Gloucestershire Health and Wellbeing Board

Report Title	Social Isolation and Loneliness Update
Item for decision or information?	Information
Sponsor	Sarah Scott, Executive Director of Public Health and Adult Social Care
Authors	Alice Brixey, Graduate Management Trainee Jo Underwood, Transformation Programme Director Zoe Clifford, Consultant in Public Health
Organisations	NHS Gloucestershire Clinical Commissioning Group (CCG) and Gloucestershire County Council

Key Issues:

In October 2019 Gloucestershire's Health and Wellbeing Board produced a Strategic Statement of Intent for Social Isolation and Loneliness in Gloucestershire. This document was drafted to help define our strategic approach to tackling social isolation and loneliness in the county, and to understand key priorities and responsibilities for delivery. The statement was informed by a 'deep dive' into social isolation and loneliness in the county, on halve of the Health and Wellbeing Board. The 'deep dive' gave an opportunity to look in detail at the factors affecting individual's experiences and service provider perceptions of social isolation and loneliness within the county.

This briefing paper summarises previous findings and recommendations for addressing social isolation and loneliness. It aims to set out the approach for progressing this priority.

Recommendations to Board:

The Board is invited to:

1. Reflect on the previous work under this priority and how the pandemic may provide valuable insights into how to address this priority through strengthening community connections.
2. Support the recommendations for next steps outlined in this report.

Financial/Resource Implications:

None

Social Isolation and Loneliness Update

1.   Background

Social isolation and loneliness is one of the seven priorities of the Health & Wellbeing Strategy. In Gloucestershire we have a recognised commitment "to be a county where the importance of Gloucestershire's social infrastructure to grow connectivity and community cohesion is understood and acted upon, and in which loneliness and social isolation are recognised openly as something likely to affect us all".

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2.   Definitions

When considering social isolation and loneliness, it is important to note they are not the same thing:
- **Social isolation** is defined as 'an objective state determined by the quantity of social relationships and contacts between individuals, across groups and communities.'
- **Loneliness** can be defined as 'a subjective state, based on a person's emotional perception of the number and/or quality of social connections they need compared to what is currently being experienced'.

Therefore, it is possible for an individual to be socially isolated without feeling lonely, or conversely feel lonely without being socially isolated. It is also recognised that people do not need to be on their own to experience loneliness or social isolation.

3.   Evidence base

National Research:
- The Campaign to End Loneliness has compiled research which shows that individuals who are experiencing loneliness:
  - Access GP appointments more than those who are not lonely (Cohen, 2006)
  - Are higher users of medication (Cohen, 2006)
  - Have a higher risk of falls and increased risk factors for long term care (Cohen, 2006)
  - Enter into residential or nursing care at an earlier stage (Russell et al, 1997)
  - Are more likely to access emergency care services independent of chronic illness (Geller, Janson, McGovern and Valdini, 1999)
- The relationships we have with our friends, family, neighbours and colleagues are, for many of us, the most important things in our lives.
- There is a strong link between having meaningful social connections and living a healthy and fulfilled life.

- It is stated that loneliness is as damaging to our physical health as smoking (Holt-Lunstad *at al*, 2015).
- Having connected communities leads to a more thriving, productive society.
- Loneliness can affect anyone – from teenagers and young adults to new parents, carers, and the recently bereaved, from students starting university to older people and those with disabilities, from those moving to a new area of the country or arriving into the country from abroad.
- However, there are number of predictable life events (transition points) that can result in social isolation and loneliness.

Local Evidence
- The Community Wellbeing Survey, carried out in July 2017, reported '38% of all respondents feel lonely at times, and loneliness is highest in those with a mental health issue, a long term illness and/or a learning disability'.
- The Barnwood Trust (2015) undertook a study in Gloucestershire and found that increasing social isolation is a particular problem for older residents. Respondents aged 85+ reported that they had little social contact; the respondents in this age group also indicated that they would have nobody to call on should they be ill and in need of help (17%). More than a third of residents in the older age bands said that they "were unable to access all the services they would like to in their local area".
- Gloucestershire's 'deep dive' highlighted several themes and priorities for managing social isolation and loneliness in the county. These included:
  - **Personal preference** - taking a person-centred approach and recognising the different individual or targeted population needs.
  - **Family and friends** - supporting people to interact with friends and family via technology
  - **Rurality and connections with neighbours** – strengthening community networks, skills and community resources.
  - **Sustainable communities** – this included encouraging volunteering and raising the profile of this agenda
  - **Transport**
  - **Environment** – making use of the resources around us to facilitate connections.

4.   The impact of COVID-19

Since the publication of the 'deep dive' and strategic statement of intent, there has been the COVID-19 pandemic. This will have has a significant impact on social connectedness over the last two years. However, we do not have a detailed enough understanding of what these shifts are and where they have been most acutely experienced in the county at this time. The pandemic resulted in a rich wealth of community-based work (both services and groups) bringing people together. Supporting individuals and communities to foster healthy connections fundamental in our response to the pandemic and how we recover from this. The value of connected communities widely recognised in relation to health and wellbeing.

Although the previous priorities and recommendations from the deep dive hold some value, we note that they are largely functional in nature. More recent learning from other areas and observations during the pandemic suggests that a more beneficial way of understanding and positively affecting experiences of social isolation and loneliness is to adopt a strengths-based, value approach that instead looks at opportunities to create, improve and bolster community and individual connectedness.

5.   Approaches in other areas

Using a framework approach

Applying community-centred approaches to health and strengthening social networks can play an important role in reducing social isolation and loneliness. A framework has been developed by the Campaign to End Loneliness which suggests using a strategic approach with community assets to understand the needs of those experiencing loneliness. This strategic approach allows an area to identify a range of opportunities and target those who are experiencing loneliness
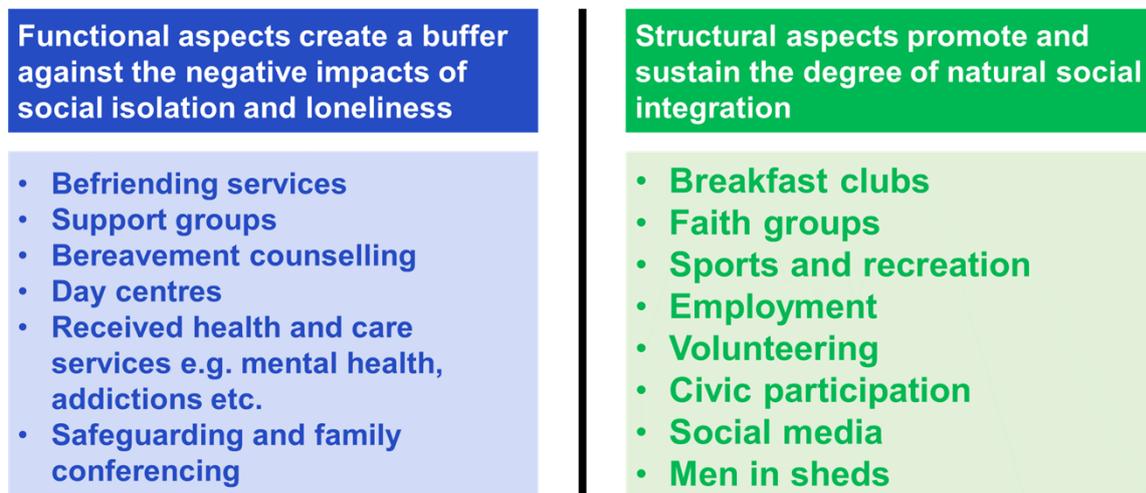
Fig 1:   Framework from the Campaign to End Loneliness.
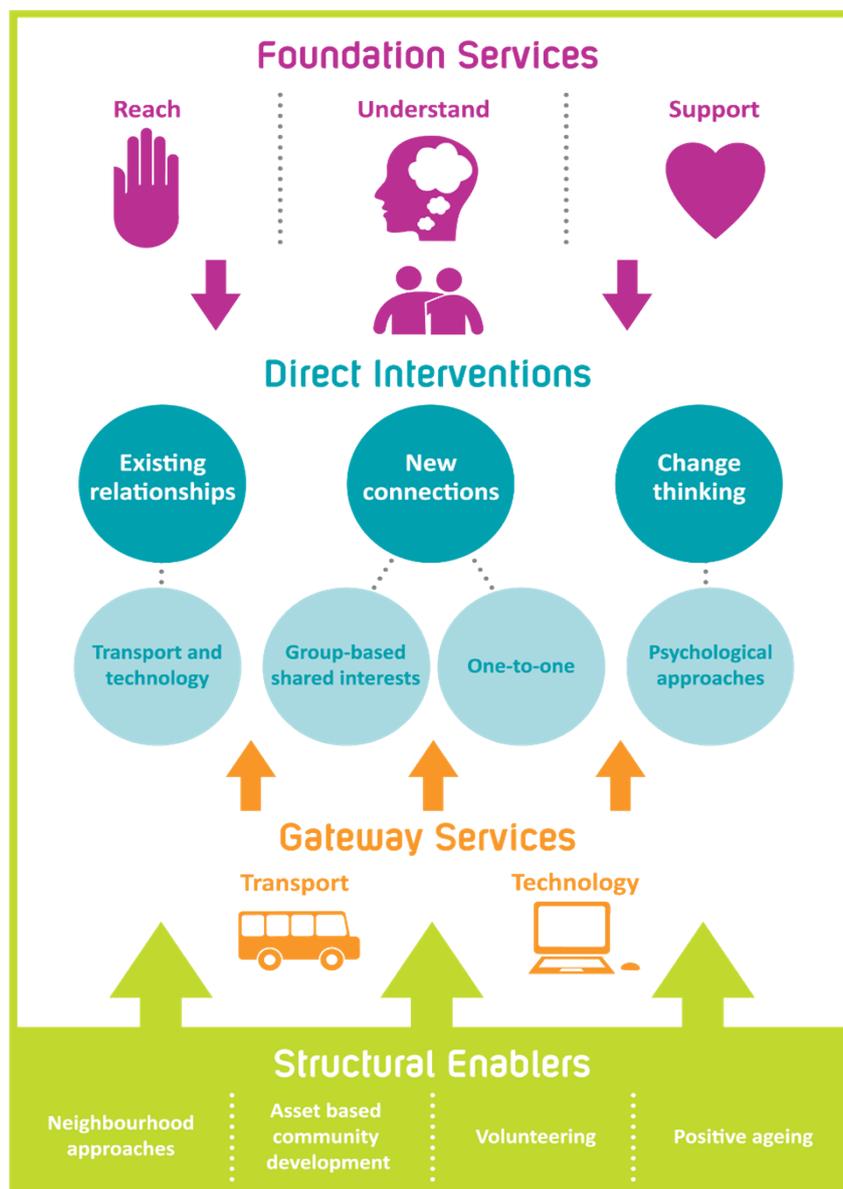
<u>Shifting a focus to the structure aspects which promote connections</u>
It was identified that in Portsmouth there had been a focus on a functional type of approach to create buffers against the negative impact of social isolation, including signposting to services like befriending groups, but that these functional interventions had not been entirely successful. Alongside these functional interventions Portsmouth worked to embed a structural approach that actively sought to promote natural social integration and move towards preventive care. The Portsmouth Playbook approach goes beyond statutory service provision for the socially isolated and instead endeavours to facilitate meaningful relationships in communities through sports and recreation, faith groups, volunteering, and civic participation.

Fig 2:   Portsmouth's identification of functional and structural aspects to tackling social isolation and loneliness

Functional aspects create a buffer against the negative impacts of social isolation and loneliness	Structural aspects promote and sustain the degree of natural social integration
• Befriending services • Support groups • Bereavement counselling • Day centres • Received health and care services e.g. mental health, addictions etc. • Safeguarding and family conferencing	• Breakfast clubs • Faith groups • Sports and recreation • Employment • Volunteering • Civic participation • Social media • Men in sheds

6.   Next Steps for Gloucestershire

As addressed above, we do not need a 'loneliness response' but a community one that offers opportunities for the creation and development of meaningful relationships. Instead of adopting a deficit approach we would instead like to focus on where we, as a county, can add value. By making space for structural aspects that promote natural social integration and community connectedness, we can start to move towards addressing social isolation and loneliness through asset-building and community cohesion.

We recognise that there is already good practice for community cohesion and connectedness the county, with communities and community organisations actively investing in boosting and bolstering social connections and meaningful relationships. We want an approach to social and community connectedness to be place-based, informed by both data and individual and community stories. We aim to support the continued investment and understanding of existing services, groups and initiatives, and believe the strategic approach to building social connectedness should focus on individual and community empowerment and asset-building.

Recommended next steps include:
   • Use a strengths-based approach to focus on connecting people and communities.

- Strengthen our data and intelligence to inform our current understanding. This includes quantifying the number of people in the county are in the key loneliness indicator brackets (including people at key transition points). This will be enriched with community and individual stories and case studies.

- Understand current provision, and identify need around key transition points that we know can cause people to experience social isolation and loneliness.

- Understand how we can best utilise, invest in, and champion what is already in our communities, including connections, groups, infrastructure, and transport.

- Better understand how and where statutory organisations are contributing to connected, thriving communities, including asset-sharing.

- Develop the narrative and communications with stakeholders around the importance of community connections.

- Develop a framework for the county that supports a blend of functional and structural approaches to supporting community connection and, by proxy, impacting social isolation and loneliness. This will include recommendations on fundamental ways of working, highlighting good practice in system and service design to allow social connectedness.

- Develop understanding of the links and interdependencies between social isolation and loneliness and other key county-wide initiatives (including Healthy Lifestyles).