Warrington

Joint Strategic Needs Assessment (JSNA)

Loneliness and Social Isolation

May 2013

EXECUTIVE SUMMARY
Introduction

Research suggests that loneliness and isolation is as great a threat to health as smoking and alcohol consumption and is a greater threat to health than obesity or physical inactivity[1].

The Campaign to End Loneliness[2] was launched in 2011, in response to a call for action from Baroness Rabbi Julia Neugberger, for the government, 3rd sector and public services to come together to address the issue. The campaign vision is that, in the future, the impact of loneliness on our health and the health of our communities will be reduced. This will be achieved by increasing people's resilience to changes in life that can cause loneliness in older age and reducing chronic loneliness for people who are over 65. The campaign was very clear that, to move forward effectively, there needed to be a robust evidence base. *Loneliness – the state we're in* (2012)[3] was published in response to this call for evidence. The report outlines the evidence so far, best practice and proposes actions for government, society and community to address social isolation and loneliness.

Key Issues and Gaps

Following the 2012 report, Warrington Public Health undertook a rapid needs assessment of the Warrington population, to better understand the expected local prevalence of loneliness, identify existing good practice and make recommendations for further commissioning and service. This work has been undertaken in the context of the Joint Strategic Needs Assessment (JSNA) forecast for Older People, and accepting the underlying premise that we should not view an increasing older population as a burden to the town, but as an opportunity for change. It should also be noted that loneliness and isolation is expected to feature as strategic planning priority for the Older People's Strategy, which is currently being refreshed by the Older Peoples Partnership Board (OPPB). The Warrington Lifestyle Survey is also due to report its findings in May 2013. It is expected that this will provide improved local intelligence on social isolation and loneliness, which will feed into the JSNA and Older People's Strategy planning.

Recommendations for Commissioning

This report highlights that loneliness and social isolation can pose a significant threat to older people's health, wellbeing and independence. It outlines the key risk factors that may contribute to loneliness and isolation. It also describes the types of services and interventions that can help to prevent it. There are already a number of strategic developments and services in place in Warrington, which will contribute towards the reduction of isolation and loneliness. However, there are also some gaps and issues that need to be addressed. Actions to take forward include:

- Ensure prevention of loneliness and isolation is included as a key element of the forthcoming Older People's Strategy and that any actions from the strategy are integrated with other local strategic approaches.
- Raise awareness and ensure an agreed approach amongst the range of relevant partner organisations (including: the Older People's Partnership Board; 3rd sector groups; GPs; Bridgewater Community Trust; and Warrington and Halton Hospitals) to identifying needs and providing support to people who are at risk of loneliness and social isolation.
- Raise awareness of social isolation and loneliness amongst the service providers listed in this report, to ensure that wherever possible prevention is considered a primary, rather than secondary service objective.
- Raise awareness of loneliness as an issue across the Warrington population - using innovative and targeted communication methods so people see and understand the messages. Ensure these messages are clear and in plain English in order that as many people as possible understand the risks and how to get support.
- Consult with those at-risk groups where there may currently be a gap in service provision (listed above) to identify what, if any, specialist services or support could be put in place for them.
- Gain more information about whether or not there are geographical areas where there are gaps in service provision.

1) WHO'S AT RISK AND WHY?

'Loneliness' can be described as *'a subjective, negative feeling associated with loss'* (e.g. loss of a partner or children relocating). **'Social Isolation'** can be described as *'imposed isolation [or exclusion] from normal social networks caused by loss of mobility or deteriorating health.'* [4] Due to its subjective nature, it is debated whether or not the prevalence of 'loneliness' can be accurately measured. It is considered that 'social isolation' is potentially a more objective measure for assessing and describing the issue at population level.

There is a significant body of evidence showing the impact of social isolation and loneliness on quality of life and wellbeing. For instance, lonely people have been shown to have higher blood pressure than less lonely peers[5]. Loneliness is also associated with depression (both as a cause and a consequence)[6] and higher rates of mortality[7]. Further research shows that lonely and socially isolated people are more likely to have early admission to residential or nursing care[8].

Benefits of preventing and reducing loneliness and social isolation are therefore self-evident. For individuals, the reduction of loneliness improves quality of life[9]. Furthermore, it is likely that a reduction in isolation and loneliness will lead to reduced demand on health and social care services, if health and morbidity outcomes are improved. The Marmot Review[10] highlighted that social factors, including weak social networks, lead to some people having worse health outcomes than others. Addressing loneliness and isolation will therefore be a key element of attempting to address wider health inequalities in Warrington.

2) THE LEVEL OF NEED IN THE POPULATION

A number of risk factors are outlined in the Campaign for Loneliness report, *Loneliness, the state we're in*.

Older age is widely viewed as a risk factor for loneliness and isolation in itself, due to specific vulnerabilities, such as 'loss of friends and family, loss of mobility or loss of income'[11]. The older population in Warrington is growing quickly and at a faster rate than both regionally and nationally.
National research suggests that between 5 and 16 percent of the current over-65 population report loneliness[12]. One study reported that, amongst older people, 2% reported they were 'always lonely', 5% that they were 'often lonely' and 31% 'sometimes lonely'[13]. This figure mirrors evidence from the 2006 public health survey, where over 31% of respondents aged over 65 years reported feeling lonely at least occasionally. This is higher than those in younger age-bands. Extrapolating this figure to the current Warrington population suggests that just under 10,000 local people aged over 65 years may be feeling lonely. It is expected that revised local figures on prevalence of loneliness will be available in May 2013, following the collation of this year's lifestyle survey.

Personal circumstances: Living alone, being single, divorced or never married, living on a low income, or living in residential care are all risk factors for social isolation. Results from the 2011 Census show that there are over 9,800 people in Warrington aged over 65 years living alone[14]. 23 local areas in Warrington (Lower Super Output Areas or LSOAs) are within the most income deprived 20% of older people (Map 2). Within these local areas, the proportion of older people affected by deprivation ranges from 32% to 52%. These figures are based on a measure of people aged 60 and over, who are in receipt of Income Support or Income Based Job Seekers Allowance or Guaranteed Pension Credit. [15]

Map 1: Indices of Deprivation 2010: Overall Score
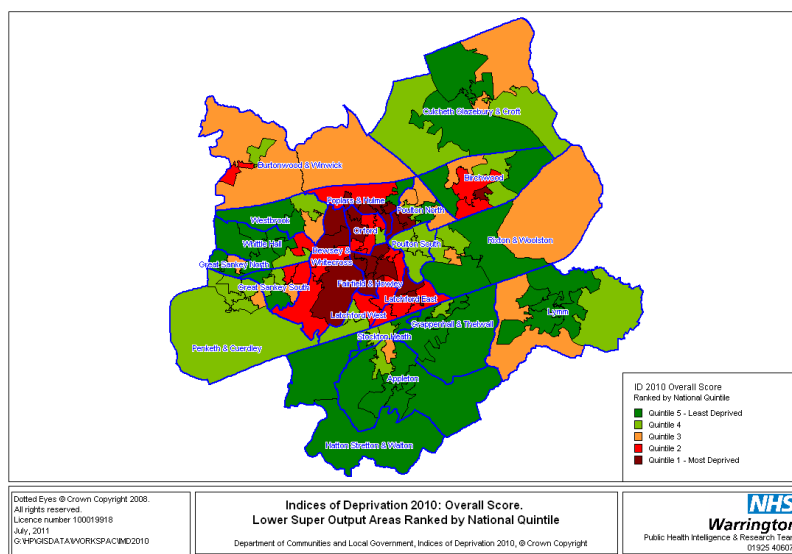
Map 2: Indices of Deprivation 2010: Income Deprivation Affecting Older People
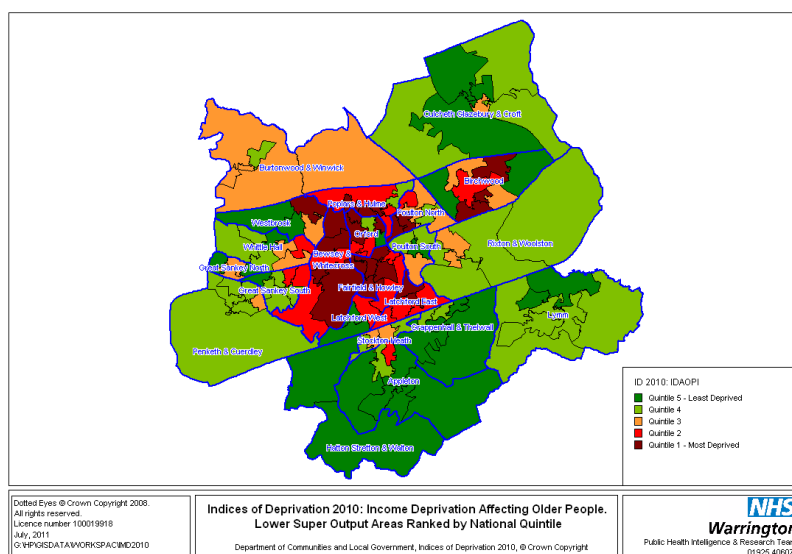
In 2011/12, the council supported 1520 people to live in residential or nursing care. However, it should be noted that the large number of people who fund their own residential or nursing placements will not be reflected in this number.

Transitions, such as bereavement, becoming a carer or giving up caring, and retirement are also risk factors for social isolation. The 2011 Census identified that there were 21,843 (10.8%) unpaid carers in Warrington. Of that, 5,144 (2.5%) provide 50 or more hours unpaid care a week; 2,837 (1.4%) provide 20 to 49 hours unpaid care a week; and 13,682 (6.9%) provide 1 to 19 hours unpaid care a week. In Warrington in 2010, there were estimated to be 3,812 people aged over 65 years who were providing unpaid care to another. This is discussed in more detail in the JSNA Chapter on Carers.

Personal characteristics can be a risk factor for social isolation. For example, being:
- **Aged over 75 years**: There are currently approximately 14,000 people aged over 75 years in Warrington.
- **Ethnic minority community**: The majority of people (92.9%; 187,968) who live in Warrington identify themselves as White British (including Northern Irish). Only 7% of the population describe themselves by other categories, compared to 12.9% in the Northwest and 19.5% in England & Wales. The next largest group is 'Other White,' estimated at 4,601 (2.3%), followed by 'Indian' (1,803; 0.9%) and 'Irish' (1,357; 0.7%)
- **Lesbian, gay, bi-sexual or transgender**: The 2011 Census reported that 241 (0.1%) people were registered in a same-sex civil partnership. Other than this, there is no statistically reliable data on the proportion of Warrington residents who declare themselves as lesbian, gay, bi-sexual and transgender. However, in the 2010 'Warrington Together' survey, 91% of residents described themselves as heterosexual, 1% as lesbian, gay or bisexual, and 8% did not respond. There is no specific information available for the over-65 population.

Health and disability can increase social isolation, due to poor health, immobility, cognitive impairment, sensory impairment, or dual sensory impairment. The health of older people in Warrington is worse than the average for England (see the Older People Burden of Ill Health Chapter of the JSNA). This has been identified as a priority area within the Joint Health and Wellbeing Strategy. Age-specific mortality rates for Warrington show that, locally, older people experience a greater excess burden of ill-health, compared with the average for England. Unplanned admission rates to hospital in Warrington for the over 65's are currently 27% higher than the average from England[16] and trend analysis shows that rates have been increasing over recent years.

There is evidence that socially engaged older people experience less cognitive decline and are less prone to dementia[17]. The risk of Alzheimer's disease more than doubles in older people experiencing loneliness[18]. The number of people in Warrington aged 65 or over estimated to have dementia in 2010 was 2,097[19]. This is discussed in more detail in the other Older Adults Chapters of the JSNA.

It is also reported that an estimated 2,800 people in Warrington aged 65+ have a moderate or severe visual impairment. An estimated 13,168 people aged over 65 years are likely to have a moderate or severe hearing impairment, with a further 345 having a profound hearing impairment. For more information, please see the Sensory Impairment Chapter of the JSNA.

Geography: Living in an area with high levels of material deprivation, in which crime is an issue or that is rurally isolated can increase the risk of social isolation. Research demonstrates that older people living in deprived areas experience multiple risks of isolation and exclusion[20]. In addition to the effects of living in poverty or on low income, older people living in deprived areas are more likely to be a victim of crime and/or have a greater fear of crime. The research also suggests that older people in deprived areas are less likely to be involved in formal social relationships within their communities. Within Warrington, deprivation is concentrated predominantly within the centre of the town, although there are small pockets found elsewhere in the borough, as Maps 1 and 2 illustrate.

3) CURRENT SERVICES IN RELATION TO NEED

Support for individuals:

- **Community connectors:** This is a new initiative to provide information, advice and signposting to people with low or moderate needs, who do not meet the eligibility criteria to receive social care services. By providing support at this early stage the community connectors will have a key role in helping to prevent older and at risk individuals from becoming lonely and isolated.

- **The Wellbeing Service** is part of a Government initiative to reduce health inequalities in Warrington. Wellbeing Mentors are based in communities across Warrington, supporting individuals to make healthier lifestyle choices. Through working to achieve health goals, risk of social isolation may also be reduced.

- **Red Cross Home from Hospital Scheme** offers practical help to people in the first few weeks after discharge from hospital, or after an illness. Staff and volunteers visit people in their own homes to help them regain their confidence and get back to normal life. The service also provides support to carers who may need a few hours break to meet friends or go shopping.

- **The Alzheimer's Society Dementia Adviser Service** supports people at the very early stages of the diagnosis. Through provision of one-to-one information, advice and support; targeted educational programmes; and support groups the service is able to intervene at a stage where social networks and connections can be made which would help prevent those people becoming isolated / lonely.

- **Carers Services**: The Council and the Clinical Commissioning Group (CCG) commission WIRED carers to deliver a range of services, including: identification

of carers with GPs and the Hospital; education and training on health and well-being; counselling; support groups; provision of an emergency card enabling carers to record what action should be taken if an emergency occurs and they are unable to continue caring; a free leisure pass enabling access to LiveWire's six leisure centres; the Carecall and Telecare service; and respite for carers, so they are able to get a break from their caring role if needed.

- **Healthy Ageing Volunteers** is a pilot scheme, funded via Warm Homes and due to be introduced in 2013. Their role will be to befriend older people at risk of loneliness or isolation and encourage social interaction with others (e.g. via local community groups, luncheon club or the home library service). The project will be evaluated with a view to developing a permanent service.

- **Neighbourhood Wardens** actively knock on the doors of people who are deemed to be vulnerable, some of whom will be lonely and isolated. They also target sheltered accommodation schemes, complete mini-health checks and offer a 'safe and secure' scheme. Wardens are trained to identify signs of mental distress (often an indicator of loneliness) and take appropriate action.

- **General Practices** offer support to individuals through referrals for counselling and support for people who are at risk (e.g. due to bereavement or depression). GPs are often the first point of contact for people at risk of isolation and may also offer support and connections to the community sector (e.g. referral to Access Social Care or Wellbeing Mentors) if this is seen to be relevant and timely.

- **Action for Blind People** offers counselling services for those newly diagnosed with sight loss. Warrington Blind Society also offer a home visiting service which provides support and befriending for people who are at risk of isolation and loneliness through becoming housebound. Warrington Society for the Deaf also has a network of volunteers who support people with hearing loss to access the community and take part in leisure activities.

Group interventions:

- **Friendship groups** are now running in Longford and Westy and are prominently, but not exclusively targeting older people. People who may benefit from these groups are identified and referred by the Wellbeing Service.

- **Older Peoples Engagement Group (OPEG)** is a representative group of older people. They act as a voice to ensure consideration for the needs of older people in all aspects of local life and to promote the delivery of older people friendly services. OPEG offers support, advice and friendship as well as interactive cultural sessions, such as an arts group. OPEG works with the other large older people networks to offer a range of support, advice, activities and friendships to help prevent older people becoming isolated and lonely.

- **OPEG West Warrington Group** is a sub group of Warrington OPEG. It has approximately 40 members who were recognised as being isolated and in need of support and friendships. This group includes a number of older people from local care homes.

- **Older People's Forum and the Warrington Pensioner's Group** are lively and well attended groups, which offer older people connectivity, friendships, and days out, as well as advice and support to help prevent people becoming isolated and lonely.

- **Social Clubs (various):** There are also a large number of generic interest groups within Warrington, which target lonely and isolated older people. These include whist drives, bingo, luncheon clubs etc.

Wider community interventions:

- **The Quality of Life Project** facilitated by Golden Gates Housing Trust is aimed at improving the aspiration, lives, and health outcomes of those living within their housing. This project captures all the key elements of living (e.g. finances, budgeting, health, housing) and looks to improve the quality of life for these people (including older people)

- **Access Social Care (ASC)** is the Council's first point of contact for people who think they may need social care support, their carers, relatives or friends. ASC is contactable during office hours by phone, fax, letter, email or in person by calling in to Contact Warrington. Outside of office hours an emergency service is available. The team provides information, signposts to low-level services, and refers people with critical or substantial needs to appropriate social work or occupational therapy services.

- **My Care and Support Directory** is the Council's online directory of services and support for adults with social care needs. People who are looking for local services can access and search the directory via the Council's website. The directory is a source of information on a wide variety of services, including services that may help to combat loneliness and social isolation.

- **Warrington Timebank** is a service provided by Warrington Voluntary Action. Members of the scheme use 'time credits' to purchase 'favours' from other members. For instance, they can trade two hours of help and support from another Timebank member with 2 time credits. This support could be used to ensure that a person at risk of loneliness receives company and can maintain social contacts.

- **The Bewsey and Dallam AQUA project** is a new project that will focus upon reducing loneliness and isolation.   As part of the healthy ageing prevention framework, the aim of the project is to develop Bewsey and Dallam into 'dementia friendly communities'. By enabling people with early signs and

symptoms of dementia to engage with and access their communities, the project intends to prevent these people and their carers from becoming isolated, as their symptoms become more acute.

- **Warrington Disability Partnership (WDP)** is a user-led Social Enterprise that is committed to valuing life skills, experience and individuality to enable positive change. WDP actively promote independent living for disabled people by providing information on peer counselling, housing, equipment, personal assistance, transport, access, employment, education, training and other services. Facilities and services provided by WDP include: a website; Centre for Independent Living (CIL) and showroom; café; accessible IT suite; and information point at Warrington Market. These services contribute to keeping disabled people connected and part of society.

- **The Lifetime Older People's Centre** at the Gateway in Warrington town centre is an innovative new development planned for the summer of 2013. The centre will provide anything from a cup of tea and a chat, to health activities, learning and the opportunity for older people to walk through the door and connect with other people. This centre, delivered by Warrington Home Information and Improvement Agency (WHiA), will be provided in partnership with local older people's networks (OPEG, Warrington Pensioners and the Older People's Forum) the council, health and other community organisations to ensure that it meets the needs of the community.

- **Cheshire Fire and Rescue Service** identify many people who are isolated and lonely through their daily activities (e.g. home safety checks). The Fire Service may refer anybody who they identify as vulnerable to Adult Social Care for further assessment and support.

Strategic Approaches:

- **Older Peoples Strategy:** The Older People's Partnership Board (OPPB) is in the process of refreshing Warrington's overarching strategy for older people. The refreshed strategy will be high level and link to other plans which are key to improving the health, wellbeing and independence of older people (e.g. Warrington Transport Strategy). It is expected that the strategy will make clear recommendations for future planning, for people who are at risk of loneliness or social isolation. Governance of the strategy will be ensured through regular updates from the respective leads on any exceptions/risks and progress.

- **The Healthy Ageing Prevention Group** was formed in 2012 in response to the Joint Strategic Needs Assessment Refresh 2011. The group is multi agency (including: public health, housing, care homes, fire service, hospitals, CCG, Alzheimer's Society) and it also includes a number of older people who are able to offer their experiences and knowledge of needs and services. The group developed a strategy for prevention of ill-health and disability in 2012. Delivery

plans underpinning the strategy are reported through to the OPPB and the Health Summit through the Public Health Large Scale Prevention Programme.

- **The Warrington Healthy Ageing Prevention Strategy** outlines a number of key steps to helping older people remain healthy and independent. It is centered on the 7 dimensions of independence (information; neighbourhoods; health and healthy living; housing and home; income; social activities and networks; and being able to get out and about). A key aim of the plan is to ensure that older people have the right information about healthy ageing (e.g. '11 Top Tips for Older People' and 'Winter Warm Campaign'). Partner agencies are encouraged to share progress on delivering the prevention plan via the healthy ageing prevention group. As part of the plan, a set of performance indicators are currently being developed by the group to ensure progress is monitored.

- **The Warrington Strategy for Wellbeing 2012-2015** also identifies need to promote community networks and to tackle social isolation - particularly as the population ages and there may be more older people living alone without access to their own transport and/or with reduced mobility.

4) PROJECTED SERVICE USE AND OUTCOMES IN 3-5 YEARS AND 5-10 YEARS

Warrington's older population is currently slightly smaller than the regional and national averages although it is expected to grow more rapidly, and by 2030 the Warrington population aged over 65 is expected to have increased in by more than 60% and the number of people over 80 will have doubled[21].

Chart 1: Older people population projections to 2030 for Warrington
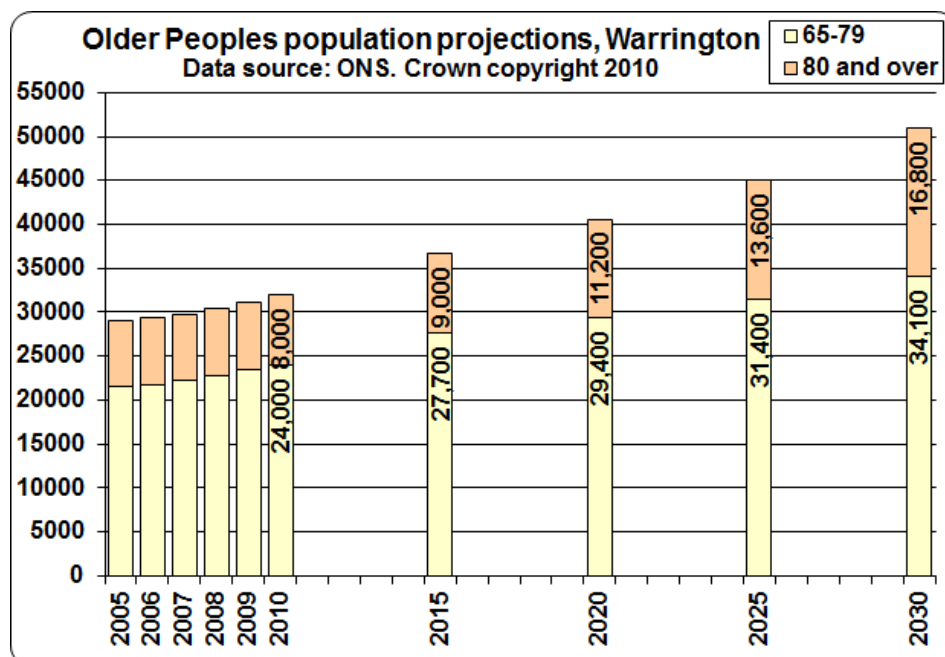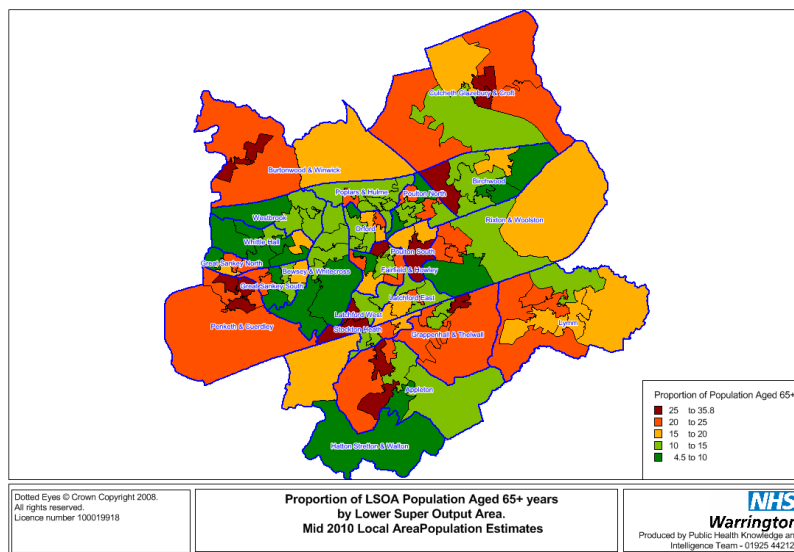

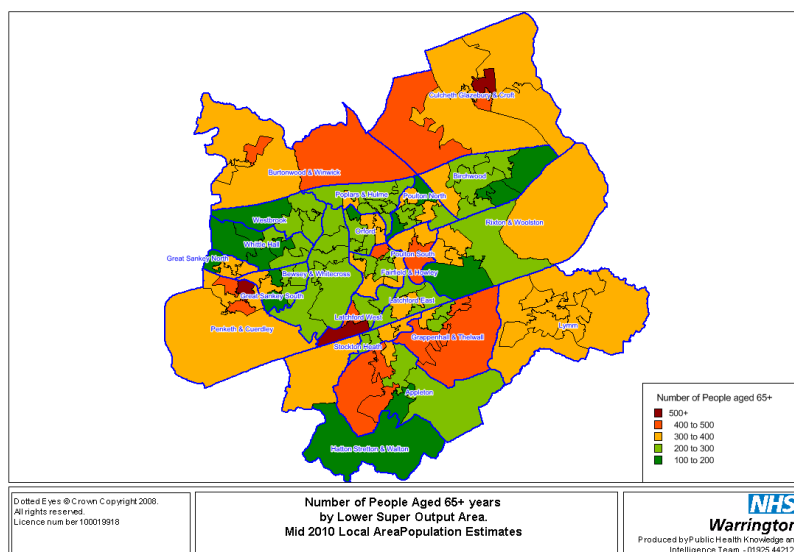
Source: ONS. Crown Copyright 2010.

Increases in the older population are expected to bring increases in the prevalence of dementia and of adults with sensory impairments. For example, 2,097 people in Warrington aged 65 or over were estimated to have dementia in 2010[22] and this is expected to rise to 4,060 by 2030.

Based on the latest population estimates (2011) for Warrington, there are 32,200 local people aged over 65 years. However, the proportion of older people varies by area (Maps 1 and 2), with wards such as Penketh and Cuerdley and Poulton South having a higher proportion of over 65s. It is estimated that by 2030 there will be 52,400 people aged 65+ living in Warrington.

Map 3: Proportion of Population aged over 65 years, by LSOA

Proportion of Population Aged 65+
25 to 35.8
20 to 25
15 to 20
10 to 15
4.5 to 10

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Proportion of LSOA Population Aged 65+ years
by Lower Super Output Area.
Mid 2010 Local AreaPopulation Estimates

NHS
Warrington
Produced by Public Health Knowledge and
Intelligence Team - 01925 442122

Map 4: Population aged over 65 years, by LSOA

Number of People aged 65+
500+
400 to 500
300 to 400
200 to 300
100 to 200

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Number of People Aged 65+ years
by Lower Super Output Area.
Mid 2010 Local AreaPopulation Estimates

NHS
Warrington
Produced by Public Health Knowledge and
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In Warrington in 2010, there were estimated to be 3,812 people aged over 65 years who were providing unpaid care to another and, by 2030, this is projected to approximately to 5,752 (see the Carers Chapter of the JSNA).

The number of older people living alone is also expected to increase. Table 1 shows the projected increase from 2010 to 2014 of older adults living alone in Warrington.

Table 1: Living Alone – People aged 65 and over living alone in Warrington by age and gender, projected to 2014					
	2010	**2011**	**2012**	**2013**	**2014**
Males aged 65-74 predicted to live alone	1700	1740	1820	1880	1940
Males aged 75 and over predicted to live alone	1904	1938	2006	2108	2210
Females aged 65-74 predicted to live alone	2820	2910	3030	3150	3210
Females aged 75 and over predicted to live alone	5124	5124	5307	5429	5551
Total population aged 65-74 predicted to live alone	4520	4650	4850	5030	5150
Total population aged 75 and over predicted to live alone	7028	7062	7313	7537	7761

(Data source: General Household Survey 2007, table 3.4 Percentage of men and women living alone by age, ONS Figures may not sum due to rounding. Crown copyright 2010)

5) EVIDENCE OF WHAT WORKS

Currently there is limited evidence to demonstrate the effectiveness of specific interventions to address loneliness and isolation[4]. However, given what is known about risk factors, some conclusions can be drawn about services and support that may contribute to reducing or preventing loneliness in older people. The types of services can be broadly categorised under three headings:

Support for individuals
- Befriending – visits or phone contact; may include assistance with small tasks such as shopping
- Mentoring – usually focused on helping an individual achieve a particular goal,
- Buddying or partnering – helping people re-engage with their social networks, often following a major life change such as bereavement
- Community Navigator initiatives – helping individuals, often those who are frail or vulnerable, to find appropriate services and support
- Support through transitions (e.g. bereavement)

Group interventions
- Day centre services such as lunch clubs for older people

- Social groups that aim to help older people broaden their social circle, and possibly focusing on particular interests, such as reading
- Cultural initiatives that support older people to increase their participation in cultural activities (e.g. use of libraries and museums)
- Community arts and crafts activities

Wider community interventions
- Provision of effective transport networks (including public transport and schemes such as dial-a-ride)
- Websites or directories including information about social support services
- Telephone helplines providing information about social support services
- Health and social support needs assessment services
- 'Age-proofing' initiatives
- Volunteer schemes, such as community-organised 'time banks'

6) UNMET NEEDS AND SERVICE GAPS

Section 3 shows that there are already a range of current or planned services in Warrington, which may prevent or reduce loneliness and social isolation. However, there are a number of gaps and issues that should be noted.

The majority of the services listed in this report are in place to deliver a range of additional outcomes (e.g. reduce carer stress; improve health and wellbeing) and 'reduction of social isolation or loneliness' may not be a primary service objective for them.

There appear to be some gaps in service provision in relation to some of the identified risk factors. Within the local services identified above, none or few of the services are targeted specifically at the following at risk groups:
- People in residential or nursing care
- People who are single, divorced or never married
- People who have recently retired
- People from an ethnic minority community
- People who are gay or lesbian
- People who live in areas that are rurally isolated

A number of services are only targeted at particular areas of Warrington (e.g. Bewsey and Dallam; Longford and Westy) and often these service are targeted at areas of deprivation. This may mean that there are gaps in service provision where there is less social deprivation (e.g. some parts of South Warrington).

There is also evidence that social isolation and loneliness is being prioritised at a strategic level. However, it is important that objectives and priorities within individual strategies (e.g. Older People's Strategy; Strategy for Wellbeing) are co-ordinated and do not lead to duplication.

7) RECOMMENDATIONS FOR COMMISSIONING AND FOR NEEDS ASSESSMENT WORK

Summary and Recommendations for Action

This report highlights that loneliness and social isolation can pose a significant threat to older people's health, wellbeing and independence. It outlines the key risk factors that may contribute to loneliness and isolation. It also describes the types of services and interventions that can help to prevent it. There are already a number of strategic developments and services in place in Warrington, which will contribute towards the reduction of isolation and loneliness. However, there are also some gaps and issues that need to be addressed. Actions to take forward include:

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- Raise awareness of loneliness as an issue across the Warrington population, using innovative and targeted communication methods so people see and understand the messages. Ensure these messages are clear and in plain English to ensure that as many people as possible understand the risks and how to get support.
- Consult with those at-risk groups where there may currently be a gap in service provision (listed above) to identify what, if any, specialist services or support could be put in place for them.
- Gain more information about whether or not there are geographical areas where there are gaps in service provision.

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