

Highland Community Planning Partnership

Chief Officers' Group – 21 April 2016

Agenda Item	9.
Report No	COG 11/16

Highland CPP Breakthrough Achievement – Social Isolation and Loneliness

Report by Head of Health Improvement, NHS Highland

The Highland CPP Board are asked to:

- **Agree that a breakthrough achievement for 2016/17 will be to sign up to a campaign that would see 1 in 3 of our staff sign a pledge to take action to reduce loneliness and social isolation**

1. Introduction:

In 2015-16, the Highland CPP agreed to progress 'breakthrough' achievements which all partners would sign up to. Last year, the partnership agreed to support two breakthrough achievements:

- to support staff to apply for and become retained fire-fighters, recognising the important role that they play in providing essential services in local communities
- to support looked after young people into employment by agreeing to provide employment opportunities for five young people leaving care

At the Chief Officer Group meeting on 2 February 2016, the group considered options for a breakthrough achievement for 2016. Following discussion, it was agreed to recommend to the CPP Board that the breakthrough achievement for 2016-17 should be to contribute to a campaign which aims to reduce loneliness and social isolation in Highland.

2. Loneliness and social isolation:

The issue of loneliness and social isolation is receiving increasing attention. There is a growing body of research that suggests that it is a significant issue affecting people's health and wellbeing. Studies suggest that rates of loneliness across the population are around 16%. Loneliness and social isolation can occur at any point in the life course but may be particularly prevalent during transitions such as leaving school or moving to a new area to take up a job. Older people are particularly at risk of being lonely due to

changes in their circumstances such as death of a spouse, children moving away or deterioration in their health. It has been suggested that rates of loneliness in older people can be as high as 50%. In Highland there are factors that might make loneliness more of a problem, for example the area has a higher proportion of older people; many people live in remote and rural areas where transport can be an issue; it can be difficult to access community resources or services.

Loneliness and social isolation is known to have a negative impact on health and wellbeing at different stages of life. Research suggests that more people die from loneliness than do from being overweight or from not exercising. People with good social relationships can increase their chance of living longer and living longer without developing long term health problems. Age UK research suggests that the risk of developing Alzheimer's almost doubles in older people who are lonely.

Loneliness is a health inequality issue because so many of the risk factors are more prevalent among socially disadvantaged groups. Social disadvantage is linked to many of the life experiences that increase social isolation, including poor mental health, unemployment and long term health conditions. In addition, deprived areas often lack adequate provision of good quality green and public spaces, creating barriers to social engagement. Access to transport is also vital in building and maintaining social connections.

Factors that influence loneliness and social isolation operate at the individual level, the community level and the wider societal level. Individual factors like personality, confidence and resilience are nested within community factors like access to transport, neighbourhood safety and availability of open or green space. These in turn are shaped by wider factors such as welfare, housing and economic policies.

A range of services provided by the public sector, third sector and community and voluntary sector may have the potential to impact on loneliness, even if this is not the primary aim. Reducing loneliness and social isolation reduce demand on public services and are typically cost effective. Learning from specific actions already happening in local areas can be used to inform work in other areas to reduce social isolation and loneliness.

3. Campaign to reduce loneliness and social isolation:

NHS Highland has started work on a campaign that will develop a pledge system to encourage individuals and organisations to commit to and record action that they will take to help reduce social isolation and loneliness. Action could include anything from making a point of chatting to an elderly neighbour twice a week or keeping his/her path clear of snow to helping to form a local

befrienders group or organising a social event or opportunity for people who are lonely or isolated.

The basis of the campaign will be to develop a pledge form which will be available on line via a website and on social media platforms and will also be available in print form. A particular focus of the campaign would be to get staff from across the Community Planning Partnership to make a pledge and share these (anonymously if they wish) on the website or on social media. This would allow our staff to learn about specific actions others are undertaking and use this knowledge to inform and support their own ideas or actions.

Consideration is being given to a launch of the campaign, involvement of local media and development of special awards to recognise and celebrate the efforts of our staff.

The achievement for the CPP could be to get 1 in 3 of our staff to make a pledge to take action to reduce loneliness and social isolation

4. Conclusion:

Loneliness and social isolation is a significant issue that impacts on individuals, communities and services across Highland. There is increasing evidence about the effect of loneliness on health and wellbeing and the impact on demand for services and the local economy. Factors that influence loneliness and social isolation operate at the individual, community and wider societal levels.

There is huge potential to reduce loneliness and social isolation through harnessing the efforts of our staff both in their professional roles and in supporting them to take action within their own communities. Learning and sharing information about activity to reduce loneliness and social isolation can help others to take action. A commitment by the Community Planning partners to encourage their staff to support the campaign could make a significant difference to the lives of people across Highland.

Cathy Steer, Head of Health Improvement, Public Health, NHS Highland

March 2016