



Committee and date

Health and Wellbeing Board

5 July 2013

9.30 am

Item

**13**

Public

## COMBATting ISOLATION AND LONELINESS

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### 1. Summary

- 1.1 Outcome 4 of the Health and Wellbeing Strategy focusses on older people and those with long term conditions remaining independent for longer. One of the priorities to help fulfil this outcome is to prevent isolation and loneliness amongst older people, those with long term conditions, and their carers.
- 1.2 Isolation and Loneliness are risk factors for ill health and therefore real or perceived ill health associated with isolation and loneliness has a significant impact on our health and social care services.
- 1.3 In January this year Norman Lamb, the Care and Support Minister announced a proposed new duty on Local Authorities and the NHS to measure loneliness and isolation; he said: 'For the first time we will be aiming to define the extent of the problem by introducing a national measure for loneliness.
- 1.4 'We will be encouraging local authorities, NHS organisations and others to get better at measuring the condition in their communities (Mail Online, January 2013).
- 1.5 Reducing isolation and loneliness will have substantial impact on the work streams and outcomes of the Health and Wellbeing Strategy, including health inequalities, mental health and emotional wellbeing, and assistive technologies; isolation and loneliness should therefore be considered as part of the HWBB preventative agenda.
- 1.6 The demographic of Shropshire, highlighting an aging population, a low wage economy, housing and the rural nature are all significant considerations around isolation and loneliness. Poverty perhaps the biggest consideration, which highlights issues around morale, housing, and the ability to access services and travel to see friends, families and access health services and self-help groups.
- 1.7 There are a number of services, projects and initiatives in Shropshire managed by the Public Sector, by the VCSA, and by private companies that work to mitigate the effects of isolation and loneliness and increase peoples connectivity within their communities. Many of these services, but certainly not all, are described below in background information.

1.8 There are a number of services, projects and initiatives in Shropshire managed by the Public Sector, by the VCSA, and by private companies that work to mitigate the effects of isolation and loneliness and increase peoples connectivity within their communities. Many of these services, but certainly not all, are described below in background information.

1.9 Measuring isolation and loneliness will be important to understanding the wellness of our communities. As an example, the Compassionate Communities project measures total number of home visits, number of GP phone calls, number of GP home visits, number of Shropdoc calls, A&E attendances, and A&E admissions to measure success of the project.

## **2. Recommendations**

- 1) That Health and Wellbeing Board require that the work streams reporting to the Health and Wellbeing Board (Steering Groups) incorporate actions that will mitigate against isolation and loneliness;
- 2) That the HWBB develop a local measure for isolation and loneliness;
- 3) That the HWBB require isolation and loneliness to be considered as part of all relevant commissioning and contracting processes within Shropshire Council and the CCG.

If the HWBB agree number 1 above, how does the Board ensure that the actions will be joined up? If this is a concern, does the Board have a subsequent recommendation?

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

3.1 Issues around isolation and loneliness are about addressing inequalities and supporting our communities in Shropshire.

### **4. Financial Implications**

4.1 There are no immediate financial implications, however it is widely recognised that isolation and loneliness have a significant impact on health and social care services. Reducing isolation and loneliness as a preventative measure should have long term benefits for people and see cost reduction on our services.

### **5. Background**

5.1 According to the Housing Learning & Improvement Network, 'loneliness is the subjective response to one's quality and/or density of social networks; being socially isolated is a direct risk factor for loneliness although not everyone who is socially isolated is lonely and vice versa.' It is also associated with leading a less healthy lifestyle (including physical activity and smoking).

5.2 Loneliness has a serious effect on people's health and happiness and is reported to have a similar impact on mortality as smoking 15 cigarettes a day (according to the Campaign for Loneliness).

5.3 Contributing factors to isolation and loneliness include:

- Age, health, lifestyle, mental health
- Disability/ mobility
- Housing and design features of the community
- Level of community cohesion
- Availability of a wide range of activities
- Stigma of loneliness/ reduction in confidence

5.4 People's perception of living alone, feeling lonely and societies influence on what is normal and acceptable all play a significant role in isolation and loneliness. In the report Shropshire Housing Support Services Commissioning Framework, which explored what was important to people who received housing support services, consultation revealed that in particular transport and making a contribution were very important or quite important factors in attaining a good quality of life. Equally contact with friends or family and interest groups were very important to service users in Shropshire.

### **Nationally**

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

5.6 This organisation runs specific campaigns and projects to create change and inspire people to change. Loneliness Harms Health campaign is one such project that aims to achieve a commitment to adopting a target to reduce loneliness in health and wellbeing board commissioning plans.

5.7 The project is based on research that loneliness has an effect on mortality that is similar in size to cigarette smoking and is associated with other mental and physical health conditions, including increased rates of cardiovascular disease, dementia and disability. This project is funded by the Calouste Gulbenkian Foundation (The Campaign to End Loneliness).

### **Locally**

5.8 In Shropshire understanding around isolation and loneliness and the importance of keeping people connected has been growing over the last number of years; this is evidenced in the Health and Wellbeing Strategy priority setting. There are also a number of projects and organisations that work to reduce isolation and loneliness. Some of these include:

- GUSTO- is about keeping older people connected in Shrewsbury, it coordinates events and networks of older people, so that they can engage in activities and make contacts, friends, or just have fun.
- Friendly Neighbour schemes – VCS organisations run services that are there to help vulnerable people in their day to day lives.

- Housing Services and Supporting People contracts – looks to support vulnerable people with a wide range of housing needs.
- Shropshire Council Housing Services and Public Health teams– currently researching issues around isolation and loneliness to feed into strategic planning and asset mapping.
- Preventative Services contracts – provides a range of services to keep people connected in their communities.
- Compassionate Communities – Helping communities develop their own supportive networks – addresses loneliness as a public health issue.
- Adoption of the Rural Health Toolkit – the Health and Wellbeing Board has committed to systematically considering rural health issues when commissioning and decision making decisions.
- Rural Health Survey – to further understand our communities in Shropshire and to support the JSNA, we are currently running a Rural Health Survey that addresses issues of isolation and loneliness.
- Dementia Champions / Dementia Friends – the Alzheimer’s Society is providing the framework to develop Dementia Friendly communities.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**Cabinet Member (Portfolio Holder)**

Karen Calder, Portfolio Holder, Health

**Local Member**

**Appendices**

None