

5th June 2013

Agenda Item: 10

**REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE,
HEALTH & PUBLIC PROTECTION AND THE DIRECTOR OF PUBLIC
HEALTH****LONELINESS IN OLDER PEOPLE****Purpose of the Report**

1. This report describes the health risks of loneliness and factors that increase older people's vulnerability to loneliness. Members of the Health and Wellbeing Board are asked to comment on the report and support actions that can be taken to combat loneliness as set out in the recommendations

Information and Advice**Why is loneliness an issue for the Health and Wellbeing Board?****Background**

2. Loneliness is difficult to define since it is partly subjective and a matter of perception; people can be alone and not feel lonely, or they may be with others and feel very lonely, as many people do who live in care homes. Loneliness can affect people of all ages but older people are particularly vulnerable since they are more likely to suffer poor physical or mental health and live alone. Research has found a fairly constant proportion (6-13 per cent) of older people feel lonely often or always¹. **This paper focuses on the impact of loneliness on older people and on the Campaign to End Loneliness.**

- **More than half of those over the age of 75 live alone – with about one in ten suffering 'intense' loneliness;**
- **Half of older people - more than five million - say that the television is their main company;**
- **17 per cent of older people are in contact with family, friends and neighbours less than once a week**

Safeguarding the convoy: a Call to Action from the Campaign to End Loneliness
Age UK Oxfordshire 2011

Health risks

3. 'Safeguarding the Convoy: a call to action from the Campaign to End Loneliness' was published by Age UK Oxfordshire in 2011 with the aim of understanding the problem and summarising the evidence presented at its research symposium in 2010. In this paper, the World Health Organisation rates loneliness as a higher risk factor than lifelong smoking. The key message is: **Loneliness is bad for your health**¹. Specifically research has found that people who are lonely:

- exercise less, have unhealthy diets and drink more
- have poorer cognitive function
- double their risk of dementia
- are more likely to become depressed, rising to 40 per cent aged over 85
- increase their risk of heart disease
- reduce the effectiveness of their immune system
- are more likely to be admitted to residential or nursing care

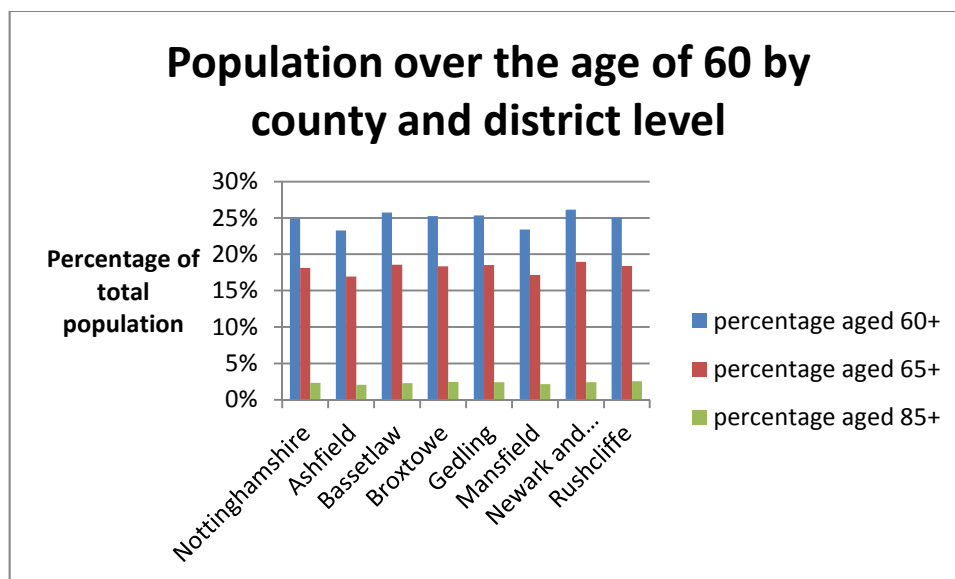
Factors leading to loneliness

4. The report highlights evidence for key risk factors which can lead to loneliness and isolation and to which older people are particularly vulnerable. These factors are inter-related and affect a person's physical, mental, social and psychological functioning. The problem may be one of social isolation (insufficient social contact) or emotional loneliness (missing a specific person).

- | | |
|--|----------------------------------|
| • Living alone | • Visually impaired |
| • Living in isolated rural areas or deprived urban communities | • Hard of hearing |
| • Single pensioners | • Poor physical or mental health |
| • Bereavement | • People with dementia |
| • Retired | • Suffering from poor mobility |
| • Struggling financially | • Later old age (over 80 years) |
| | • Living in a care home |

Local prevalence

5. Nottinghamshire already has a higher population of older people than the national average. Latest estimates for 2010 indicate that 18.2% of the total population is aged over 65².



12.8% of county's population who are over the age of 65 years live in single person households (out of all households). However 45% % of the county's population over the age of 65 years live in single person households if **only** one person households are considered.

Based on national figures of 6-13% of older people who felt lonely often or always	8546.82	18518.11
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Based on the 2011 census and national figures of 6-13% of older people (65+) who felt lonely often or always, Nottinghamshire has figures which range from 8547 to 18518.

6. Three local studies give a local picture of loneliness and social isolation in Nottinghamshire:

- Older people and Village services, Age Concern, 2008
- Nottinghamshire County Council Satisfaction Survey 2012
- Nottinghamshire County Council Adult Carers' Survey 2012

A Rural Study

7. *'Older people and Village services: Exploring the impact of community-based services in Rural England'*, was a piece of research sponsored by Age Concern and published in 2008. This research studied older people living in very rural areas in the Midlands and East Anglia suffering loneliness and isolation and the benefits of local community services³.

“It’s so nice to go out of my front door and have a little walk and see somebody you know”

“I can go all day and not see a person”

Two different views from ‘Older people and Village services’ (above)

Report of Findings from Nottinghamshire County Council’s Satisfaction Survey 2012

8. The County Council’s Annual Satisfaction Survey included the loneliness question in 2012 for the first time. This is carefully phrased to encourage a truthful response.

Loneliness questions

- **How often do you feel that you lack companionship?**
- **How often do you feel left out?**
- **How often do you feel isolated from others?**

Revised UCLA Loneliness Scale

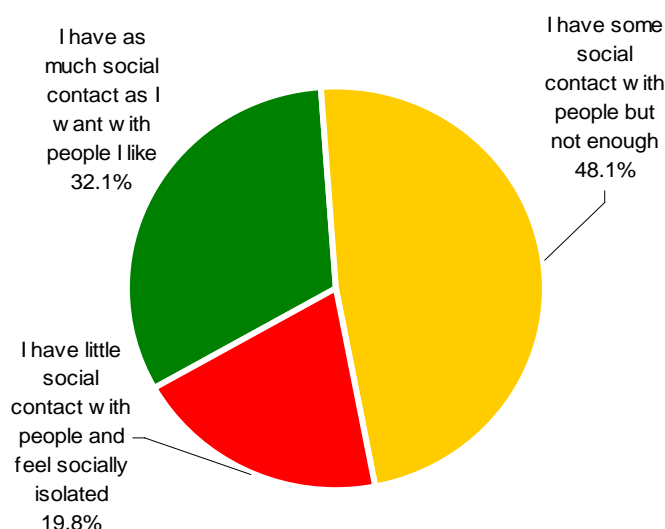
Analysis by Age

9. The results generally show that only 5% of people of all ages interviewed felt they lacked companionship often or all of the time. However **people aged over 75 were much more likely to say that they lacked companionship** some of the time (24%), or often (8%) than ages 18-74⁴. This is broadly comparable with national figures quoted above of 6-13% of all older people feeling lonely some of all of the time.

Report of Findings from the Personal Social Services Survey of Adult Carers in Nottinghamshire – 2012-13

10. In 2012, Nottinghamshire County Council sent out a survey to Adult Carers aged 18 or over, who are helping or looking after someone aged 18 or over, and who have been assessed or reviewed, either separately or jointly with the cared for person, by Adult Social Care and Health during the past 12 months prior to the sample being extracted⁵.
11. The survey was run to find out more about whether or not services received by carers are helping them in their caring role, their life outside of caring, and also their perception of services provided to the cared for person.
12. 1828 carers were identified from records of whom 803 were randomly selected; 419 completed questionnaires were received (52% return rate). One of the questions asked carers about social contact.
13. The results showed that most carers who responded are predominantly women (71%), predominantly white (96%), the majority are between the ages of 55 to 74 (55%) and perhaps most significantly the majority have a health or care issue of their own (68%).

14. Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation?



15. 414 people answered this question. Almost a third of respondents, 32%, said that they have as much social contact as they want with people they like. Nearly half of respondents, 48%, said they have some social contact with people but not enough and 82 people (20%) said they have little social contact with people and feel socially isolated.

Evidence

16. Research evidence falls into two main categories: first, research on loneliness itself, its prevalence, impact on health and factors affecting loneliness; and secondly, research on how to combat loneliness and isolation. Prevalence and factors affecting loneliness are discussed in the first section of this paper. This section will consider how services can target loneliness effectively.
17. *Safeguarding the Convoy* and other Age UK work¹ set out to collate evidence about the effectiveness of different types of intervention. Services are grouped into three types. Some specific ideas about what works are set out in the table below.

Some examples of effective interventions	
One to one	Telephone befriending One to one advice from neighbourhood wardens
Groups	Lunch clubs Creative arts Walking/exercise groups
Community involvement	Museums and libraries: social events, advice sessions Timebanking *

* 'Timebanking' is a rewarding way to bring people together in their community and share their skills, where every hour of work done is rewarded with a 'time credit'. Skills are both offered and requested.

18. In addition the research makes some general findings which are helpful¹:

- It is important to involve older people in planning, developing and delivering schemes
- Having friends is more important than how often a person sees friends
- Successful befriending depends on matching volunteers and service users
- Intergenerational contact is effective
- The loss of a successful service is worse than never having had a service
- It is very difficult to engage some groups of people, whatever the resources
- Interventions at age 75 and over may come too late⁶

In relation to the last point, there is a case for addressing loneliness earlier to prevent a person's health deteriorating and possibly, moving into a care home.

19. A very recent study assessed the impacts of social isolation and loneliness on mortality, looking at them both together and independently. It found that while social isolation is associated with higher mortality in older people the effect is independent of the emotional experience of loneliness. So while both are important for well-being, efforts to reduce isolation might have greater benefits in terms of mortality⁷.

20. There is a good evidence base for the creative arts promoting health and wellbeing and reducing loneliness and social isolation including: singing, dancing, music making and visual arts. Locally *Art at the HeART of Wellbeing* is a programme for socially isolated older people with or at risk of developing mental health problems. This was initially set up in Erewash and has been very successfully introduced in Gedling.

The Campaign to End Loneliness

21. The Campaign calls for action at an individual, local and national level. It invites us all, as individuals, to make a pledge. An event was held at County Hall, in conjunction with the local Age UK and collected 45 pledges ranging from telephoning elderly relatives more often to volunteering. The campaign has also been promoted through the County Council's website, social media and other communications channels.

22. Public Health and Social Care policy recognises the link between loneliness and poor physical and mental health. In the context of reducing national resources, the question arises as to how far publicly funded agencies can prioritise financial expenditure on loneliness compared with pressing statutory responsibilities. This points to approaches which build on voluntary activity, and encourage local communities and neighbours to take action in a way which is consistent with the Age UK campaign. At the same time, it is important that local agencies ensure that their existing provision is accessible and welcoming for older people and adults with disabilities. The role of a health and social care professional would be in identifying

where loneliness is problematic, and the opportunities that exist in local communities. It is proposed that current voluntary sector activity be reviewed, in addition to investigating possible new community initiatives such as a Circles scheme which is a social enterprise, whose primary aim is to develop networks of support within the local area. This year the County Council intends to review its strategic approach to Prevention and Early Intervention services to ensure that they are evidence based and target those who can most benefit from them. Key stakeholders will also be engaged as part of this work.

23. Currently the County Council is undertaking the 'Living at Home' programme, which aims to support people to live at home independently safely and for longer. Part of the support will be focussed on reducing social isolation. Care and Support Centres are actively reaching into local communities to support service users and their carers to combat isolation and the development of extra care services across Nottinghamshire will also support more people to live in environments that support connective activities amongst older people.
24. The County Council is also currently reviewing the delivery of domiciliary care/home based services. New service specifications are being developed which will require providers to develop person-centred support plans which promote independence, health and well-being. As such, providers will be expected to have a good understanding of local communities and support individuals wishing to maintain/develop community links.
25. An Ageing Well seminar was held in October 2012 to capture activity to combat loneliness within Nottinghamshire: examples are set out below.

Examples of what Nottinghamshire is already doing to combat loneliness

- | | |
|--|--------------------------------|
| ◇ First Contact * | ◇ Faith groups |
| ◇ Community Outreach Advisers ** | ◇ Advocacy support |
| ◇ Voluntary transport | ◇ Handypersons |
| ◇ Local senior forums | ◇ Adaptations*** |
| ◇ Websites e.g. Notts50+ | ◇ Supporting carers |
| ◇ Care & support centres offering social activities | ◇ Befriending schemes |
| | ◇ Libraries |
| | ◇ Hospital at Home **** |
| | ◇ Extra care housing |

From Ageing Well Seminar October 2012

*** First Contact:** First Contact is a signposting service, involving one simple checklist helping people aged 60 or over to stay safe and independent in their own homes; it saves people contacting lots of different organisations (e.g. Fire Service, Pension Service, Crime Reduction) to find out what they offer.

**** Community Outreach Advisers:** The Community Outreach Service is a free and confidential service for people over 50 to help them to remain safe and independent in their own homes. The advisor will usually visit the person at home to assess their situation and needs, and then offer advice and information on a range of topics such as

home safety and security, home adaptations, mobility aids, transport, social activities and benefits.

*** **Handypersons Adaptations:** The Handy Person Adaptation Service provides the help and support people need to keep safe and secure in their home with low cost but high quality essential adaptations and small practical jobs.

**** **Hospital at Home:** This is a scheme offered to vulnerable people on discharge from hospital, designed to help them to quickly regain their independence and confidence. Services offered include:

- Preparing the home for return and a welcome home pack
- Assisting with visits to outpatients' appointments, shopping, collecting prescriptions and social activities
- Helping to write and send letters
- Sit and have a chat if needed

What the Health & Wellbeing Board can do about loneliness

Local framework for action

26. The Campaign has published a toolkit for Health & Wellbeing Boards setting out why addressing loneliness is important, what action Boards can take and giving examples. The toolkit outlines 4 steps and gives examples by region – so far there are no examples for the East Midlands. The toolkit can be accessed on line at:

<http://www.campaigntoendloneliness.org.uk/campaign-news/new-toolkit/>

- a) **Gather the data about the extent of loneliness, map current services.** An innovative example is Essex County Council which has created an Isolation Index using Mosaic to map 11 variables at LSOA level

<http://campaigntoendloneliness.org/toolkit/casestudy/essex-isolation-index/>

Essex County Council is now working with the voluntary sector more closely to design a behaviour-change approach to encourage individuals and communities to build social networks and reduce their risk of loneliness

- b) **Use the information gathered to strengthen the information in the JSNA and the Health and Wellbeing Strategy.** This would then inform the development of local services and encourage innovative local solutions.
- c) **Strengthen partnership working** with e.g. District Councils and the voluntary sector to develop and test innovative approaches. An example is North Yorkshire County Council which has invested in a number of pilot projects e.g. Community café hubs as an alternative to day care.

- d) **Monitor and Evaluate** – collect evidence about what works locally. The Marmot review⁸, the Public Health Strategy⁹ and the Care and Support White Paper¹⁰ identified tackling loneliness and social isolation, as a priority. The Adult Social Care Outcomes Framework¹¹ (ASCOF) and the Public Health Outcomes Framework¹² (PHOF) both include new measures to promote this. The findings will help to identify how serious the problem is and what action is needed to tackle it.

Public health outcomes framework

- ◇ **Domain 1 – improving the wider determinants of health**
 - **1.18 Social isolation (*to be defined*)**

Adult Social Care & Health framework 11

- ◇ **Domain 1 – enhancing care and support for people with care and support needs**
 - **11. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like.**

27. The indicator will initially focus on social care users and carers (of all ages), rather than the broader population. The Department of Health (DH) will also continue to develop a population based measure of loneliness, with a view to including this in future years.

Interventions for CCGs

28. Health interventions designed to address other key health challenges facing older people can, if properly targeted, also impact loneliness and social isolation. Conversely, failure to recognise the extent of loneliness and to provide services in a way that is sensitive to this issue can limit the effectiveness of broader health interventions. For example:

- Efforts to increase physical activity – to meet new guidelines for activity among the over 50s – also create opportunities to increase social interactions and build social networks.
- Health screening and preventative interventions can be capitalised upon to also identify, and address, or build resilience to, loneliness and isolation.
- Falls prevention programmes can be understood as not just a means of reducing costly hospital admissions, but also an opportunity to maintain mobility and existing social connections.

Other Options Considered

29. None.

Reason/s for Recommendation/s

30. To ensure that the Health and Wellbeing Board has a full appreciation of the impact of loneliness on older people, the consequences for health and social care and to support actions that can be taken to combat loneliness.

Statutory and Policy Implications

31. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATIONS

The Health and Wellbeing Board are asked to:

- 1) Support the roll out of the Campaign to end loneliness across partners in Nottinghamshire.
- 2) Promote the incorporation of evidence based measures to combat loneliness in all service proposals for relevant care groups.
- 3) Promote work with non-statutory sector partners to combat loneliness.
- 4) Continue to monitor the impact of measures to address loneliness locally through both the Outcomes Frameworks and the Annual Satisfaction Survey.

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Constitutional Comments (SG 16/05/2013)

32. The Board is the appropriate body to decide the issues set out in this Report.

Financial Comments (ZKM 17/05/13)

33. There are no financial implications arising directly from this report.

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972

- a. Nottinghamshire Joint Strategic Needs Assessment 2012
- b. Nottinghamshire Health and Wellbeing Strategy 2012.

Electoral Division(s) and Member(s) Affected

All

References

1. Safeguarding the convoy: a call to action from the campaign to end loneliness
Age UK Oxfordshire 2011
2. Nottinghamshire Joint Strategic Needs Assessment, Nottinghamshire Health & Wellbeing Board, 2012
3. Older people and Village services: Exploring the impact of community-based services in rural England, Age Concern, Nottingham Trent University, 2008
4. Nottinghamshire County Council Satisfaction Survey, 2012
5. Findings from the Personal Social Services Survey of Adult Carers in Nottinghamshire, 2012-13
6. Promoting health and improving survival into very old age, Glymour & Osypuk, BMJ, September 2012, volume 345
7. English longitudinal study on Aging accessed May 2013
http://www.ifs.org.uk/conferences/AShankar_ELSA_Presentation.pdf
8. Fair Society, Healthy Lives: The Marmot review, UCL Institute of Health Equity, February 2010
9. Healthy Lives, Healthy people, Strategy for Public Health in England, DH, November 2010
10. Caring for our Future: reforming care & support - White Paper, DH, July 2012
11. The Adult Social care Outcomes framework, 2013-14, DH November 2012
12. Public Health Outcomes Framework, Improving Outcomes and supporting transparency, DH, November 2012
13. Combating Loneliness: A Guide for Local Authorities, LGA, March 2012

Appendix 1

Loneliness Framework for Action: A Guide for Local Authorities¹³

Combating Loneliness: A Guide for Local Authorities, LGA March 2012

Key messages

- Loneliness is a significant and growing issue for many older people.
- Its impacts are devastating and costly – with comparable health impacts to smoking and obesity; and close links to deprivation.
- Loneliness is amenable to a number of effective interventions, which are often low cost, particularly when voluntary effort is harnessed.
- Taking action to address loneliness can reduce the need for health and care services in future.
- Effective action to combat loneliness is best delivered in partnership.
- Action to combat loneliness should take place in the context of a wider strategy to promote older people's wellbeing.

Framework for action

- Include 'addressing loneliness' as an outcome measure of council strategies for ageing – ensuring that it is recognised and acted upon across every area of the authority's work.
- Work at the neighbourhood level, to understand and build on existing community capacity and assets.
- Recognise and respond to individual needs and circumstances by both making sure general services are geared up to meet the needs of those who are lonely, as well as providing specific interventions as required.

First steps

- Engage with other partners – loneliness is a multi-faceted issue and effective responses should be delivered in cross authority partnerships including the voluntary and community sectors.
- Define the local loneliness issue – understand the nature of the problem and who is at risk in your area.
- Agree a plan of action to reduce loneliness, and a way of measuring progress over time.
- Involve older people, including those experiencing or at risk of loneliness, in mapping local assets, determining responses, and co-producing solutions