Argyll and Bute Council   **Agenda item : 5**

Date of Meeting :   **26th January 2017**

Title of Report :   **NHS Highland Director of Public Health Annual Report 2016 Loneliness as a Public Health Issue**

Presented by :   **Elaine Garman**
                                  Public Health Specialist
                                  Alison McGrory
                                  Health Improvement Principal

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Argyll and Bute Council is asked to :
- **Recognise the impact of loneliness and isolation on the health of the people living in Argyll and Bute.**
- **Support the recommendations laid out in the report to reduce the impact of loneliness in older people.**

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1. EXECUTIVE SUMMARY

All Directors of Public Health in Scotland publish an annual report. Hugo van Woerden's report for NHS Highland for 2016 concerns loneliness and health in older age. Loneliness is a significant public health issue and is associated with:
- Increased mortality to the same extent as smoking 15 cigarettes per day.
- Increased incidence of long term conditions such as dementia, heart disease, high blood pressure and depression.

Loneliness can occur during life transitions such as moving home or jobs, bereavement and retirement. The detrimental effects of loneliness on wellbeing and quality of life are apparent across the whole population but the health impacts particularly manifest in old age. Loneliness is defined as:
"...a negative emotion associated with a perceived gap between the quality and quantity of relationships that we have and those we want."

<div align="right">Perlman & Peplau 1981</div>

There is evidence that the harmful effects of loneliness can be mitigated and the report sets out a wide range of evidence informed recommendations to be taken forward by all Community Planning Partners in Argyll and Bute. Awareness by Argyll & Bute Council as a key stakeholder in the prevention agenda and will help mitigate this problem.

2. INTRODUCTION

The Public Health Annual Report – Loneliness and Health was published in November 2016. It is a comprehensive overview of loneliness and contains chapters on the case

for action, the political and social context in Scotland and recommendations for the future. It also includes local research on the incidence of loneliness in people aged 65 plus and qualitative feedback from people in Cowal about how relationships affect their health.

3. DETAIL OF REPORT

3.1 Incidence of loneliness across NHS Highland area

Age UK suggests levels of loneliness remained stable over the last six decades with around 10 percent of people aged over 65 years experiencing chronic loneliness at any given time. However, self reported loneliness in those aged 80 years and over increases to approximately 50%. In the general population 5% of people report often feeling lonely and 31% report feeling lonely sometimes. This number is likely to increase given the trend for increasing family dispersal, increasing number of older people, and the older people getting older. People are living longer and within NHS Highland we already have a higher proportion of older people than the rest of Scotland. In Highland, the population of people over 80 is predicted to double and for those over 90, to almost treble by 2035.

The results of the local research undertaken in NHS Highland showed that 8% of respondents reported experiencing significant levels of loneliness (51% response rate to a random sample of 3,000 people). This survey used a standardised tool for measuring loneliness called the De Jong Gierveld Loneliness Scale. This includes 6 questions to measure 2 aspects of loneliness:
- Social loneliness is the feeling of missing a wider social network (for example, feeling we lack friends and family);
- Emotional loneliness is a feeling of missing an intimate relationship (for example, feeling we lack a personal relationship like that of a partner).

The survey found significantly higher levels of loneliness in the following groups:
- Those living alone;
- Those with more than one long-term condition;
- Those with a disability, notably a visual impairment or physical disability;
- Those who provide unpaid care specifically those providing 20+ hours per week;
- Those with a weak sense of coherence.

3.2 Recommendations to reduce impact of loneliness
Loneliness is a prime example where there is potential to invest a relatively small resource upstream in order to achieve significant cost savings further downstream. However, system wide challenges are apparent when balancing public sector spending on service delivery to solve problems that already exist whilst having capacity to make preventative investments. Christie recognised this in 2011 when his Commission on the Future Delivery of Public Services stated:

"Public services find great difficulty in prioritising preventative approaches to reduce long-term future demand. Services often tackle symptoms not causes, leading to 'failure demand' and worsening inequalities." and:
"It is estimated that as much as 40% of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach."

The report sets out a clear evidence base for how to reduce the impact of loneliness in chapter 5. This includes local examples of good practice and nationally informed recommendations including:
- Information and signposting services
- Support for individuals
- Group interventions – social support
- Health improvement interventions
- Wider community engagement

Final recommendations in the report include:

- Build capacity in the Third Sector so they can further invest in community based support. Careful consideration of funding models is required here due to the fragility of long term funding solutions for these services.
- Showcase examples of what is working in local communities to reduce social isolation and loneliness.
- Ensure the principles of co-production are fully embedded in service design and delivery i.e. older people informing and shaping the services they want
- Enable people to access these services, considering community transport for those who may have difficulty using their own or public transport
- Embed the principles of social prescribing to ensure people with underlying social problems at the root of their health problems get referred or signposted into appropriate sources of support
- Local ownership and value of Third Sector community support for loneliness and isolation by Health and Social Care partners
- Ensure the benefits of reducing loneliness and isolation are apparent in planning process, for example Locality Planning for health and social care and Community Planning. There needs to be a balance between high level commitments in area wide plans being supported by tangible commitments in local area plans. Local planning would benefit from being more joined up; at the moment health and social care planning and community planning are parallel processes.
- In order to achieve the above, the Public Health Department should continue to raise awareness of the risks of loneliness and isolation and carry out comprehensive promotion and marketing.
- Support for co-production should be intensified and statutory sector bodies should critically appraise their ways of working and remove potential barriers to co-production.
- The funding of preventative activity should be reviewed and prioritised. The financial savings of investing in preventative approach should be better evaluated in order to measure the benefits.
- Innovative funding solutions should be explored in order to ensure preventative spending can be sustained. This might include participatory budgeting models.

4.   CONTRIBUTION TO STRATEGIC PRIORITIES

Addressing loneliness and isolation contributes to the delivery of all the Health and Social Care Partnership (HSCP) strategic priorities:

- **Promote healthy lifestyle choices and self-management of long term conditions**
- **Reduce the number of avoidable emergency admissions to hospital and minimise the time that people are delayed in hospital**

- **Support people to live fulfilling lives in their own homes, for as long as possible**
- **Support unpaid carers, to reduce the impact of their caring role on their own health and wellbeing**
- Institute a continuous quality improvement management process across the functions delegated to the Partnership
- Support staff to continuously improve the information, support and care that they deliver
- Efficiently and effectively manage all resources to deliver Best Value

5. GOVERNANCE IMPLICATIONS

5.1 Financial Impact

The difficulty of finding money for preventative approaches is fully explored in the full report and recommendations are presented to utilise opportunities for co-production of local solutions and building capacity in local communities for this. Nonetheless, short term funding streams like the Integrated Care Fund are currently offering opportunities in this area.

5.2 Staff Governance

Staff would benefits from an overarching publicity strategy to identify why this is an important action for the HSCP.

5.3 Clinical Governance

Reducing loneliness is a wider community target, of which the HSCP is only one partner. Other partners include third sector, independent sector and community representatives.

6. EQUALITY & DIVERSITY IMPLICATIONS

Tackling loneliness and isolation is a population wide agenda but the report identifies that some groups of the population are more at risk, for example, those living with more than one health condition or those with a sensory impairment. Action plans should be inequalities sensitive and ensure those most at risk can benefit most from interventions.

7. RISK ASSESSMENT

None carried out.

8. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

The annual report is the next step in a long standing campaign to raise awareness of the adverse effects of loneliness. There has been significant engagement with the public and other partners for a number of years in the following activity:
- Focus groups to explore people's awareness of the link between relationships and their health
- Learning events
- Facebook posts and wider awareness raising
- Promotion of *Reach Out – make a difference to someone who's lonely pledge*

9. CONCLUSIONS

The DPH Annual Report – Loneliness and Health will be widely disseminated across Argyll and Bute. The support of Argyll and Bute Council is sought to raise awareness to the issue of loneliness where ever possible to help improve the health and wellbeing of our population.

Alison McGrory
Health Improvement Principal
14 November 2016