

**Aldridge and Beacon Area Panel – 29 September, 2015**

**Tackling Loneliness in Older People – Making Connections in Walsall**

**1.0 Introduction / Summary**

*“The most terrible poverty is loneliness, and the feeling of being unloved.”* Mother Teresa (1910 – 1997)

**1.1** This paper seeks to brief the panel of the challenges and risks of social isolation amongst the elderly across Walsall and within Aldridge and Beacon. The views of the panel on how social isolation can be tackled locally are requested. It seeks support from the Panel to raise the profile of tackling social isolation and loneliness across Walsall and within Aldridge and Beacon. The paper also asks the panel to encourage the local prioritisation of loneliness amongst key stakeholders.

**2.0 Report Detail**

**2.1 Loneliness and Social Isolation in old age**

**2.1.1** Addressing loneliness and social isolation is a growing and pertinent national and local Public Health concern. Loneliness is an extremely complicated phenomenon. *“People can be lonely while in the middle of a crowd. Conversely, one can be alone and not feel lonely.”* (Beaumont, J. 2013). Humans need and desire social and emotional connections for good health and wellbeing.

**2.1.2** Anyone can become lonely, people with; poor physical or mental health, cognitive impairment, experiencing a separation, divorce, never being married or following a bereavement are at an increased risk of isolation and loneliness (Burholt, V. 2011).

**2.1.3** As people age the risk of social disconnection increase as a result of losing; friends, family, income and potentially mobility. Whilst social connections may decrease with age, the need to be connected does not become any less; in fact in some cases it increases along with their health and social care needs (Dickens et al 2011).

**2.1.4** Nationally, 1 in 6 elderly people have contact with a family member, friend or neighbour on less than one occasion per week and 1 in 9 elderly people have such contact month on less than one occasion per month. 2 in 5 elderly people state that their main form of company is television (Victor et al (2003) and 20% of all elderly people in the UK state that they are lonely (Age UK, 2014). This is concerning as, older people who have unsatisfactory or limited social relationships have a significantly greater risk of poor health and social outcomes (Holt-Lunstad, 2010).

## **2.2 The Impact of Loneliness**

The impact of loneliness and social isolation is damaging to health and costly to the Walsall health and social care economy. Social isolation and loneliness:

- Increases the risk of developing certain diseases and mortality
- Reduces an individual's ability to recover from illness (Marmot, 2010).
- Is more harmful to health than smoking 15 cigarettes per day, alcohol consumption, having a sedentary lifestyle and obesity (Loneliness Campaign).
- Is found to be higher in people with higher blood pressure readings (Hawkley et al 2010).
- Increases the risk of depression (Green B. Et al 1992)
- Increases the risk of dementia in older people (The rate of Alzheimer's is almost double in lonely people than in the general population)
- Work together with depression to erode overall wellbeing (Cacioppo et al, 2006).
- Leads to a greater reliance on already stretched health and social care services; including GP services, mental health services, emergency services and care services.

## **3.0 Walsall Age Older Age Structure**

Walsall has a resident population of approximately 269,300 people (Census 2011). Life expectancy in the Borough is 78.1 years for male compared to the national average of 79.4 and 82.8 years for female compared to 83.1 years on average in England. Walsall's healthy Life expectancy is approximately 60.3 years (Walsall JSNA, 2013). In Walsall 45,815 (22.66% of) people are over the age of 65 years and, 11955 people (4.44% were 80 years and over) and 5397 people (2%) were age 85 years and over. See diagram 3.1

### **Diagram 3.1**

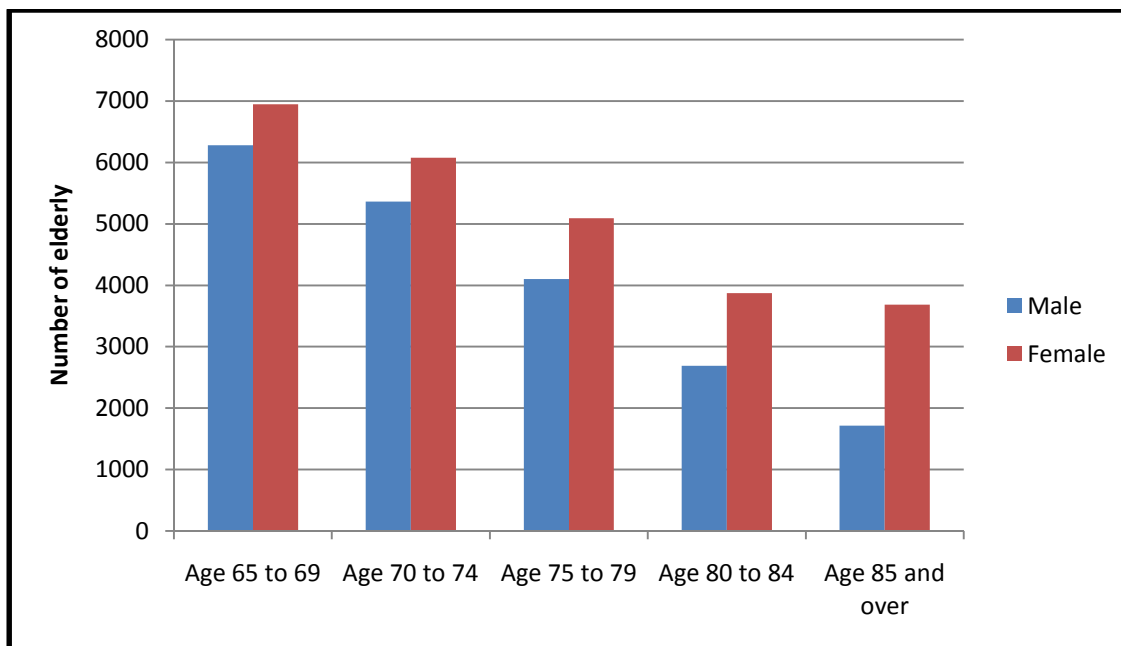
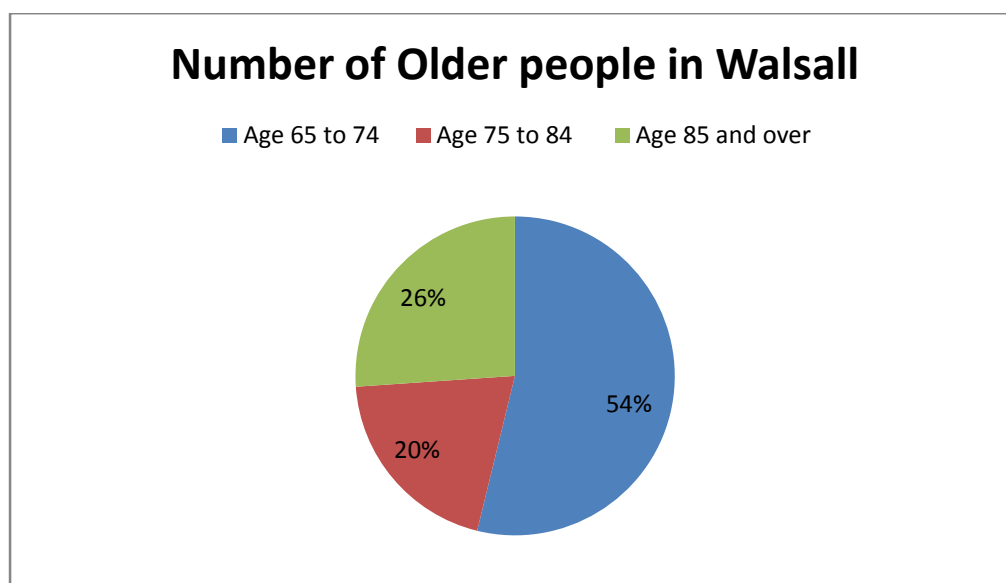


Diagram 3.2 shows the distribution of people in the older person age group in Walsall.

**Diagram 3.2**



#### 4.0 Why Aldridge and Beacon Partnership

Aldridge and Beacon Partnership has a population of 12,447 (22.8%) people who are over 65 years of age. This is a higher proportion of elderly people than other partnership areas as shown below in Table 4.1.

Table 4.1

Ward	Area Partnership	Population of 65+ year olds (Census 2011)
Aldridge Central and South	Aldridge & Beacon	37.1
Aldridge North and Walsall Wood	Aldridge & Beacon	22.0
Bentley and Darlaston North	Darlaston & Bentley	18.0
Brindley, Leamore	North Walsall	15.5
Blakenall	North Walsall	15.6
Blakenwick East	North Walsall	21.0
Blakenwick West	North Walsall	22.0
Brownhills	Brownhills, Pelsall, Rushall, Shelfield	23.7
Darlaston South	Darlaston & Bentley	18.7
Paddock	Walsall South	20.5
Pethley	Walsall South	13.1
Pelsall	Brownhills, Pelsall, Rushall, Shelfield	30.2
Phoenix Park Farm	Aldridge & Beacon	26.4
Pluck	Walsall South	10.2
Rushall - Shelfield	Brownhills, Pelsall, Rushall, Shelfield	20.2
St Matthews	Walsall South	17.9
Short Heath	Willenhall & Short Heath	27.0
Streetly	Aldridge & Beacon	30.0
Willenhall North	Willenhall & Short Heath	22.2
Willenhall South	Willenhall & Short Heath	17.0

- 23.8% of people in Aldridge and Beacon partnership area (AP2) are 65 years and over compared to the Walsall average of 17.6%
- 3,313 people living alone over the age of 65 years
- (AP2) has a higher level of life expectancy for males and females which places them at a higher risk of social isolation
- Older residents within the most affluent social groups are at an increased risk of loneliness because family members are more likely to move away for study or work.
- Most community areas within AP2 have higher estimated prevalence of dementia than Walsall (0.6%) and national average (0.62%).

## 5.0 The Approach

**5.1.** Targeting 45,815 people across Walsall in one sweep may not be manageable or efficient. Taking a phased approach to reach these individuals would be realistic and is likely to demonstrate better outcomes.

**5.2** As all people over 75 years are included on the frail elder pathway; this would be an optimal age group to start with. A suggestion is to make information available for all people over 65 years but to phase the introduction of targeting as follows:

- Phase 1 frail elderly all over 85 year olds 11955 and some 75 year olds
- Phase 2 all 75 years 21,149 (year 2 & 3)
- Phase 3 over 65 years (Year 4 & 5) 45,815

**5.3** Overtime, this approach would bring the initiative more closely in line with the Walsall's Healthy Life expectancy and would capture the individuals who are at the greatest risk of loneliness. It is however important to note that taking a blanket approach to address loneliness will not be effective for all. For instance, women experiencing isolation and loneliness are more likely than men to report feelings (Holwerda, T. et al 2012), (Beaumont 2013) and men and women respond in different ways to different interventions (Bird, C. Et al 1999).

## **6.0 A Way Forward to Tackling Loneliness – A Joined up Approach**

**6.1** There is no direct financial envelope available to commission services to identify older people who are socially isolated and lonely in Walsall.

**6.2** There are 6 key factors to tackling loneliness;

- Information and signposting services
- Support for individuals
- Group interventions – social
- Group interventions – cultural
- Health promotion
- Wider community engagement (Bolton, 2012).

**6.3** Everyone has an essential piece of the puzzle to tackle the issue of social isolation of older people within Walsall including; Health and Social Care, the private sector and the voluntary and community sector. It is therefore essential to work in partnership with all key stakeholders to take this initiative forward.

**6.4** Key stakeholders include:

- Political connections - Councillors and MPS
- Commercial companies
- Voluntary and Community Sector: housing, youth services, neighbourhood wardens etc.
- Statutory sector: i.e. police, fire, health, libraries
- Primary care- (i.e. GP, community nursing pharmacy etc.)
- Religious organisation – churches mosques temples etc.
- Education setting – nurseries, schools, colleges, universities
- Communities – neighbours, local shops

## **7.0 Examples of Good Practice**

**7.1** There are a number of initiatives across the UK which demonstrate best practice for tackling social isolation. The following are a few examples.

- **Collingwood Centre** - Provides community support and encourages and facilitates community networks which seek to tackle social to provision which engages with and tackles social isolation. (There are a number of such initiatives across Walsall)

- **The Manchester Valuing Older People network** - This programme is internationally recognised for bringing together all formal and informal services and community provision with the view addressing local concerns including tackling loneliness (McCormack, B. 2003).
- **Social Prescription Service – Kirklees** - Provides health and social care professionals information and support to identify and provide social prescriptions to connect socially disconnected and lonely people within their communities.
- **ICT to tackle isolation – Altrincham** - ICT used in care homes as a talking point to re-engage people with the wider society.
- **Home Library and ICT services - Walsall** - The mobile library service provides ICT training in peoples own homes to enable people to stay in touch with friends and families.
- **Dining experience - West Midlands** - Older isolated people sign up to the dinning scheme as either diners or as volunteers. The local volunteer prepares a meal which they then share with the diner.
- **Neighbourhood Wardens Keeping Connections – Middleton** Neighbourhood coordinators are responsible for identifying people where there is a need and referring them into appropriate provision.
- **Salford Connectors** – The programme seeks to identify and recognise current and potential community links with the view to encouraging community connections. Connectors include; neighbours friends and potential networks within our communities.

## 8.0 Connecting Networks

**8.1** Walsall has a variety of networks which directly or indirectly contribute to tackling loneliness and social isolation. The following are examples which have the potential to contribute to tackling social isolation but are not effectively connected to services which could tackle social isolation.

- **Walsall Integration Team** - The team is an integrated multidisciplinary team of professionals working together in the community to improve health and prevent avoidable repeat hospital admissions of people over 65 year olds. These people are often frail, unwell and isolated or at risk of isolation.
- **The Frail Elderly Pathway** - The frail elderly pathway provides an opportunity to reach all people who are over 75 years for an annual GP assessment.

The assessment of wellbeing and social connectedness can be built into both of these assessments. In both cases community connections need to be in place to receive referrals and referees need to know where, who and how to refer.

**8.2 Link** - is a voluntary project which is committed to tackling social isolation. This service supports and refers people identified as lonely or at risk of loneliness to local appropriate community provision. Collingwood is one of such services where lonely individuals can be referred.

### **Recommendation**

That the Panel:

- Raise the profile of the need to prioritise tackling elderly loneliness within the Aldridge and Beacon Partnership as well as across the wider council.
- Agree to pilot and evaluate a suite of interventions to address isolation.
- Agree to contribute to the provision of information and support taking forward the challenge of identifying and connecting people who are lonely or at risk of becoming lonely.

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