

North Yorkshire County Council

Health and Wellbeing Board

9 May 2014

Loneliness and isolation in North Yorkshire

Report of the Director of Public Health for North Yorkshire

1.0	Purpose of report
1.1	This paper acknowledges the value of the project commissioned by North Yorkshire Older People's Partnership Board (OPPB) from York University's Social Policy and Research Unit (SPRU) and outlines the developing work across the Council and with partners to respond to the challenges of loneliness and isolation in North Yorkshire.

2.0 **Issues**

2.1 Social connectedness is an important factor in mental and physical health and wellbeing. While social isolation and loneliness can affect people of any age group, the research project commissioned by the North Yorkshire Older People's Partnership Board highlights the vulnerability of older people in sparsely populated rural county such as North Yorkshire.

2.2 The first stage of the project which was previously considered by the Board included the following key messages about interventions to address loneliness and isolation:

- Interventions may target the problem of loneliness; others are part of wider community engagement initiatives.
- Interventions include: information and signposting, support to individuals, group interventions, wider community engagement.
- Evidence is mainly descriptive with few evaluations.
- Knowing the target population and what works for which people is key.
- Loneliness and isolation may require different inputs.

2.3 This second stage reports on a survey of services and activities existing in 2013 across North Yorkshire that contribute to preventing and alleviating the impact of social isolation and loneliness in the county.

3.0 Responding to the public health challenge

- 3.1 There are two strategic work streams being co-ordinated by North Yorkshire County Council with partners from the statutory and voluntary and community sectors. The first is a Prevention Strategy which is led by the Public Health Team within the Health and Adult Services Directorate. The second is a cross Directorate initiative to support “Stronger Communities” through enhanced community engagement.
- 3.2 The Prevention Strategy seeks to tackle the key factors which act as a trigger for people needing health and social care and recognises that loneliness is both a cause of and a result of poor health. Services need to support people in a holistic way, for example, someone who is depressed may improve their situation by meeting new people in a walking group or allotment project thus tackling isolation and health together.
- 3.3 The Strategy is informed by the evidence collated in the stage 1 report as well as by national guidance produce by Social Care Institute of Care Excellence (SCIE), National Institute for Health and Care Excellence (NICE) and other ‘best practice’ to determine the best ways to provide support. It addresses the responses to a recent consultation of our residents that highlighted people’s desire to be supported to live at home and for whom social contact, involvement in their community and support for isolated carers are key priorities.
- 3.4 The Strategy includes an emphasis on providing information, advice and signposting through a range of media. It is important that residents are aware of the local services and activities that are available to help support isolated people and to prevent loneliness. The database of local services and agencies produced as part of the stage 2 research is an important asset in this respect and partners need to consider how to update and maintain this information in a sustainable way.
- 3.5 The Strategy will also highlight those interventions and approaches that offer the best outcomes and value for money in supporting individuals to remain independent and healthy in their homes for as long as possible.
- 3.6 In addition to services and activities that are aimed at supporting individuals and groups, the strength and resilience of communities is a key factor in reducing the impact of social isolation and loneliness. While older people are a key target group, research also points to the fact that loneliness and social isolation are issues for younger people, young parents, people with Mental Health needs, those who are unemployed and living in poor housing.
- 3.7 The Council as part of the North Yorkshire 2020 Programme on ‘Stronger Communities’ is developing approaches to engage with communities in supporting them to enhance and maintain the activities that are available to help prevent the adverse effects of social isolation and loneliness especially in rural areas.
- 3.8 The voluntary and community sector are key partners in both the Prevention Strategy and the Council’s Stronger Communities programme. We expect to build on the excellent schemes already in place across the county.
- 3.9 Health and Adult Services Directorate will soon be launching the next phase of the Innovation Programme which will be targeted on innovation in reducing loneliness and other prevention priorities, especially falls prevention.

4.0 Recommendation

4.1 The Health and Wellbeing Board are asked to note the contents of the paper.

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30 April 2014

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Loneliness and Isolation in North Yorkshire

1. Purpose

1.1 To bring to the attention of Health and Well-being Board a paper entitled '*Loneliness and Social Isolation among Older People in North Yorkshire*'. This is the report on a project commissioned by North Yorkshire Older People's Partnership Board (OPPB) from York University's Social Policy and Research Unit.(SPRU)

1.2 This paper seeks the Board's support in:

ensuring the continuation of the services and activities such as those identified through the research that have been shown to alleviate loneliness and social isolation in older people in North Yorkshire and

encouraging all GPs to make appropriate referrals to activities as identified, for those whom they believe to be at risk of the effects of loneliness.

2. Background

2.1 There has been a growing interest in the topic of loneliness and social isolation over a number of years and a recognition that they have an impact on the health and wellbeing of individuals and communities. Local strategic organisations have an important role to play in tackling the problem of loneliness and social isolation in older people.

2.2 Stage 1 of the report reviewed the concepts of loneliness and social isolation, how they are understood, their impact on individuals and communities and why they should be important concerns of local strategic organisations such as health and wellbeing boards. The Board previously had an update on this.

2.3 Stage 2 of the research aimed, through a survey process, to identify the range of statutory and third sector organisations in North Yorkshire that could offer opportunities through diverse ways of social interaction to reduce the effects of loneliness on an individual and should be able to identify older people at risk of loneliness and /or social isolation. It highlights the sorts of activities that exist across North Yorkshire and some of the characteristics.

3. Findings

- 3.1 The survey provided a snapshot of a self-selected sample of services and activities existing in 2013 that were attempting to alleviate the problem of loneliness and social isolation among older people in North Yorkshire.
 - 3.2 Examples of the service models highlighted by the literature review in stage 1 as potentially most effective in alleviating loneliness and/or promoting wellbeing were found right across North Yorkshire.
 - 3.3 These particular models were the sorts of services and activities that, in the current survey, were most reliant on statutory or voluntary funding support.
 - 3.4 Services and activities reported in the survey have an important preventative role, not only in directly addressing loneliness and social isolation, but also as capable of contributing to supporting wider health and social care needs.
 - 3.5 Many respondents felt that the future of their service was insecure, especially those that received funding from statutory organisations. Not only levels of funding, but also how funding was provided or secured was an issue for many services.
 - 3.6 Projections about the likely service landscape in the future are difficult given the present financial climate. Although all types of services were found in all districts of North Yorkshire, the report showed variation in the distribution of different types of services within different localities across the county. Craven, Hambleton and Ryedale typically reported services offering individual support, such as befriending services. Information and signposting accounted for the highest percentage of services reported in Harrogate, Richmondshire and Scarborough and Whitby, while services that encouraged people to volunteer in their community were most commonly reported in Selby district and those offering individual support the least common. (This may be an effect of differential response rates to the survey, or indicate real differences that reflect characteristics of the different localities, such as access to funding or community support and resources.)
- 3.6 **The Executive Summary report** of this work is attached at **appendix 1** for the Board's information. To access the full reports bit.ly/loneNY

4 Recommendations

- 4.1 The Health and Well-being Board is asked to:
 - 4.1.1 Note and consider the attached report at appendix 1.
 - 4.1.2 Encourage all partners of the Board to aim to ensure investment in prevention, as part of their key strategies to transform services and reduce reliance on more costly services;
 - 4.1.3 And in so doing work collectively to ensure the continuation of the services and activities that have been shown to alleviate loneliness and social isolation in older people in North Yorkshire.

- 4.1.4 Ensure that the Prevention Strategy includes actions to raise awareness amongst GPs to recognise those patients who attend the surgery because of loneliness and to refer those patients to activities which will mitigate the effects of loneliness on their health and improve their well-being.

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March 2014.