11 July 2013	ITEM: 13
Thurrock Health and Well-Being Board	
LONELINESS & OLDER PEOPLE	
Report of: Sarah Turner – NDS Lead and Older People's Commissioner	
Accountable Director: Roger Harris – Adults, Health and Commissioning	
This report is Public	
Purpose of Report: To detail the background and research of loneliness before proposing recommendations to the board and keeping them up to date with some interventions currently being piloted.	

EXECUTIVE SUMMARY

The Campaign to End Loneliness have reviewed the published Joint Health and Wellbeing Strategy of all 152 boards across England to see if loneliness and isolation has been prioritised (only 128 of the 152 boards had published their plan at the time of review). The Campaign has decided that Thurrock's Joining Health and Wellbeing strategy is GOLD (this is the highest rating possible) as it recognises that loneliness is a key issue for people in Thurrock and is committed to tackling this.

Only 60 of the 128 strategies mention loneliness and isolation. Of these 60 only 8 have achieved Gold status, so this is an achievement that Thurrock's Health and Well-Being board should note.

As the population ages and people live longer, loneliness and social isolation is growing. Loneliness and Social Isolation has a huge impact on the health and wellbeing of older people (the equivalent mortality rates of smoking and alcohol consumption) and the demand on health and social care services.

This scoping paper details the background and research for this topic before detailing possible interventions.

1. RECOMMENDATIONS:

1.1 The Health and Well-Being Board ensure that Loneliness is given sufficient priority and addressed as part of the development of their emotional well-being plan.

1.2 The Board considers in its oversight of joint commissioning opportunities if it can make greater use of the resources of the public, private and voluntary

sector organisations to support the community to combat social isolation and loneliness.

1.3 Improve the quality of data about loneliness and isolation in order to develop a better understanding of need and how to meet it. Commit to collating the level of loneliness experienced by older people and the effectiveness of interventions across all partners and for this information to feed into the JSNA

2. INTRODUCTION AND BACKGROUND:

2.1 Whilst loneliness is often associated with social isolation, it is important to understand that these two concepts, though linked, are separate. Loneliness is a subjective state – a response to people's perceptions and feelings about their social connections – rather than an objective state.

Social research over the past few decades has shown that an average of 10% of older people feel 'always' or 'severely' lonely. Loneliness has to be tackled as it has the same impact as lifelong smoking;

> *"The links between loneliness and poor health are well established…..It is associated with higher blood pressure and depression, and leads to higher rates of mortality – comparable to those associated with smoking and alcohol consumption. It is also linked to higher incidence of dementia, with one study reporting a doubled risk of Alzheimer's disease in lonely people compared with those who were not lonely. As a result of these health impacts, lonely individuals tend to make more use of health and social care services, and are more likely to have early admission to residential or nursing care."*

Tackling loneliness would show a positive impact on health and social care services.

2.2 **Policy Drivers**

The Governments White Paper: 'Caring for Our Future reforming care and support' highlights the detrimental effects of loneliness and social isolation on the health and well-being of older people and outlines some actions which will help to address this;

- create shared measures of wellbeing across the 2013/14 editions of both the Public Health and Adult Social Care Outcomes Frameworks, with a particular focus on developing suitable measures of social isolation;
- legislate to introduce a clear duty on local authorities to incorporate preventive practice and early intervention into care commissioning and planning;
- expect local health and care commissioners to identify how the skills and networks in a community can make an important contribution to the health

and wellbeing of local people and build this into their Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

3. ISSUES, OPTIONS AND ANALYSIS OF OPTIONS:

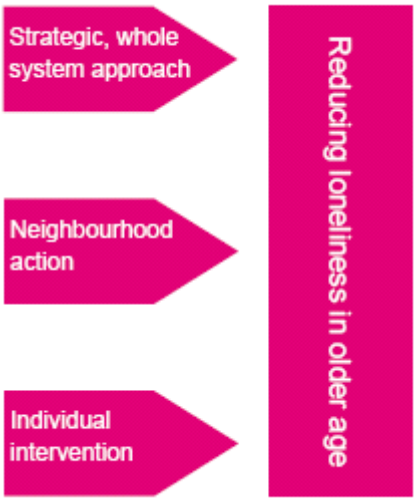
3.1 Loneliness is a significant issue in Thurrock.

3.2 Research over decades has found a fairly constant proportion (six-13 per cent) of older people feeling lonely often or always. Key risk factors for loneliness include being in later old age (over 80 years), on a low income, in poor physical or mental health, and living alone or in isolated rural areas or deprived urban communities.

If you apply the local profile to this research the extent of loneliness in Thurrock is as follows

- 6 to 13 per cent of older people feel lonely. In 2012 the over 65 population is 22,500 (6% equates to 1,350 and 13% equates to 2,925 older people in Thurrock). By 2030 the 65+ population is expected to rise to 33,500 (6% is 2,010 and 13% £4,355)
- The 2001 Census indicated that there are some 16,000 people in Thurrock with a limiting –long-term illness or disability – the majority of whom were older people.
- Between 2012 and 2030 there will be an increase of 60% of those aged 75+ who live alone. 71% are female (2030 total 75+ population living alone is 8,297; 5,917 are female and 2,380 are male). Of the 8,297 people living along, 66% (5,481 people) will also have a long term limiting illness.
- Thurrock is ranked 217 out of 349 in the Indices of Multiple Deprivation (2007) overall score for local authorities in England and more than 40% of Thurrock's MSOAs (Middle Level Super Output Areas) fall into the 40% most deprived national quintile

3.2 The first issue is that loneliness and isolation may require different responses. Older people experiencing isolation may require practical support such as the provision of transport. Whereas older people experiencing loneliness may require social support. Combating loneliness can be achieved by targeting 3 levels of interventions.



3.2.1 Strategic, whole system approach and partnership working

The Health and Well-being board should be mindful of the serious nature of loneliness and its impact on demand for health and social care services. Keeping in mind that early intervention is preventative and could bring significant cost savings[1]areas for joint commissioning should be explored. All partners needs to work together (including the voluntary and community sector and older people) and develop a joint action plan to try to address loneliness and a way of mapping progress over time.

3.2.2 Neighbourhood Interventions

It is important that we identify, map and build on existing community capacity and assets.

In Thurrock some of the mapping work is already being undertaken by Thurrock CVS and should be a great baseline to build upon. Also, strengthening community resilience and influencing planning and building design to create more age friendly neighbourhoods are key objective of the Building Positive Futures programme.

3.2.3 Individual Interventions

There are two main areas of intervention. The first consists of making general services more geared up to identify and meet the needs of those who are lonely. This could be achieved through awareness raising so that services are knowledgeable of where and how to refer lonely and isolated people.

The second area is providing specific interventions tailored to the individual as a 'One-size-fits-all solutions are unlikely to bring results. For example, in general lonely men are best engaged through specific activities related to long-standing interests, such as sport, gardening etc, and respond less well to loosely defined social gatherings, which are of more interest to women[2].

[1] Windle, K, Francis, J, Coomber, C. Preventing loneliness and social isolation: interventions and outcomes, Social Care Institute for Excellence, 2011

[2] Fokkema, T, Knipscheer, CPM. (2007), Escape loneliness by going digital: a quantitative and qualitative evaluation of a Dutch experiment in using ECT to overcome loneliness among older adults, Ageing and Mental Health, 11(5), 496–504

Partners may want to consider the availability of a small amount of seed funding available to facilitate the development of volunteer led activities or social activities.

3.3 Thurrock Council already commission Age Concern Essex to carry out a traditional home befriending service (one-to-one telephone befriending, one-to-one home based befriending and Coffee Mornings utilising the sheltered housing complex halls). People attending often have mobility or care needs which make it difficult for them to access the community.

3.4 In addition to this Age Concern Essex has recently secured grant funding to run an 'Active Lives' programme in Thurrock. This is a volunteer led programme where for a time limited period (12 weeks) a volunteer helps people aged over 60 on a 1-2-1 basis to access the community, helping them to regain independence and/or confidence by supporting them to attend clubs, visit shops, restart a hobby etc. This is a time limited intervention and is being used with people with no mobility issues but who have become lonely (often after the death of a loved one or an illness).

3.5 The reality is that both of these approaches are resource intensive, yet we have the opportunity with technology to pilot different approach to combating loneliness to see if they are more (or equally) effective as traditional approaches (but able to be rolled out with less costs to more people – something needed with the increasingly ageing and lonely population). A digital inclusion pilot will take place between March 2013 and April 2014.

3.5.1 The first approach is to use teleconferencing. Rather than one-to-one, volunteers would facilitate group discussion with people who live near to each other. This ultimate aim is that people would be to progress this with lead to people (who are mobile) meeting up and continuing their friendship after the initial intervention.

3.5.2 In addition, we aim to utilise the use of new technology. Older people are often fearful of computers, however most watch television. HDTV currently works on the same basis as Skype but through the television. The idea would be that older people would get to trial this for a period to talk to family/friends and if successful purchase their own equipment at the end of the period. We could also use it creatively to form friendship groups for older people who are unable to leave their home due to mobility issues etc or for people with mobility to use it for a short period and then encourage them to meet up face to face in the local community.

In some cases the older people supported will be carers. The use of SKYPE technology is suggested by Carers Trust as a 'top tip' to combat loneliness and social isolation for carers. In addition, the Princess Royal Trust for Carers runs a website (www.carers.org) to provide online support for carers. Their recent survey found nearly nine in ten carers (86.7%) find it difficult to leave their home because of their caring role and over half (53.2%) feel alone and isolated and that 46% have no free time to visit support services. Although we need to ensure that people are receiving the level of respite care needed, the

development of technology based solutions would assist people in a caring role who find it difficult to leave their home to receive support and companionship.

During the pilot we will evaluate the effectiveness of each intervention (using the WEMWBS[3] scale). This should enable us to base our future commissioning decisions regarding individual intervention on effectiveness rather than historical provision.

4. REASONS FOR RECOMMENDATION:

4.1 Over the next 20 years, the population over 80 years of age will treble and those over 90 will double. Family dispersal and the number of single person households are also likely to increase. These trends suggest that the problem of loneliness and isolation amongst older people is likely to grow unless we take action to address it. The impact that loneliness and isolation has on the mental and physical wellbeing of a person combined with an ageing population means there will be increased demand on an already stretched health and social care economy.

As such, loneliness and isolation must be seen as a priority area for the health and well-being board.

5. CONSULTATION (including Overview and Scrutiny, if applicable)

5.1 Due to the content, no formal consultation has been undertaken. The information contained in this report is based on information published by the Campaign to End Loneliness which is the representative group for this agenda.

6. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

6.1 This should have a positive impact on our local community by reducing loneliness and isolation and helping people to age well in their local community.

This initiative also supports Thurrock's 'Living Well with Dementia strategy' and priority four of Thurrock's Community Strategy - 'Improve Health and Well-Being'.

[3] The Warwick-Edinburgh Mental Well-being Scale

7. IMPLICATIONS

7.1 Financial

Implications verified by: **Mike Jones**
Telephone and email: **01375 652772**
mxjones@thurrock.gov.uk

If we are able to reduce loneliness and isolation there is a potential financial benefit as there would be less strain on the health and social care system.

7.2 Legal

Implications verified by: **Lucinda Bell**
Telephone and email: **07971 316599**
Lucinda.Bell@BDTLegal.org.uk

The Health and Wellbeing Board is under a statutory duty to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS).

S149 of the Equality Act 2010 (the Act) imposes a duty on a public Authority to have regard, in the exercise of its functions, to the need to

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
(c)fostergoodrelationsbetweenpersonswhosharearelevantprotectedcharacteristicand persons who do not share it.

Age is a protected characteristic under the Act.

7.3 Diversity and Equality

Implications verified by: **Samson DeAlyn**
Telephone and email: **sdealyn@thurrock.gov.uk**
01375 652472

If implemented, the recommendations of this report should produce positive implications for the health and well-being of older people in Thurrock.

7.4 Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

N/A

BACKGROUND PAPERS USED IN PREPARING THIS REPORT (include their location and identify whether any are exempt or protected by copyright):

- The NDTi guide 'Commissioning for Community Inclusion' October 2011
- 'Combating Loneliness: A guide for Local Authorities' by the Local Government Association March 2012'
- 'Loneliness Toolkit for Health and Well-Being Boards' - http://www.campaigntoendloneliness.org.uk/toolkit/

APPENDICES TO THIS REPORT:

- N/A

Report Author Contact Details:

Name: Sarah Turner
Telephone: 01375 652857
E-mail: SAturner@thurrock.gov.uk