NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

DATE: 29th May 2013

Loneliness and Isolation

1. Purpose:

This paper presents some initial considerations on the issue of loneliness and isolation*

2. Background:

2.1 North Yorkshire's Joint Strategic Needs Assessment process highlighted loneliness and isolation as a major issue effecting health and well-being in North Yorkshire's community. Prior to the establishment of the Board our Older People's Forums had already raised this as an area of concern and had brought it to the attention of the then Adult Strategic Partnership. Back in September 2009 North Yorkshire Older People's Partnership Board had a 'Loneliness Survey' carried out by the Voice of Ripon Project with Age Concern.

3. Terminology

3.1 While 'social isolation' and 'loneliness' are often used interchangeably there are distinct meanings attached to each concept. 'Loneliness' is viewed as being a subjective, negative feeling associated with loss (e.g. loss of a partner or children relocating), while 'social isolation' is imposed isolation from normal social networks caused by loss of mobility or deteriorating health, geographic location, lack of transport or access to affordable transport and communications etc.. Although the terms might have slightly different meanings, the experience of both is generally negative and the resulting impacts are undesirable at the individual, community and societal levels.

3.2 There are a number of population groups vulnerable to social isolation and loneliness, (e.g. young care-leavers, refugees and those with mental health problems). Nevertheless, older people (as individuals as well as carers) have specific vulnerabilities owing to 'loss of friends and family, loss of mobility or loss of income'

4. Prevalence and Impact

3.1 In exploring prevalence, it is estimated that across the present population aged 65 and over, between 5 and 16 per cent report loneliness, while 12 per cent feel socially isolated. In looking at the experiences of a nationally representative sample, Victor et al found that 2 per cent of individuals reported that they were 'always lonely', 5 per cent that they were 'often lonely' and 31 per cent rated themselves as 'sometimes lonely'. A very recent report from The University of York SPRUU commissioned by North Yorkshire's Older People highlighted the prevalence of this issue in North Yorkshire. This extract is attached in Appendix 1 for information. (note this is still work in progress)

3.2 Perhaps not surprisingly, social isolation and loneliness impact on quality of life and wellbeing, with demonstrable negative health effects. Being lonely has a significant and lasting effect on blood pressure, with lonely individuals having higher blood pressure than their less lonely peers. Such an effect has been found to be independent of age, gender, race, cardiovascular risk factors (including smoking), medications, health conditions and

the effects of depressive symptoms. Loneliness is also associated with depression (either as a cause or a consequence) and higher rates of mortality.

3.3 Analysis found that people with stronger social relationships had a 50 per cent increased likelihood of survival than those with weaker social relationships. The influences of social relationships on the risk of death are comparable with well-established risk factors for mortality such as smoking and alcohol consumption and exceed the influence of physical activity and obesity. Such negative impact on individuals' health leads to higher health and social care service use, while lonely and socially isolated individuals are more likely to have early admission to residential or nursing care. US researchers have shown that those who are lonely are less likely to take regular exercise is there a chicken and egg debate here? In answer to this, Valtonen et al (2010) conducted a cohort study (following up 630 middle-aged men over 4 years) that "leisure time physical activity" was inversely associated with hopelessness, independently of depression and other risk factors such as age, smoking, socioeconomic status and alcohol consumption. If you are lonely you are more likely to have a heart attack, and if you experience a heart attack when you are lonely, you are less likely to survive it. You are two or three times more likely to die. But although there is more research, this hasn't translated into policy

5. The benefits to be gained by addressing the issue

5.1 The benefits to individuals and the wider community of reducing loneliness or social isolation are therefore self-evident. For the individual, mitigating loneliness will improve quality of life. Similarly, such changes may impact on subsequent health and social care service use, limiting dependence on more costly intensive services and contributing to the 'healthy ageing' agenda by 'compressing' morbidity. Supporting social engagement also provides benefits to the wider community.

5.2 Reducing social isolation also enables a possible 'harnessing' of potential contribution to the community through, for example volunteering and caring responsibilities.

6. Possible Ways Forward

6.1 Given such individual wellbeing, health status, financial and wider community imperatives, there has been a national and international policy consensus that support must be provided to ameliorate social isolation and 'to reach those living with or on the brink of loneliness'. There is less clarity as to the most effective type of intervention or the sector responsible for delivery (e.g. statutory or third sector). As will be discussed, the available interventions and their evidence base have been developing incrementally.

6.2 There is some evidence that self-reported visits to the primary care practitioner (GP) were reporting fewer by those who engaged in intervention groups reported Pitkala et al measured hospital bed days, physician visits and outpatient appointments. Across all services, where intervention groups played a role there was evidence of significantly less usage.

6.3 In general, it would seem that where there were specific inputs aimed at reducing loneliness and isolation users reported high satisfaction with the services. They felt they had benefited from such interventions and (perhaps more importantly) recognised that they had changed specific areas of their lifestyle. For example, that they had increased their social interaction and community involvement, taking up or going back to hobbies or wider community activities. They also said that their self-esteem had improved and that they felt physically and mentally better. They had increased their physical activity, sleept better and had reduced their medication

7. What Works?

7.1 There are a variety of approaches taken in trying to tackle this issue including: One to One approaches including: befriending, mentoring and gatekeeping (Community Navigator type approach) Then there are group service approaches such as day centre-type services (such as lunch clubs), and social group schemes which aim to help people widen their social circles. There are self-help and self-support groups that cover a number of areas (e.g. bereavement, friendship, creative and social activities, health promotion). A third approach category is wider community engagement including programmes that support individuals to increase their participation in existing activities (e.g. sport, use of libraries and museums) as well as to use and join outreach programmes and volunteer schemes.

7.2 The wide varieties of interventions make it difficult to be certain what works for whom. The only clear finding is that there is, as yet, no conclusive empirical evidence that computer and/or internet usage impacts on loneliness, physical or psychological outcomes.

7.3 There is some evidence that group interventions (e.g. closed self-help groups) may be more effective than one-to-one support. A review on the effectiveness of befriending found that befriending had a modest but significant effect on depressive symptoms in the short and long term when compared with usual care or no treatment. While a significant improvement in subjective health was also reported by those older people taking part in the social group activities 'art and inspiring activities', 'group exercise and discussion' and 'therapeutic writing and group therapy'.

7.4 However this is an area of study public health colleagues will be able to assist the Board in as the evidence comes forward.

8. Present Activity in North Yorkshire

8.1 There is already much activity in North Yorkshire. Communities and voluntary organisation provide a rich variety of opportunities for people to engage with friends and communities. It should be noted that only a percentage of this will be funded by the public sector organisations. What percentage is hard to say.

8.2 Health and Well-being Board member organisations will have made varying investments in low level prevention services as part of their core activity which contributes to solution finding in this area of need.

8.3 The NYCC HAS Innovation Fund is presently funding a range of pilot innovative projects specifically seeking to address loneliness and isolation. Projects included are Side by Side in Scarborough; Social Inclusion through Day Opportunities Harrogate; Under 1 Umbrella in Bentham; 'Gateway to Being Fit as a Fiddle in partnership with Hambleton and Richmond districts; 'Day Activities' project in Craven; Individual Care Activities and Day Shopping in Knaresborough; All Together Now in Craven; Grow Your Own Community developing seven Community Hubs across the County; The Purple Hub in Harrogate and finally the Horton Community Café in Selby, Tadcaster and Sherburn-in-Elmet.

8.4 Scarborough Borough Council is leading an integrated partnership bid into the Big Lottery Fund 'Fulfilling Lives: Ageing Better' Fund. The partnership consists of the Borough Council, NYCC, Hambleton, Richmond and Whitby CCG, Age UK (Scarborough and District) Scarborough and District Older People's Forum (the Voice) Whitby's Older Peoples Forum; Scarborough and Ryedale Carers Resource Scarborough, Whitby, Ryedale Alzheimer's

Society; Scarborough, Whitby and Ryedale MIND; Rural Action Yorkshire; Scarborough and Ryedale Clinical Commissioning Group (CCG) and the Independent Care Group. Only 100 selected authorities were invited to make a bid. Only 30 authorities will be invited to go to the next stage. Given the nature of need in Scarborough high-lighted by the Boards JSNA the hope is that this will be a successful submission. There will be £70 million funding available nationally with successful authorities attracting anything from £2-£6 million each.

8.5 Elsewhere on the Boards agenda there will be a report from the Director of Public on the Public health Commissioning Intentions. In his development of a 'Prevention Strategy' the challenge over the coming months will be to bring cohesion to the many and varied approaches, agree with partners how best to evaluate what delivers the best returns in investment and makes a real difference in reducing the issue of loneliness and isolation.

9. Recommendations

9.1 The Board and its member organisations are asked to

a) Note the issue of Loneliness and Isolation and its possible consequences for and our health and social care economy in North Yorkshire

b) Encourage each partner organisation to engage with Public Health Team in developing a cohesive approach and strategy to this issue across North Yorkshire and in each CCG footprint area and to take account of this as part of the Board's Health and Well-being Strategy

d) Ensure there is learning from for evaluating all of the projects taking place on loneliness and isolation across the County

c) Receive a further report in September on the development of the Boards Prevention strategy.

Sponsor: Helen Taylor, Corporate Director, Health and Adult Services
Author: Seamus Breen
Contact Details: seamusbreen@northyorks.gov.uk

The following is extracted from a report on Loneliness and Social Isolation; Among Older People in North Yorkshire; Project commissioned by North Yorkshire Older People's Partnership Board by Sylvia Bernard April 2013 Working Paper No. WP 2565 York University SPRUU

'There are a number of available sources of information that can be used to compile data on loneliness and its risk factors, nationally and by local authority area.

- Population statistics and data from large scale surveys are available through the Office of National Statistics (ONS) http://www.ons.gov.uk/ons/index.html Data from the 2011 census with key statistics started to become available in 2012.
- Projecting Older People Population Information (POPPI) is a programme designed to help explore the possible impact that demography and certain conditions may have on populations aged 65 and over and provides a range of demographic data for older people www.poppi.org.uk.
- North Yorkshires JSNA reports population densities for the county and seven districts based on ONS 2010 mid-year estimates and a range of demographic summaries. http://www.northyorks.gov.uk/jsna
- The Yorkshire and Humber Public Health Observatory (part of Public Health England from April 1st 2013) provides information and intelligence on a range of health and related topics at a county and district level http://www.yhpho.org.uk/
- The local information system for North Yorkshire and York, STREAM, provides access to statistics, research and mapping, bringing together a wide range of data relating to North Yorkshire and York including information from local partner organisations www.streamlis.org.uk/ .

In 2011 an estimated 20.6 per cent of the population of North Yorkshire were aged 65 and over, considerably higher than the national average of 16.6 per cent and the regional percentage, 16.5 per cent. This was also an increase of 2.4 per cent from the 2001 census figures (18.2 per cent) for those aged 65 and over in North Yorkshire. Within the county, the proportion of people aged 65 and over was highest in Scarborough and Ryedale at 23.2 per cent, an increase from 21.4 per cent (Scarborough) and 20.4 per cent (Ryedale) in 2001. Selby had the lowest proportion of people aged 65 and over at 16.8 per cent, although this was an increase from the 2001 figure of 14.7 per cent. The biggest percentage increase in North Yorkshire in the population aged 65 and over between the 2001 and 2011 censuses was in Hambleton district, 17.5 per cent to 21.5 per cent, an increase of four per cent.
Table 1 shows the number and percentages of the population aged 65 and over for England, the Yorkshire and Humber region, North Yorkshire and its districts, taken from the 2011 census.

Table 1: Population of people aged 65 and over (numbers and percentages)

District Council	**Population 65 & over (numbers)**	**Population 65 & over (percentages)**
Craven	12,610	22.7
Hambleton	21,658	21.5
Harrogate	35,510	19.7
Richmondshire	10,180	17.5
Ryedale	13,590	23.2
Scarborough	37,515	23.2
Selby	22,570	16.8
North Yorkshire County	123,199	20.6
Yorkshire & the Humber	874,571	16.5
England	8,660,529	16.4

The percentage of one person households aged 65 and over in North Yorkshire was 14.4 per cent in 2011, higher than either the regional (12.7 per cent) or national (12.4 per cent) percentages. Scarborough had the highest percentage of one person households aged 65 and over in North Yorkshire, 16.5 per cent. Table 2 shows the number and percentages of one person households aged 65 and over for England, the Yorkshire and Humber region, North Yorkshire and its districts, taken from the 2011 census.

Table 2: One person households aged 65 and over (numbers and percentages)

District Council	One person households aged 65 & over (numbers)	One person households aged 65 & over (percentages)
Craven	3,931	16.0
Hambleton	5,581	14.6
Harrogate	9,261	13.8
Richmondshire	2,505	12.4
Ryedale	3,557	15.8
Scarborough	8,163	16.5
Selby	3,913	11.3
North Yorkshire County	36,911	14.4
Yorkshire & the Humber	281,870	12.7
England	2,725,596	12.4

Data retrieved via STREAM showed that,

- 90 per cent of people aged 65 and over in North Yorkshire were satisfied with both their home and neighbourhood.
- Selby and Scarborough districts reported the lowest percentages of satisfaction, (84 per cent and 89 per cent respectively).
- This still compares favourably with the figure reported for England as a whole (83 per cent).
- 41per cent of all pensioner households in North Yorkshire were without a car.
- 31 per cent of the resident population of North Yorkshire live in the most deprived fifth Lower Super Output Areas (LSOAs) in the country in relation to barriers to housing and other services.

Based on the UK estimate that ten per cent of people over the age of 65 are lonely all or most of the time (23), Table 3 provides estimates of the numbers likely to be lonely, in the county as a whole and by district. Figures are taken from projected population numbers for the county and districts, derived from Projecting Older People Population Information (POPPI) data version 8.0, www.poppi.org.uk.

Table 3: Estimated prevalence of loneliness in population aged 65 and over (based on ten per cent of population aged 65 and over)

Area	Loneliness - 2012 estimate of population aged 65 and over	Projection for 2020 - estimate of population aged 65 and over
North Yorkshire	12,980	15,540
Craven	1,330	1,630

Hambleton	2,030	2,480
Harrogate	3,250	3,870
Richmondshire	960	1,160
Ryedale	1,260	1,480
Scarborough	2,640	3,020
Selby	1,510	1,910

Table 4 shows the percentages of the population in North Yorkshire aged 65 and over with a range of risk factors for loneliness. These percentages are based on projected population numbers for the county and districts, derived from Projecting Older People Population Information (POPPI) data version 8.0, www.poppi.org.uk. Over a third (37 per cent) of people aged 65 and over in North Yorkshire are living alone, and nearly a half (43 per cent) have a limiting long-term illness or a hearing impairment.

Table 4: Loneliness risk factors for population aged 65 and over in North Yorkshire

Loneliness risk factor	**Estimated percentage of population aged 65 and over**
Aged 85 and over	14
Living alone	37
Limiting long-term illness	43
Dementia	7
Depression	9
Moderate or severe visual impairment	9
Moderate, severe or profound hearing impairment	43