Lancashire Shadow Health and Wellbeing Board
Intervention planning
Loneliness in Older People

Purpose

This report sets out a template for use in preparation of the work programme for each of the Health and Wellbeing Board's ten interventions. The template is designed to;

- Create clarity on the desired impact of each intervention and on the specific roles of partners in delivering the intervention.

- Make explicit the shifts in ways of working that will allow partners to deliver the intervention.

The planning template

Loneliness and social isolation can affect everyone but older people are particularly vulnerable after the loss of friends and family, reduced mobility or limited income.

It is estimated that among those aged over 65, between 5 and 16 per cent report loneliness and 12 per cent feel isolated. These figures are likely to increase due to demographic developments including family dispersal and the ageing of the population. For example, the number of people aged more than 80 is expected to treble in the next 20 years, while those aged over 90 will double.

Studies show that acute loneliness and social isolation can impact gravely on wellbeing and quality of life, with demonstrable negative health effects. Being lonely has a significant and lasting negative effect on blood pressure. It is also associated with depression (either as a cause or as a consequence) and higher rates of mortality.

Loneliness and social isolation is a public health issue, with research highlighting the influence of social relationships on the risk of death as comparable to well-established risks such as smoking and alcohol consumption.

As the UK's population rapidly ages, the issue of acute loneliness and social isolation is one of the biggest challenges facing our society – and it must be addressed, for the sake of both the individuals concerned and the wider community. Health issues arising from loneliness and isolation add pressure on statutory health and social care services. By intervening in this issue, we can improve older people's quality of life, while limiting dependence on more costly services.

1. Reality
What's the current reality?

• What is currently working well?	• Third Sector working with older people • Different befriending models • Local Community Groups supporting older people • Help Direct – statutory organisations funding older people services • Lots of choice and provision • Lots of good practice and innovation across the county
• What is getting in the way of partners achieving desired impacts?	• Sharing information between agencies • Sharing information between intervention service providers • Duplication of services • Not enough good practice sharing across the county • Not being able to find small amount of resources to get on with projects • Being clear about what is happening in local areas for lonely older people
• Where are the gaps in service delivery that really matter?	• Identification of lonely people, what do you do, other than just provide a leaflet • A robust referral system that picks up and monitors lonely and vulnerable older people • A system that monitors the referral as part of the overall wellbeing of the individual, not just give and then forget.

2.2 Impact in the year ahead

• What specific goals will the intervention achieve in the next year?	• Identifying lonely older people by raising awareness amongst all agencies who deal with older people to identify those older people who may be vulnerable due to loneliness. • A simple but effective referral process that does not get bottle neck and can be

monitored and measured for success.

- Local services which meet the need of older people without them needing to travel far and therefore accessible on the door step.