partner. Isolated within institutions which focus on physical care, and distanced from leisure, social, and other amenities, older people can suffer from inactivity, enforced dependency and lack of purpose, leading to both physical and psychological changes e.g. depression, increased anxiety, and listlessness.

Severe loneliness is experienced by an estimated 22-44% of care residents. In an inner city borough older people are more likely to live with known risk factors for loneliness e.g. poverty, living alone, in poor health, living in poor neighbourhoods or experience of homelessness. In Tower Hamlets, population churn and lack of affordable housing for younger generations leave elders isolated and lacking social networks; on moving into care homes they therefore have few if any social relationships and thus receive no visitors or contact from friends or family. Diverse cultural backgrounds and languages increase the difficulty of forming new friendships and relations with fellow residents and staff.

Tower Hamlets Public Health team sought to develop a project that would provide opportunities for older people living in either care or extra care housing schemes to interact with people in the wider community by matching them with volunteers on the basis of topics or activities of mutual interest. The intention was to enable the development of relationships that would be of meaning and value to both parties.

Magic Me tendered for *Action On Loneliness* due to our wealth of experience 27 years, in working effectively alongside care home teams to bring volunteers and school students to socialise and work on creative projects with residents. Our *Cocktails in Care Homes* project currently works with nine care homes across five London boroughs bringing young adult volunteers into care homes every month to socialise with residents.

The objective of this project was to recruit and match 60 volunteers (10 in each care home) with 60 residents across five care homes and one residential extra care facility in Tower Hamlets. The volunteers visited the residents on a weekly basis forming an intergenerational befriending service that was based on mutual interests and shared connections.

AIMS AND OBJECTIVES

Magic Me's key aims for the project were:

1. **Residents experience reduced feelings of social isolation/loneliness:**

- form rewarding new intergenerational relationships
- form better relationships with staff and fellow residents
- feel a greater sense of connection with the local community

2. **To support and train local volunteers to enable them to gain new skills and confidence in interacting positively with older people including those with difficult conditions e.g. dementia.**

- form rewarding new intergenerational relationships
- see residents and care homes in a more positive light

3. **For staff to gain a better understanding of the residents in their care as individuals:**

- form better relationships with them
- providers recognize the value of intergenerational activities in improving services and outcomes for residents

4. **To develop a project model that supported care homes in working successfully and positively with volunteers**

5. **To highlight the positive effect volunteers can have on residents' well-being and the care home community**

EVALUATION PROCESS

Working from these five keys aims Magic Me developed an approach in which quantitative and qualitative data was gathered to be used together to evaluate the project. We worked with My Home Life based at City University, who are a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people. My Home Life helped us to develop an evaluation framework and assisted us in the final evaluation meetings and interviews with volunteers and care home staff.

Our approach was designed to take into account that the vast majority of care home residents have some form of dementia or communication difficulties. Magic Me determined that it would not be possible to use a subjective measure to provide a benchmark for loneliness due to high levels of cognitive impairment among residents. A set of questions (residents questionnaires) were devised that sought to identify if a resident was socially isolated or expressed that they were lonely. This of course came with its own challenges which will be addressed in the Project Challenges and Learning Outcomes (on page 26).

PROJECT STRUCTURE AND MANAGEMENT

Project Team

The project was managed by Ellie Watmough, an experienced Magic Me project manager, supported by Programme Assistant, Rosie Goldsmith. To lead the recruitment and management of volunteers, Magic Me created a new role and employed a new staff member, Adam Butler, as Volunteer Manager. A freelance Evaluation Coordinator, Marine Begault, was contracted to assist on gathering and coordinating the monitoring and evaluation material of the project. In May 2016 a freelance Bengali Speaking Project Assistant, Syeda Begum, was contracted to assist with recruiting and matching volunteers with residents and collecting the evaluation data in a home where many of the residents preferred to speak Bengali or Sylheti.

Volunteer Recruitment & Communications

Magic Me targeted people aged 18+ who live, work or study in Tower Hamlets. The recruitment and communications plan covered the following:

- The Magic Me website, Facebook and Twitter platforms displayed regular calls for volunteers, updates and contact information about the project.
- General marketing (Flyers were designed, printed and displayed in community venues, shop and cafes)
- Online tools (Volunteer brokerage websites)
- Partnership working (LBTH internal communications, University student volunteering programmes)
- We sent press releases to local publications advertising the project for January press dates: East End Life, The Wharf and London24. In January, an article in East End Life was published about the project.
- LBTH Communications staff placed our Action on Loneliness in Care Homes project launch on the internal staff intranet and magazine.
- Targeted recruitment (Bengali speakers, Parent & Toddler groups, technology workers, faith-based groups) Bengali versions of flyers were printed and circulated.

These recruitment avenues resulted in 201 enquiries into volunteering with the project, with the East End Life press piece just after Christmas being particularly successful in gaining a response.

Volunteer Journey: Application, Induction and Support

A frequently cited disappointment expressed by potential volunteers nationally is the lack of regularity and clarity of communications when applying for volunteering roles. Magic Me developed a Volunteer Journey with regular contact built-in and a clear pathway with timelines that volunteers were kept aware of. However, on occasions, due to the number of volunteers being inducted, it was hard for Magic Me to be in as much contact with existing volunteers as we would have wanted.

Application procedure. The volunteer application procedure was designed to be simple and suitable for busy professionals. We developed a web-based form that collected contact information, availability and volunteer interests in a mobile, tablet and desktop computer-friendly way. This form takes less than 5 minutes to complete and used jargon-free language.

Once someone had applied, to capitalise on volunteer enthusiasm, Magic Me followed up with invitations and registration links to an initial Volunteer Induction Session, ensuring that volunteers were kept in the loop, aware of the project timeline and when they would next be contacted.

Volunteer motivations and care home perception surveys. Once volunteers registered to attend an Initial Induction Session, they were given an optional, anonymous survey to complete on volunteer motivations and perceptions of care homes. The initial answers revealed that many volunteers had little knowledge and somewhat negative perceptions of care homes, which we hoped to change through this programme.

DBS checks and references. We required volunteers to complete the reference and DBS process before they visited a resident in the care home, as their role involved unsupervised contact with vulnerable adults in a residential environment. The reference request and ID document requirements were communicated to the volunteers 2-3 weeks in advance of their attending Initial Induction.

Upon arrival at the induction, the documents were collected and verified by a Magic Me document checker and scanned using a tablet computer with a Magic Me account, before being handed back to the volunteers at the end of the session.

This meant the vast majority of volunteers did not have to make any extra trips to Magic Me for document checking, or experience any delays in their volunteering.

The initial volunteer induction session. Designed by Magic Me specifically for this project, this group session focused on what to expect in a care home, an introduction to the concept of loneliness as a public health issue, and on dementia awareness. The session enabled volunteers to explore effective communication skills and activity ideas that would help them connect with residents in a care home setting. The induction also covered Magic Me's volunteer policies, processes, safeguarding and other important operational information such as volunteer support.

All volunteers were then sent a **Volunteer Handbook** containing the Volunteer Role Description, Volunteer Agreement, statements summarising our Volunteer Policy, further information about the care homes and communication tips.

Volunteer matching. Volunteers were matched by Magic Me staff with residents referred to the project, based on a number of factors, including availability, location, interests and experiences. Residents were referred by the care home staff based on the following criteria:

- Have expressed feeling lonely
- Have expressed a desire to be part of the project
- Have few or no visitors
- Would benefit from one to one attention

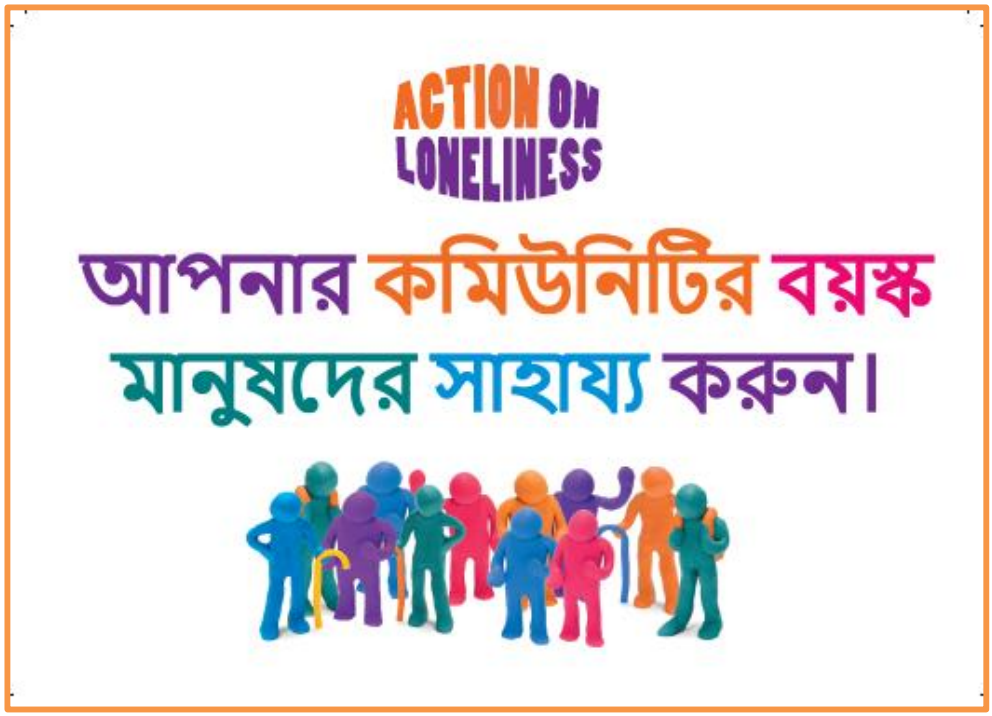
This matching process was very time consuming for Magic Me staff and will be discussed further in the Project Challenges and Learning Outcomes section. Once a potential match was identified, each volunteer was invited to a Care Home Induction.

Care home inductions. On the volunteer's first visit to the care home, senior care home staff assisted Magic Me in ensuring volunteers became comfortable and confident when making their visits. Each volunteer was introduced to their matched resident. In order to offer peer support, groups of 3-4 volunteers agreed dates and times when they could attend the care home together. Then once the DBS and screening process was completed they began attending the care home and meeting with their residents.

Care home visits. During their visits, the volunteers spent an hour with the resident before meeting as a group for a 15 minute debrief session, using a framework devised by Magic Me. They also completed the **Volunteer Session Log,** which ensured Magic Me had a record of how every visit went, which activities volunteers provided and a weekly gauge of a resident's progress throughout the project. A Lead Volunteer for each session contacted Magic Me after the session to check in. All volunteers were issued with a Magic Me photo ID to display when in the home, the reverse of which contained emergency contact numbers. They were also sent personal safety guidance based on Suzy Lamplugh Trust advice, including information relating to travelling to and from the sessions securely.

Further dementia training. Magic Me worked with Dementia Care Matters to provide additional dementia training for volunteers once they had started the project. Sally Knocker, associate trainer, delivered a session for volunteers in August based on their experiences of volunteering in the care homes.

Action on Loneliness in Care Homes volunteer recruitment flyers



Bengali version

KEY FINDINGS AND OUTCOMES

Participant numbers

Total Inducted volunteers	81
Total matches made between volunteer and resident	51
Total sessions completed between volunteer and resident	275
Total number of volunteers continuing to visit resident at project end	31

51 volunteers were matched with a resident in the 6 different care homes.

There were a total of 275 one-to-one visits, ranging from 45 minutes to 2 hours. In some cases, volunteers only visited the care home a couple of times; other matches were much more successful with one volunteer visiting their resident 36 times.

All care homes were overwhelmingly positive about the volunteers as a whole and expressed a desire to keep working with them, following the end of the project.

How far the project aims were met

The following section addresses each of the specific aims of the project, highlighting the feedback and evaluation materials collected throughout.

Aim 1: Residents experience reduced feelings of social isolation/loneliness

- form rewarding new intergenerational relationships
- form better relationships with staff and fellow residents
- feel a greater sense of connection with the local community

Feedback from care staff and managers and structured interviews conducted with them at key points of the project highlighted some benefits, which point to the residents experiencing reduced feelings of isolation and loneliness.

Residents opening up

"She loves having the volunteer and has mentioned the volunteer and how they have played cards and speak about dogs. It made her very happy. She's more responsive to it. She is happier to see the volunteer. Sometimes she can be down and closed down and when we mention the volunteer she opens up." Care staff

"Because Don (resident) is very quiet and lost his wife and is still a little bit depressed … what Charlie (volunteer) did is he opened him up to doing other things. Because before that when we had activities he would never do them. But the Charlie brought in a pack of cards and I think that was the trigger. And whenever Charlie comes they play cards together in the communal area. It's lovely."
Care home manager

"He is someone that likes structure, continuity and familiarity and this has helped because it's the same person that comes all the time. He is someone that would not embrace friendship easily, but if he sees your face regularly, he would."
Care home manager

When asked about the project, one of the residents said

"*I don't really enjoy talking. If I talk, it's not because I want to, it's because I have to. I'm not a friendly man; I was once, a long time ago. I'm friendly with John (volunteer) though. I think I enjoy meeting with him more than anyone. I think he is a great chap."* Resident

Residents participating more

Care home managers reported that some residents who received volunteer visits began interacting more with other residents and staff and participating more in group activities.

"David is interacting more. He really enjoys the visits and talks about it a lot." Care home manager

"The residents really enjoy it. There was one resident, and his volunteer really did make a connection with him. The man this volunteer was seeing, wasn't a man who ever joined in activities, or even spoke that much." Care home manager

"*He is chatting with other people. He's developing relationships with other residents and he is up for longer. Previously, after lunch he looked tired and went to sleep. But since you guys started 3 months ago, he has been active."* Care home manager

Something to look forward to

"You need to feel special. To feel wanted and to feel needed. And I think that's the hard part. Give them something to look forward to. Like "John is coming to see me. Now I've got my visitor." To make them feel wanted, needed, valued. I don't think they are lonely, but it's that feeling of being wanted." Care home staff

"It's given them something to look forward to. Irene has made a point of telling everyone "I have a volunteer now". And when she rang her sister she was telling her sister about how this person comes to see her and what they talk about and do." Care home Manager

Individual attention

"It's difficult to sit with everyone and spend time with everyone as an individual. They tend to do things in groups. We all like to feel valued and wanted, and with the volunteers coming in every week that's allowed them to feel valued."
Care home manager

"They enjoy a lot of one to one time which is impossible to give …there is just not the time to sit down with them every single day, even for 30 mins with one person, we cannot do that with 41 people." Care home manager

"From our point of view it is really good because the people who do not have relatives they can speak one or two hours with them and they feel that there is someone to talk to and they can explore themselves." Care staff

Connection with the community

"I think that is one of the main things that we want: these community links should be maintained between people living in a care home and people living in the community. Volunteering is great for that – maintaining that community link. And I think it can give the customer self-worth; they don't feel isolated, they are linking with people form the community, rather than just the staff." Care home manager

"I think that because it is something external rather than just internal staff because it is somebody else who is different from staff member. And I think that the community should come in anyways to build that bridge, especially young people with older people. I think that will benefit them in terms of somebody coming in and talking about other things than work or sickness. Also somebody who has more time to pursue conversation." Care home manager

"Companionship – someone they know who is coming to see them from the outside world, give them a bit of news about what is going on. It's a different face – they see us every day, it's someone from the community." Care staff

Aim 2: To support and train local volunteers to enable them to gain new skills and confidence in interacting positively with older people including those with difficult conditions e.g. dementia.

- form rewarding new intergenerational relationships
- see residents in a more positive light

Feedback from volunteers was collected in a variety of ways including SWEMWEBS (The Short Warwick and Edinburgh Mental Wellbeing Scale) questionnaires and the Campaign to End Loneliness (CTEL) Measurement Tool, volunteer surveys and a group evaluation session facilitated by My Home Life. Below are some comments and feedback collected at various points of the project:

A win-win situation

The volunteers expressed the positive impact the relationship they developed with their resident had on their life. The stories and examples they gave highlighted how they viewed the relationship as something positive for both themselves and the resident.

"I will always see Ann, if she wants to see me. I can't imagine a week going by and not seeing her. It's not something I can imagine. And I look forward to it; it's one of the highlights of my week."

"To me, I see it as a win- win situation. Rachel has got a lot of time on her hands and a little bit of outside company can brighten up her day. I've lost all the elderly people in my family, including my parents. So I've got extra time, which I would have devoted to my parents. It's a win – win situation."

"I think I'm going to continue because it's quite nice to take a break from whatever I'm doing. Being in the moment. I like the feeling that you're helping someone rather than sitting in the office."

Changed perceptions

Volunteers discussed their changed perceptions around old age, dementia and care homes.

“I think I was a bit naïve about what a care home would be like. I didn’t know. I was a bit shocked at what it was like. It was surprising in some ways. But the more you go the more you get used to it.”

“I think it’s made me realize, I have a couple of friends who have made the decision to send their parents or relatives to care homes - it’s actually educated me – it’s a very difficult decision, when you have a parent with dementia, it is a lot, it is demanding. I actually respect that more, I’ve gone back to apologize to them. It’s a difficult decision. It’s made me more sympathetic to the decisions people have to face.”

"It's given me an awareness of dementia, before it was just a word that was bounced around. Actually being in the presence of people with dementia, seeing the different phases and dimensions, how it effects people in different ways, it has been a real eye opener. It's not just a word."

Gained new skills

Volunteers highlighted the skills they gained through the project:

"Listening to an older person, not just what they say, it's how they communicate in other ways and really try to understand what they're trying to say. And that takes time because it's not just what they're saying." "It makes you a bit more patient."

"I don't think of it in terms of skills, it just expands your human understanding."

"It has made me more confident. I'm quite a quiet person and so I don't really put myself in situations where I talk to people but it's made me realize there are different ways of communicating, different ways of talking to people. I feel a bit more confident."

During my involvement with the project I have experienced a range of feelings. I would say that overall, my level of confidence has risen, and I am less afraid of rejection or rebuttal from others when expressing my view/s or making requests to care staff on behalf of my older person.

Aim 3: For staff to gain a better understanding of the residents in their care as individuals

- form better relationships with them
- providers recognize the value of intergenerational activities in improving services and outcomes for residents

The final structured interviews that were conducted with the care homes highlighted the value of the project in providing staff with further knowledge of their residents. Interviews revealed some concrete outcomes, actions which care managers took in response to these discoveries.

More information makes a big difference

"We gather life histories, but we can only go by what the person tells us if there is no relative, so if the volunteers are able to get that little bit more out, that makes their life more fulfilling, then that's great."

"Through conversations with his volunteer we found out John (resident) liked swimming. And that's an interest we didn't know he had. So we found a dementia friendly pool and he has a member of care staff going with him every week. It's definitely through a conversation he's had with the volunteer. If they build that bit of rapport with someone, they open up more."

"One of the volunteers told me that one of the residents supports Arsenal and likes watching football. So we have arranged that twice a month, we go to the pub across the road to watch football in that atmosphere."

"We learned a lot about the residents. We didn't know Jack (resident) could play backgammon, we didn't know. It's just something Paul (volunteer) hit on. And Kathleen (resident)… we didn't know she loved to go for walks in the summer."

"Going outside the box of care"

The interviews also revealed the value that is placed on the volunteer in providing care staff with ideas and ways of working with the residents.

"It's been good in the way that new faces, people with different ideas. Because care can become a little bit institutionalised, it can become a routine. But with volunteers they come and they want to make sure that by the time they leave, after their session, they have made a difference. So they come with new ideas, what didn't work last week they come with a better ideas... It has made the staff realise how important it this befriending, and friendship. Going outside the box of care."

"I think these volunteers, the way they treat someone with whom they have no connection, they're not an employee or family. But the way they go out of their way to do things for someone they do not know, it gives the staff that sense that 'I could be like that in the work place.' Some people just do these things for money. But it's about that empathy; it's when you put that bit of empathy into your work. It's so important to have a connection with the residents."

"I think intergenerational things are fantastic. I think it's great and works very well. If we had more elderly people coming in all the time, they have a limited conversation pot. The intergenerational thing is better because they are coming in with new ideas. One of the volunteers had an iPad and they were Skyping people."

"It gives them (residents) an insight into what is going on out there."

"Magic Me volunteers - They've been brilliant. I think what's nice is that all the volunteers - they look like they want to be here. Rather than they are here because they've got to be here. They bring quite a lot of laughter. They are very outgoing, which I think has probably helped some of my younger staff that maybe hold back a little bit."

Aim 4: To develop a project model that supports care homes in working successfully and positively with volunteers

Care homes identified at the beginning of the project that there was a real need for volunteers but that they did not always have the capacity to recruit and manage them. Magic Me worked hard with care homes and their staff to develop an understanding and a model that enabled the staff to work successfully and positively with volunteers.

Through Magic Me externally recruiting, training, supporting and managing the volunteers, care homes and residents were able to benefit from regular volunteer visits.

All care homes have said that they would like to continue working with volunteers; their experience of having the volunteers has been positive, both for the residents and the staff.

In the final interviews with key staff, care homes identified a strong understanding and knowledge of how to successfully support volunteers and identified key areas they would concentrate on when working with volunteers in future.

Developing relationship between volunteer and care staff:

"I think something that is important is developing the relationship between the staff and the volunteer. The volunteers have told me they would like that to happen. That will have an impact on the staff, because then the staff can also relate to the volunteer. I will try my best to get the volunteers to attend our staff meetings, introduce them to the staff and get it a little bit more formalised in terms of the staff understanding the role of the volunteers and also the other way so that the volunteer can relate to the staff."

"That would be my aim now, if we get our own volunteers. It would be to have a proper programme with them, a proper induction, to invite them to have their meals with us and come and get to know the staff. To integrate them more with the staff."

Making volunteers feel valued:

"I think volunteers are important; I give them a platform. It's not easy, the life we live in, there is not time for anything. For someone to be able to slot that time, I give them a platform."

"We will take on the volunteers. We need to give support to make sure that they feel welcome. Support them to express themselves and to be able to report any concerns or anything they have learned about the customer, to put forward plans which they think will benefit the customer."

Supporting volunteers/ supervision:

"I think we need, as a home, to treat them more like our employees…I think they need to feel a bit more integrated in the home. Feeling more part of the staff, I think that's important."

"What I would like is for the volunteers to have a touch down with the manager. They are like a third eye, they can see things we don't always see. They need supervision. They cannot be left and abandoned. There should be that connection that contact with the home and them. They might have some questions about what is possible to do in the homes. And it might be help us develop activities with the residents as well."

Aim 5: To highlight the positive effect volunteers can have on residents' well-being and the care home community

All six care homes recognised that the volunteers had a positive impact on the residents' wellbeing. Their feedback on the project highlighted an acknowledgment and understanding that the volunteers brought something different to the wellbeing of the resident. Some care homes had felt disillusioned by working with volunteers in the past.

Changed perceptions on value of volunteers:

"We are trying to recruit our own volunteers at the moment which is quite difficult sometimes because I think we have tried before and people volunteer for their own benefit rather than for the benefit of the customer… It's not good. I'm a little bit disillusioned with volunteering and recruiting volunteers."

"It's the first time I've had volunteers in the home – ever. In all my years as a manager, I've never ever entertained volunteers. It's made me look at them with new eyes. It's been great. I didn't realise the impact that the volunteers could have on them."

Positive impact on the care home community:

"*We need volunteers really. We still need external bodies in the home to help us. Care staff have very limited time as well. And although we try our best to pursue people's interests, if we get volunteers we know that there are people around helping to pursue their interests"*

"After they've gone, the residents are calmer, they are not restless, there is that ambiance of calmness."

"When residents remember the volunteer – after a couple of hours, they tell me about their experience…when someone remembers these interactions it's because they've made a difference. If they didn't they wouldn't remember."

“Because with staff, we have to follow policies and procedures and how you to do things. But when you come as family or volunteer there are no procedures, you can just be natural. You’re sort of care free. It’s that freedom to be yourself.”

“They bring something completely different to care homes. It’s so separate from care. This empathy – it also helps us develop ourselves. It’s not about the paid job it’s about really caring and wanting to improve someone’s wellbeing.”

“I think it’s different. It’s a different relationship. It’s not like with staff. The staff is the staff. And if there is a daughter and a son they come with expectations. I don’t think there are expectations if somebody is a volunteer. They know they are doing it out of the good of their heart. They are not getting paid for it; they don’t have to do it. Also staff don’t have time to sit around and play Backgammon for an hour and a half.”

“I strongly believe 100 % that these kinds of things need to happen. It should not be a 3 or 4 month project but 3 or 4 years.”

PROJECT CHALLENGES AND LEARNING OUTCOMES

Matching residents and volunteers

Our original plan was to set up small social events to identify isolated residents and help with volunteer matches, as we thought it may be hard to identify the most isolated people in the care homes. However, to our surprise care homes were very forward in referring isolated people. Staff had strong ideas of people who would benefit from the project.

After discussion with the care homes, and looking at the data we collected on residents, we decided that holding these social events may not actually engage the residents who had been referred; many of those identified had specified they would prefer one to one visits, or care staff had said they prefer to spend time in their rooms and probably would not join a group social event. Therefore, using the information collected on residents and volunteers, Magic Me's Project Manager and Volunteer Manager met regularly to bring the data together and form matches.

We made clear to residents and volunteers that the matches were not final. For example, a volunteer may want to meet with more than one person. In some cases, this happened organically. For example, in one care home a volunteer met with a resident who is often in the communal lounge and ended up talking to many other residents whilst there.

Matches were made for various reasons. Some people had a shared favourite sport, some both said they had an interest in history, or spoke the same language. Although the matching process was successful and volunteers reported that having something in common was a good ice breaker, we were not always convinced that the process of matching on shared interests was necessary or helpful to forming a positive relationship.

"Knowing that we both liked football, did help me at the start as I immediately had something to talk about with Ted. But then we didn't really talk about it much after that first meeting." Volunteer

"I get along brilliantly with Carol, but she absolutely loves dogs and always talks about them. I am actually terrified of dogs. But it doesn't matter I am happy to chat about dogs when she wants to, and we always talk about other things and have a good laugh." Volunteer

Volunteer retention:

51 volunteers were inducted and placed in a care home and a total of 31 have decided to continue volunteering in their care home and visit their resident. Reasons for volunteers deciding not to continue are around:

- Changing work commitments
- Moving outside of the borough
- Too emotionally difficult
- Not connecting with their resident/ not seeing feeling the benefit of their visits
- Their resident deciding not to continue the project or becoming too ill do so.

Volunteer peer support:

The project was designed so that a group of volunteers would visit the care home on the same day and have a debrief session together. We consider this peer support a really important ingredient in making volunteers feel supported and this was reflected by volunteers in the final evaluation session. However, these debriefs did not always take place, as, due to work commitments, volunteers would arrive (and end their session) at different times. Those that did not have a lot of contact with other volunteers in their home said that they wished they had had more peer support.

Some suggested having more socials and opportunities to meet up outside of the care home context and told us that the dementia training was valuable to them for the reason that it brought them together to speak about their experiences.

"That dementia training also gave us a forum to talk about our experiences: it was really good. Not just because of the training, but also sharing people's experiences that was brilliant." Volunteer

Ideally, Magic Me would have set up more of these groups sessions with volunteers, as volunteers clearly benefitted from them. However, Magic Me staff found that a lot of time was spent recruiting and training new volunteers, and struggled to find capacity to facilitate more sessions with current/already inducted volunteers. On reflection if we were working with a smaller number of volunteers this would have been easier to facilitate.

Emotionally difficult for volunteers

Whilst volunteers communicated how rewarding this experience had been for them, it is important to also recognise that it is emotionally difficult and that support is essential.

"The things that keep you going are those little times when you are moved, and you're eye ball to eye ball and you connect and you cut through the dementia and everything." Volunteer

"I think it's quite easy to feel powerless if you're watching it take over, if you're watching him start to fail… I wouldn't say it's an amazing experience. It's nice, but it's not nice watching someone deteriorate. You feel powerless." Volunteer

"I think that things like this evening have helped a great deal. Sharing experiences here is a great comfort and I agree it can be really hard and we talk about the reward and it is real, and those moments of contact are important but it can have a powerful effect on you to see somebody going through that and to have a sense of what they are losing. And just to have some time where you can share that experience around this table I just think that's really valuable." Volunteer

Contact person in care home

Magic Me identified a contact person for volunteers in their care home; either the care home Manager or the Activities Coordinator. Since the visits mostly took place after the volunteers' work day (after 6 pm) the lead care home contact person tended to have left the home already.

This was challenging for the volunteers who expressed the desire to have someone in the home with whom they could chat about their resident and get an update on their week and general wellbeing. They also explained that knowing more about some of the activities taking place in the home that week would be a good entry point into some conversations. Volunteers spoke about wanting to have someone there to speak about what is possible/ not possible to do during their visits and that they would have liked to be kept in the loop about activities, trips and things happening in the home so that they could be more involved.

"There is something about the environment and what you feel you can do in the space, like moving tables and things you think you will inconvenience the staff." Volunteer

"It would be good to explore what the relationship is between volunteers and staff. On the one hand, I can totally see why you would want to minimize that, you don't want to get in anybody's way, especially because they clearly are stretched for resource. But on the other hand, I do think that it's important. So anything that could improve that relationship, or promote positive aspects that we could bring to the people who are working there." Volunteer

More dementia training/expert voice:

The volunteers expressed the need for an expert voice throughout the project; someone they could get in touch with when specific questions or situations came up in their visits.

"I think it would have been good to have somebody, like an expert voice, to speak to in the earlier stages. To think about some of the things I was encountering and I wasn't sure about." Volunteer

They also spoke about the need for a dementia session earlier in the project. Many of them found this session extremely useful and wished it had taken place as they were beginning their visits in the care home.

"That training was excellent; I wished we had had that at the beginning because it would have helped me to bond quicker with her." Volunteer

Care homes want day time volunteers

Most care homes have expressed a desire to have volunteers come during the day as well as evenings. The volunteers who were recruited came during the week after work (after 6 pm) and this proved to be quite difficult for some of the residents that like to go to bed early. On a couple of occasions volunteers arrived at the care home and were told that their resident was too tired or already asleep. One resident has opted out of the programme completely because of this.

All care Managers have said that it is difficult to keep track of the volunteers for this reason as well, because they, and the Activities Coordinator, leave the care home before the volunteers arrive.

"It is hard when they are only coming in the evening, because in the evening, things are winding down a bit. I think to have volunteers coming in earlier in the day, when there are more things going on would be better, particularly because that is when my activity people are here. So then they can join in, instead of just being alone and getting on with it when everybody else has gone home." Care home manager

This is a difficulty that is hard to overcome. There is not a shortage of volunteers wanting to sign up to volunteer in care homes, however, in this project we found we had a shortage of volunteers able to volunteer during the daytime. Most volunteers were young professionals coming to the care home after work.

Care staff capacity, restructuring and inconsistencies:

In initial meetings and discussions with care homes, staff identified that they did not always have the time to recruit and then manage volunteers. Care staff work on rotas and shift patterns can vary, so it can also be hard for a volunteer to have a consistent key contact and the support they need.

"It's difficult because it's not anyone's sole role, and the care home is busy we have lots going on so it can be hard to find time to get volunteers"
Care Home Activities Co-ordinator

Throughout the course of the project, care home management and lead members of staff changed regularly. It was difficult to keep track of these changes and affected the project.

FINAL WORDS

The feedback we have received from care homes and volunteers alike was overwhelmingly positive. It is clear that interventions like Action on Loneliness are necessary and that there is a real need for volunteers in care homes. Care homes recognise that their residents need opportunities to meet and talk with younger people in the community. Equally they recognise that staff rarely have time in their daily shifts to spend one-to-one time with the residents pursuing their individual interests.

Magic Me's expertise and experience in working with volunteers, from recruitment to inducting and supporting them to work in care homes and with elderly people, was central to the success of this project.

We were excited how many local people wanted to volunteer with care home residents. It was challenging for Magic Me staff to manage such a large number of volunteers spread over six care homes. Being a pilot project, a lot of staff time was spent on recruitment and induction and setting up systems and evaluation. Had the project continued over a longer period of time, we would have liked to spend more time supporting and sustaining volunteer interest and engagement.

We were keen to set up the project so volunteers could easily continue visiting the care homes after it ended. For instance when carrying out DBS checks we encouraged all volunteers to sign up for service which would allow the care home to check their record, without a complete new check. At the end of October, Magic Me created a handover sheet for care homes with top tips for keeping volunteers engaged. With volunteers' permission, we then handed over the volunteer details to care homes so they could take over their management.

Challenges remain around the resources necessary in order for care homes to successfully manage (and keep) volunteers.

The Future

Since completion, Magic Me has continued to work in three of the six homes with our Cocktails in Care Homes project. We have also re-established contact with Hawthorn Green, a former partner, through this project, and are in the process of planning an intergenerational arts project with residents and a local junior school in Summer 2017.

"I can see it's changing his life, but it's changed mine. It really has… I wish I could get everybody to do this work because I never knew I was going to feel like this." Volunteer

"We need volunteers really. We still need external bodies in the home to help us. Care staff have very limited time as well. And although we try our best to pursue people's (residents) interests, if we get volunteers we know that there are people around helping to pursue their interests." Care Home Manager

Magic Me

February 2017

Non-Executive Report of the: **Health Scrutiny Sub-Committee** 08/01/2018	TOWER HAMLETS
Report of: Barts NHS Trust	**Classification:** Unrestricted
Scrutiny Review: Maternity Services (Annual Action Plan Update)	

Originating Officer(s)	Jackie Sullivan, *Executive Managing Director (Royal London and Mile End Hospitals)*
Wards affected	All wards

Summary

This paper submits an update on the recommendations of the Health Scrutiny Sub-Committee's Review on Maternity Services which was undertaken in 2016. The Review brought together representatives from the council, Tower Hamlets CCG, Barts Health NHS Trust , and community organisations to explore the quality of provision and the performance Maternity Services in Tower Hamlets. Through listening to patient feedback the review explored the extent to which women are involved in monitoring and planning services and how accessible and responsive services are for people from different social and equalities backgrounds The Sub-Committee made a number of recommendations to improve Maternity Services in Tower Hamlets.

Over the course of the last year services have implemented the action plan which was produced to address the recommendations identified as part of the review. This paper provides an annual update on the progress of the recommendations.

Recommendations:

The Health Scrutiny Sub-Committee is recommended to:

1. Note the report and evaluate progress of the action plan.
2. Identify areas where improvements are still required

NHS
Barts Health
NHS Trust

Maternity Services at Royal London Hospital

Our Journey

The story so far……

- The Health Scrutiny Panel (HSP) identified the performance of maternity services at the Royal London Hospital (RLH) as the subject for a review in its work programme for 2015/2016.

- The reports of the Care Quality Commission published in May 2015 and then in December 2016 raised concerns about various aspects of the service including:

  - Security of ward areas
  - Workforce
  - Feedback
  - Culture
  - Experience

- In November 2016 the first Maternity Partnership meeting took place involving commissioners, local council, patient representatives and the management team at the RLH.

Where did we start…..

With the Leadership Team….

- **Appointment of Deputy Head of Midwifery**: Shahida Trayling in post since Jan 17

- **Appointment of Clinical Director**:

Dr Matt Hogg in post since Feb 17

- **Appointment of General Manager:**

Kelly Jupp in post since Feb 17

Where did we start…..

With the Leadership Team….

- Working in conjunction with the Divisional Management Team.

- Service Line Team working on day to day operational and service issues.

- Performance review held monthly alongside Divisional Management team meeting.

Leadership Team…..

- The aim to start a movement……its about everyone! https://www.youtube.com/watch?v=fW8amMCVAJQ
- Collaboration between all staff.
- Be visible and accessible - within the areas, in meetings, have an open door policy and tweet!
- Support and lead on improvement work.
- Keep staff up to date.
- Listen and respond.

The Direction of Travel….

- Five areas to consider:

- 1) Security
- 2) Workforce
- 3) Feedback
- 4) Partnerships
- 5) Culture

- So we developed an Improvement Plan and established regular team meetings to review this.

1) Security

Baby Labelling – ensuring each baby has two labels on at all times with the relevant and correct personal data.

- Changes were made to the types of labels that we used, new ones are softer and more baby friendly.

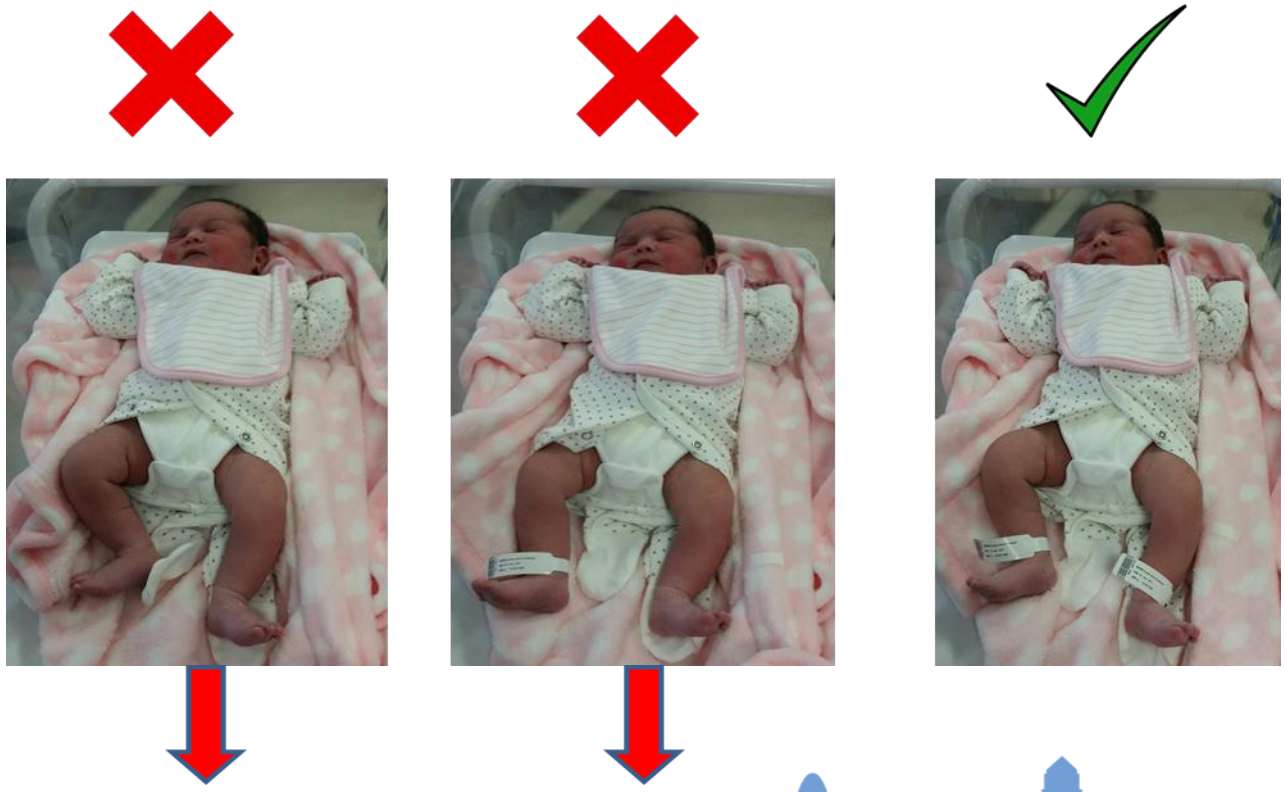
- Explanation sheet provided to all mothers and once reviewed with the midwife is signed – an agreement to alert us if a band comes off.

- Visible posters reminding parents of the importance of the labels.

- Daily audits to check compliance – 100% compliance has been achieved will continue to be monitored.

1) Security

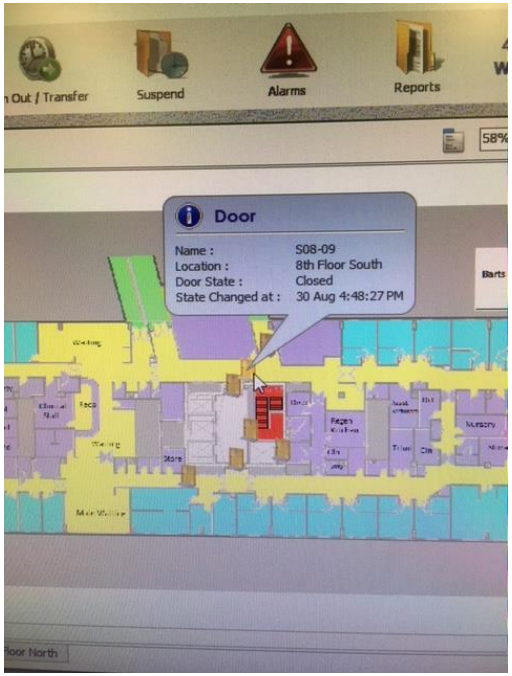
Baby Labelling



TELL YOUR MIDWIFE

1) Security

Baby Tagging System



-Concerns raised that a baby tagging system was not in place.

-Briefing paper sent to Trust Executives and agreement confirmed in May 2017.

- Baby tagging system, Totguard was installed and went live on the 10th October 2017.

- SOP in place and leaflet produced for parents.

- Training provided to all staff as part of initial roll out and further sessions are being provided in light of any false alarms or where further training needs are identified.

1) Security

Door Security –10 sets of doors were identified as being inadequate and a potential risk.

- Doors were risk assessed and agreement sought to change the locks and access.

- Finance and PFI agreement in place.

- Work was carried out to amend the doors and this was completed in October 2017.

- Infant abduction drills have been completed and a further one is planned following embedding of the new tagging system.

- Infant abduction policy is also being updated (cross site).

2) Workforce

Recruitment

- Developed and changed our recruitment information on the webpage. We now have a clear point of contact for all potential employees!

2) Workforce

Recruitment

- Holding regular recruitment open days.

- Vacancies reduced from 35 WTE to 7 WTE. Further interviews are scheduled for 08/01/18.

- Currently we have a 94% fill rate with a 1:28 ratio in place, vacant posts are filled with bank/agency staff as required to ensure quality and safety in the clinical areas.

- 2.6 WTE supernumerary labour ward coordinator posts have been recruited into.

- 98 hours of Obstetric Labour Ward Consultant presence now in place.

- The team are also reviewing all flexible working requests and the rotation of both night and day teams.

3) Feedback

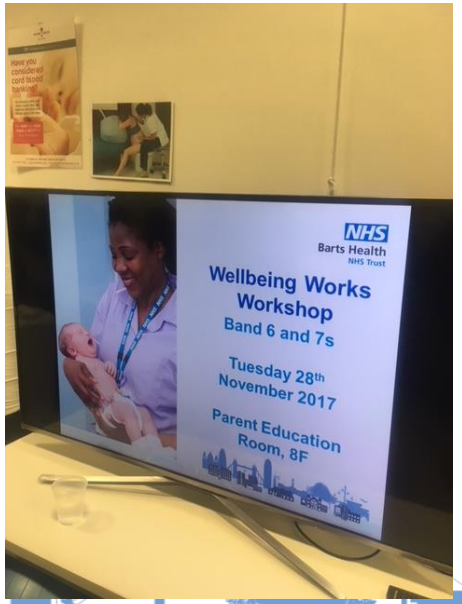
- We are listening….

- Initiated overnight visiting for partners, providing additional support to women in the post natal period immediately after birth.

- Developing an initiative to have ‘A Happy Birthday’ support families in conjunction with our Wellbeing Works programme.

- New volunteers working with us on the Postnatal Ward and helping us to improve the collection of I Want Great Care Feedback.

- Bi weekly Maternity team talks are in place for all staff to meet with the leadership team.



3) Feedback

- We are listening….

- Sessions for new mum and dads on our postnatal ward arranged so they can meet and interact with other new parents.

- The leadership team have held a number of Listening into Action events focussing on patient experience.

- A number of quality improvements projects are in progress including triage access and process, elective caesarean scheduling and utilisation of theatre lists.

3) Feedback
- Living the Values…..

Agnes Ong, CRS Midwife

I nominate Agnes Ong, CRS Midwife who in the last month during the IT incident has shown such a level of dedication to her team and our service. Agnes has led on the backlog work to ensure that all information is captured post incident and even stayed at the hospital during the first weekend of downtime in case the system came back on line! Agnes absolutely lives all of the values and is a valued member of our team!

Stella Brown, Midwife

I would like to nominate Stella, who has been instrumental in helping to improve the experience of women using the maternity triage service on 6E ward. Her calm and caring manner instantly places women at ease and gives them the right level of reassurance. She is also extremely efficient and works collaboratively with all her colleagues winning everyone over with her big smile.

Kirstie Savage, Clinical Placement Facilitator

I would like to nominate Kirstie, CPF and works with student midwives at all levels of their training. She is also the recruitment lead for maternity which is a never ending task and one that she executes efficiently and without any complaints.

Margaret Njenga, Ward Manager – 8F

I would like to nominate Margaret who is like a ray of sunshine on 8F which is a postnatal ward. She has ample clinical and managerial experience and an ability to put women and their families at the forefront of all that she does. She is a real gem and very highly regarded by colleagues and women alike.

Rofiquol Islam, Team Coordinator

Earlier on this week you were instrumental in satisfying a concern from a service user, thus avoiding a formal complaint. I did pass on my gratitude through your colleague, but wanted to re-iterate my thanks for your assistance with rebooking this appointment.

Wendy Dodds (Maternity Ward Clerk)

I would like to nominate **Wendy** as someone who is doing a tremendous job of living the Barts Health values. Only in her first few months, Wendy has already developed a great reputation both as a welcoming and engaging face on the ward, but also for being diligent and responsible in her approach to ward security – both in the everyday and during a crisis. She is conscientious and professional, and a great addition to the RLH Maternity team.

Postnatal Ward – 8F

I would like to nominate the **Postnatal ward Team**. They have worked very hard to implement changes on the ward. The changes have enabled mothers to receive compassionate care and also reduced complaints for the past month. The Team has worked hard together to ensure that there is improvements in discharge by making sure a midwife is allocated to concentrate on discharging mothers .

AMU Birth Centre

I would like to nominate and say thank you to the **AMU maternity Birth Centre Team** for their support when Postnatal ward and Antenatal clinic need help. The two areas tend to have high activity from time to time. AMU is called upon to support at short notice. They are always happy to support especially when postnatal ward needs to discharge mothers quickly to get beds for labour ward. They also support when needed to perform Newborn checks for babies prior to discharge. The above shows excellent Team support in the maternity area.
One particular person Kara Munday midwife on AMU has been especially very supportive.

3) Feedback

- 8F/Postnatal Ward

iWantGreatCare

4	Dignity/Respect	5.0	My midwife(Angela) was super. She came and sawa me straight away and was very kind and approachable. Also a lady called Irene was very friendly too. I have had 4 children in the Royal London and this was my best and most enjoyable experience.
	Involvement		
	Information	4.0	
	Cleanliness	4.0	
	Staff	5.0	
5	Dignity/Respect	5.0	The care we received from Hina our midwife was outstanding. She was perfect, so friendly and helpful and caring. She was so easy to take to and I had any concerns or worries. She is an absolute and credit to the Royal London Hospital and the NHS.
	Involvement	5.0	
	Information	5.0	
	Cleanliness	5.0	
	Staff	5.0	
5	Dignity/Respect	5.0	Our midwife Fati, was so helpful and friendly, she made me feel at ease during my time here. She was always attentive and extremely knowledgeable. She is a credit to this hospital and the NHS.
	Involvement	5.0	
	Information	5.0	
	Cleanliness	5.0	
	Staff	5.0	

3) Feedback

- 6F/Labour Ward

iWantGreatCare

2	Dignity/Respect	4.0	Staff not helpful at all.
	Involvement	5.0	
	Information	4.0	
	Cleanliness	1.0	
	Staff	1.0	
1	Dignity/Respect	1.0	Absolutely nothing.
	Involvement	1.0	
	Information	1.0	
	Cleanliness	2.0	
	Staff	1.0	
5	Dignity/Respect	5.0	
	Involvement	5.0	
	Information	3.0	
	Cleanliness	4.0	
	Staff	5.0	
5	Dignity/Respect	5.0	
	Involvement	4.0	
	Information	4.0	
	Cleanliness	5.0	
	Staff	5.0	
4	Dignity/Respect	5.0	Good. - Everyone was caring. - Clean, modern. Bad. - Waiting, delays.
	Involvement	5.0	
	Information	5.0	
	Cleanliness	5.0	
	Staff	5.0	

3) Feedback

- 6F/Labour Ward

iWantGreatCare

5	Dignity/Respect	5.0	All staff were very kind and professional, thank you. Very good care in our planned ceserian.
	Involvement	5.0	
	Information	5.0	
	Cleanliness	5.0	
	Staff	5.0	
5	Dignity/Respect	5.0	This place deserves a medal for professional care! Everyone really cares about patients. Only negatives is poor food/snack provision at night.
	Involvement	5.0	
	Information	5.0	
	Cleanliness	5.0	
	Staff	5.0	

3) Feedback

- 6F/Triage

iWantGreatCare

3	Dignity/Respect	4.0	
	Involvement	3.0	
	Information	4.0	
	Cleanliness	4.0	
	Staff	3.0	
4	Dignity/Respect	3.0	The best thing about is everything is on time and each and every person ready to help someone. I don't really think there's something should be taken care of. As I have been in here last couple of months. So that's it.
	Involvement	4.0	
	Information	5.0	
	Cleanliness	5.0	
	Staff	3.0	
4	Dignity/Respect	4.0	
	Involvement	4.0	
	Information	4.0	
	Cleanliness	4.0	
	Staff	4.0	
4	Dignity/Respect	4.0	
	Involvement	4.0	
	Information	4.0	
	Cleanliness	4.0	
	Staff	4.0	
5	Dignity/Respect	4.0	Reassuring, good care.
	Involvement	4.0	
	Information	4.0	
	Cleanliness	4.0	
	Staff	4.0	


staff
care
service
kind
hospital
received
amazing
caring
helpful
feel
midwife
Royal
Ward
postnatal
impressed
recommend
cared
London
Midwives
Everyone
time
well
way
experience
ease
came
good
wonderful
informed
helping
throughout
baby
nice
Thank
clean
really
made
midwives
ward
help
happy
always
attention
thank
change
expect
available
extremely
respectful
following
friendly
extra
credit
stay
took
big
Overall
supportive
Fati
concerns
excellent
Good
straight
regular
felt
fault
team
advice
comfortable
difference
wards
constant
NHS.Our
unit
provide
back
navigate
communication
empathy
better
compassionate
comfortable.Very
certain
experience.I
enough
doctor
stayed
much
nothing
kindness
provided
attend
take
make times
gave
room
definitely
best
easy
ability
generally
experience.The
go
unhappy
stay.Great
life
lot
newborn
away
lovely
outstanding
bottom
needed
absolute
terms
new
checked
gonna
Lovely
Hospital
heart.It
Midwifes
brilliant
Also
begging
timely
children
attentive
got
hearts
must
expensive
taken
breathing
patience
prefer
entire
safe
praise
day
approachable
Clean
Lots
happily
days
noticed

3) Feedback

- Parent Education Classes…

iWantGreatCare

5	Dignity/Respect	5.0	Natasha was brilliant. Really informative and friendly. Made everyone feel comfortable.
	Involvement	5.0	
	Information	5.0	
	Staff	5.0	
5	Dignity/Respect	5.0	Very practical advice from a good communicator. More hands on.
	Involvement	4.0	
	Information	5.0	
	Staff	5.0	
5	Dignity/Respect	5.0	Ann Hellis was absolutely amazing, very caring, empathetic and extremely knowledgeable. Such a useful session which I would highly recommend. Even though I'm fasting and shattered, Ann's level of engagement and skill meant I experienced every moment and was engaged throughout. Loved it!
	Involvement	5.0	
	Information	5.0	
	Staff	5.0	

Barts Health NHS Trust

3) Feedback

iWantGreatCare

- Lotus Birth Centre…

5	Dignity/Respect	5.0	Constant care, reassurance, checking up on me and baby.
	Involvement	5.0	
	Information	5.0	
	Cleanliness	5.0	
	Staff	5.0	
5	Dignity/Respect	5.0	Absolutely wonderful. Very helpful and friendly staff, lovely room for baby and dad and mum.
	Involvement	5.0	
	Information	5.0	
	Cleanliness	5.0	
	Staff	5.0	
5	Dignity/Respect	5.0	I got excellent service during labour the very first time, had 4 children including this baby in Royal London Hospital but this time was the excellent, service from midwife at labour and even at the ward. Carolyn, UMU and STM - Chloe really supported me during my labour. A very big thanks to them.
	Involvement	5.0	
	Information	5.0	
	Cleanliness	5.0	
	Staff	5.0	

iWantGreatCare

NHS
Barts Health
NHS Trust

Service	April 2017	May 2017	June 2017	July 2017	August 2017	September 2017	October 2017
Labour ward 6E/F	91.7% (24 reviews)	86.1% (36 reviews)	80.6% (36 reviews)	78.6% (42 reviews)	93.2% (44 reviews)	87.9% (58 reviews)	89.1% (64 reviews)
Lotus 8B	97.1% (35 reviews)	100% (13 reviews)	100% (14 reviews)	92.0% (25 reviews)	86.4% (22 reviews)	100% (25 reviews)	100% (22 reviews)
Postnatal ward 8F	82.8% (29 reviews)	81.8% (44 reviews)	91.2% (91reviews)	81.0% (58 reviews)	80.0% (60 reviews)	88.7% (71 reviews)	84.6% (65 reviews)
Antenatal clinic	70.8% (24 reviews)	88.6% (35 reviews)	87.5% (48 reviews)	80.6% (36 reviews)	79.3% (29 reviews)	85.7% (21 reviews)	91.3% (23 reviews)
Barkantine AN	100% (2 reviews)	100% (46 reviews)	91.7% (24 reviews)	95.0% (20 reviews)	100% (18 reviews)	100% (26 reviews)	100% (18 reviews)
Barkantine Labour	-	100% (6 reviews)	80.0% (5 reviews)	100% (6 reviews)	100% (1 review)	100% (1 review)	100% (1 review)
Barkantine PN	-	100% (8 reviews)	100% (1 review)	100% (2 reviews)	100% (1 review)	100% (6 reviews)	100% (1 review)
Community antenatal	100% (3 reviews)	100% (1 review)	-	54.5% (11 reviews)	90.0% (10 reviews)	100% (5 reviews)	60.0% (5 reviews)
Community postnatal	-	-	100% (22 reviews)	90.0% (10 reviews)	100% (13 reviews)	97.9% (48 reviews)	88.6% (35 reviews)
Homebirths	100% (1 review)	-	100% (2 reviews)	-	-	-	100% (5 reviews)
Triage	57.1% (14 reviews)	50.0% (6 reviews)	81.8% (22 reviews)	90.9% (22 reviews)	81.8% (22 reviews)	85.7% (21 reviews)	87.5% (24 reviews)
MFAU				92.3% (13 reviews)	86.7% (15 reviews)	90.0% (20 reviews)	93.3% (30 reviews)
Friday diabetic clinic				100% (10 reviews)	86.2% (29 reviews)	100% (5 reviews)	100% (11 reviews)
Dietician		100% (16 reviews)	100% (10 review)	100% (2 reviews)	100% (14 reviews)	100% (4 reviews)	100% (2 reviews)
GDM Education	100% (11 reviews)	93.9% (33 reviews)	100% (33 reviews)	100% (20 reviews)	100% (28 reviews)	100% (40 reviews)	100% (5 reviews)
Parent Ed		100% (1 review)	100% (12 reviews)	100% (15 reviews)	98.7% (75 reviews)	100% (64 reviews)	100% (50 reviews)
Baby feeding	100% (5 reviews)	89.5% (38 reviews)	100% (12 reviews)	100% (1 review)	100% (34 reviews)	100% (3 reviews)	100% (5 reviews)
Tongue-tie service					100% (2 reviews)	100% (3 reviews)	100% (4 reviews)

4) Partnerships

- Our commitment to working with our local partners to improve our maternity services is on-going.

- Members of the Maternity Voices Partnership and have set the priorities with that group which include communication, home births, continuity of care and compassion.

- MVP members were involved in the recruitment and launch of the new Tower Hamlets home birth team.

- Three members of the MVP now have honorary contracts in place and will be working with us across our maternity services.

- GM and DHOM have met with Health Watch and Maternity Mates.

- We continually discuss other forums and means of reaching out to local communities for training.

5) Staff Wellbeing

- Staff survey sessions have been held and facilitated in conjunction with our Organisational Development team.

- Wellbeing sessions have been arranged for staff with massages and aromatherapy treatments for the team kindly provided by our parent education team.

- Wellbeing Works programme is running with full action plan. We have held a dedicated away day for our Band 6 and 7's midwives with more planned and a similar event for admin and medical staff.

- Joint teaching sessions arranged for clinicians and midwifery teams with positive outcomes.

5) Culture

- There has also been a focus on Statutory and Mandatory Training, recognising that all staff need to be supported to achieve compliance.

- We ran a dedicated drop in day for all members of the division where they could receive 1:1 support to get logged on and complete the online training.

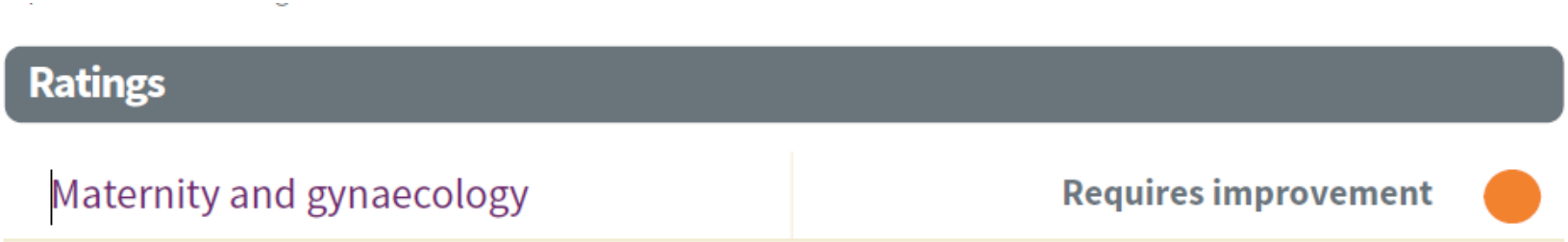
- In the following two weeks we saw the results and on the 8th December 2017 we reached an initial milestone of 90% compliance for Maternity Services.

RLH MATERNITY	90.87

vodafone UK 4G 10:41
Tweet
RLH Maternity
@RLHMaternity
Our amazing Parent Ed team Ann and Natasha are running a mindful wellbeing stall for staff to help de-stress @NHSBartsHealth @alihbirth
Tweet your reply
JOIN OUR LIA CONVERSATION:
Improving the 6th floor
Barts Health NHS
NHS Trust
QUESTION
what we can do to really give our patients and their families an amazing birth experiences?
WHEN: 7TH JULY 2017
WHAT TIME: 11AM-1PM
A Personal invite from:
Susanna Crowe - (Consultant Obs & Gyne)
Kelly Jupp - (General Manager),
Shahida Trayling - (Maternity Matron),
Hussai Sesay -(Senior Midwifery Manager)
Mary Olusile - (Consultant Midwife)
Listening into Action
Tweet
RLH Maternity
@RLHMaternity
Birth Centre
Royal London and Mile End Hospitals
2017

And then the news we had all been waiting for….

- Following a two day inspection in June 2017 we received a CQC report in October 2017 that we had been waiting for….



And we acknowledge that there is still some way to go but we have a plan and a trajectory to keep us on track.

By the end of Q4 (March 2018)

Safe	Effective	Caring	Responsive	Well-Led

By end of Q1 (June 2018)

Safe	Effective	Caring	Responsive	Well-Led

Next stop……

- Except…..there are no stops on this journey…..!!

Leadership team will continue to be visible

Complete the work outlined in our improvement plan

We will retain & develop our staff

Finalise and promote our strategy, aim and vision

Challenge behaviours that do not with the Trust values

Continue our engagement with external stakeholders

Act on the feedback from reviews and inspections

Improve and strengthen our governance processes

Next stop……

- Except…..there are no stops on this journey…..!!

Respond to staff survey feedback

Lead our teams

Develop an action plan from the Wellbeing Works survey

Continue to teach and educate our teams

Service development

Launch ‘Have a Happy Birthday’

Look to move the service to an outstanding position in terms of CQC rating

Learn lessons

And of course…

Continue the movement……!