



St. Helens Council

Health and Adult Social Care Overview and Scrutiny Panel

Older People's Needs and Loneliness

May 2016

Task Group

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Chairman's Foreword and Acknowledgements



Councillor Pat Ireland
Chairman of the Scrutiny Task Group

Loneliness happens when a person feels that they don't have the amount or type of contact with other people that they would like. It is experienced differently by different people. Some people are happy with only a little contact with others, but some people can feel lonely even if they spend time with lots of other people, particularly if they feel that those relationships aren't what they would want.

Anyone can feel lonely, but we know that older people are particularly at risk. Being older, living alone, having ill health and becoming a carer for someone else can all make someone more likely to feel lonely. As our older population increases, particularly in St. Helens, loneliness will become an even more significant issue.

Loneliness matters for lots of reasons. As well as being a negative experience, it has also been shown to impact on people's mental and physical health. It is linked with depression and suicide, and lonely people are twice as likely to develop Alzheimer's Disease. It is also linked with high blood pressure and cardiovascular disease. Lonely people are more likely to have unhealthy behaviours such as smoking, drinking excess alcohol and being overweight, all of which can lead to chronic disease.

The health impacts of loneliness clearly affect the individual, but also increase the demand on health and social care services. Loneliness is linked to more emergency department and GP visits and needing earlier residential and nursing care.

During the review we visited various local organisations. I was pleased to see the work being done across St. Helens to help address loneliness and to support older people to have positive relationships and healthy older age. It was good to see local organisations working together, and to hear about the excellent volunteers we have in our local communities.

It is important, though, that we also look to make improvements where we can. There is definitely the potential for more collaborative working and sharing of resources. It is important to ensure the positive work that currently exists is supported and maintained. Additionally, we need to offer services that are most likely to help prevent and alleviate loneliness, through increasing the quality of people's social connections, not just the quantity. Loneliness is different from person to person, and we must identify and empower local people who are lonely to reduce loneliness in a way that is personal and meaningful for them.

I would like to thank all of the organisations we visited for their time and comments, which provided us with real insight into the issue locally, the Councillors who participated in the Task Group, and Council Officers.

1.0 Introduction and Terms of Reference

- 1.1** During the process of agreeing the Scrutiny Work Programme for 2015/2016 the Council's Health and Adult Social Care Scrutiny Panel agreed to look at Older People's Needs and Loneliness.
- 1.2** The aim of the review was to understand the levels of loneliness in older people and to establish what services and provision the Council and its partners have in place.
- 1.3** The terms of the review were as follows:
- To identify the key issues affecting older people living in the borough.
 - To gain an understanding of how people that are at risk of loneliness are identified.
 - To document what work the Council, its partners and local voluntary organisations are currently undertaking and identify any future work / projects.
 - To highlight any examples of best practice, nationally or regionally.
 - To identify and evaluate measures currently in place to prevent and tackle loneliness and isolation.
 - To raise awareness of the issues of loneliness and to encourage different ways of thinking.

2.0 Method of the Investigation

- We undertook desktop research and looked at national/statutory guidance.
- We obtained background information from Council Officers.
- We met with a selection of partners and voluntary sector organisations who work with older people.

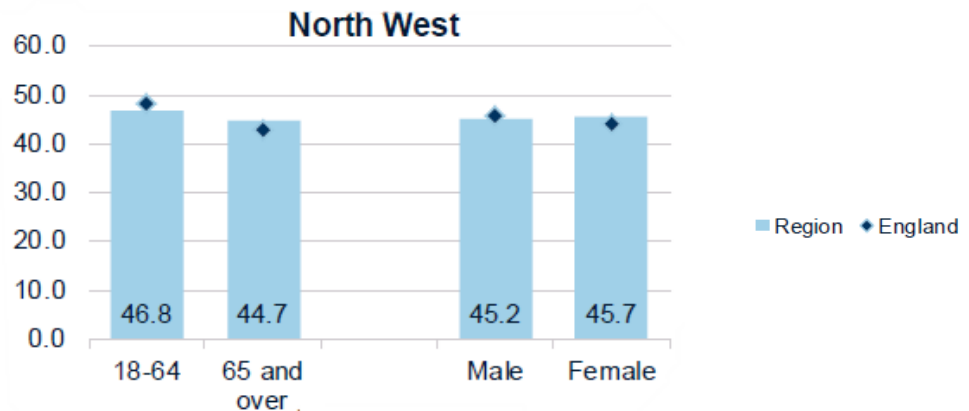
3.0 Background

- 3.1** Loneliness is when someone feels that they lack meaningful social connections with others. It is subjective and loneliness may be experienced differently by different people [1].
- 3.2** Social isolation means someone does not have much contact with others. It is different to loneliness. People with many social interactions can be lonely if they feel they lack the relationships they need. Similarly, people with few social interactions may not be lonely if it does not impact them negatively [2].

- 3.3 Living alone is often discussed in relation to loneliness and social isolation, but these terms all mean different things. People can live alone without feeling lonely or being socially isolated. Additionally, many people feel lonely though they do not live alone. Older people who live in care homes or large households can be more likely to report loneliness [3].
- 3.4 In 2014 -15, 44.8% of service users in England reported having as much social contact as they would like. In those aged 65 and over this reduced to 42.8%, with the North West results being slightly higher at 44.7% [4].

Figure 1 - Proportion of service users reporting having as much social contact as they would like

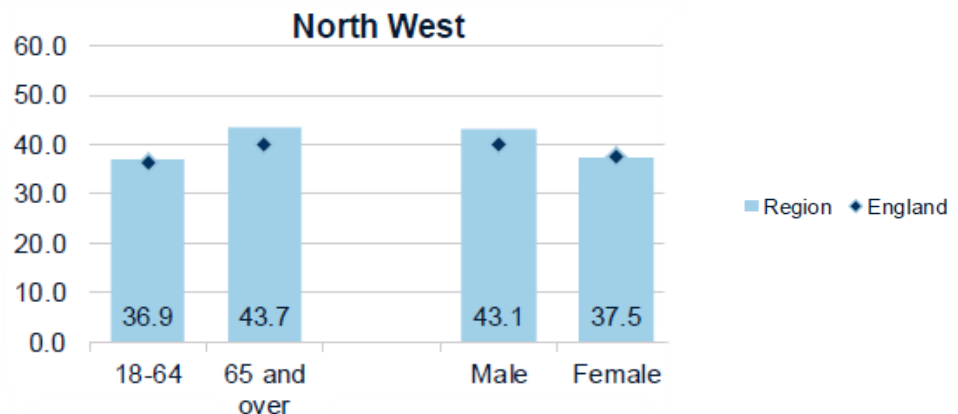
(Reproduced from HSCIC [4])



- 3.5 In 2014-15, only 38.5% of carers in England reported having as much social contact as they would like. In carers aged 65 and over, this increased to 40.0%, and the North West results were slightly higher at 43.7% [4].

Figure 2 - Proportion of carers reporting having as much social contact as they would like

(Reproduced from HSCIC [4])



- 3.6 Other research has shown that between 7 and 13% of those aged over 65 report feeling lonely often or always. As the aging population increases, the numbers of older people feeling lonely will increase too [1, 5]. It has recently been estimated that over 1 million over 65 year olds in the UK feel lonely often or always [1], and between 20 and 40% feel lonely sometimes [6].

- 3.7 People from all backgrounds can be subject to loneliness. People with disabilities and complex physical needs can also feel lonely and isolated in their homes. Although St.Helens has a relatively low ethnic minority population rate at just 2% (2011 census) some of these groups are also hard to reach and people's cultures must be respected.

4 Research Findings

4.1 Causes and Impacts of Loneliness

- 4.2 Research suggests that feeling lonely is partly due to inherited factors, and partly due to environmental factors. The inherited element helps explain why some people feel lonely in a situation and others do not. However, even if someone is more likely to feel lonely because of inherited factors, the role of environmental factors means it is possible to affect whether someone feels lonely by making changes to their environment [3].
- 4.3 Amongst older people, being from an ethnic minority, having hearing or visual impairments, and being aged over 80 are associated with loneliness [6]. Older women are more likely to feel lonely than older men. Those who live alone, are widowed, separated or divorced are more likely to feel lonely.
- 4.4 Older people living in residential care are more likely to report feeling lonely than those living in the community, as are those with poor health and reduced mobility. Low income is linked with increased loneliness, and older people who are gay or lesbian are also more likely to report feeling lonely [2, 3].
- 4.5 Particular life events are believed to trigger episodes of loneliness in older people, such as bereavement, becoming a carer and retiring [2, 6]. There is not currently consistent evidence as to whether those living in urban or rural locations are more or less likely to feel lonely [2, 3].
- 4.6 Loneliness can have a significant impact on health. It is linked with cardiovascular disease, stress, impaired sleep, depression, anxiety and suicide. Research shows a person who feels lonely has double the risk of developing Alzheimer's disease [2, 3].
- 4.7 Loneliness reduces life expectancy. Nursing home residents who feel lonely have been found to die earlier than those who don't feel lonely. Additionally, those with strong social connections had a 50% increase in survival over 7 ½ years of follow up, when compared with those who didn't [2, 3].
- 4.8 Loneliness is also linked to increased levels of unhealthy behaviours such as smoking, consuming alcohol, being overweight and reduced exercise. These behaviours can, in turn, lead to chronic health problems [2, 3].
- 4.9 To put loneliness into context, Age UK state that "the effect of loneliness and isolation can be as harmful to health as smoking 15 cigarettes a day, and is more damaging than obesity" [7].
- 4.10 As well as the health impacts of loneliness, there is also a significant impact on resources and the economy. Lonely people are more likely to visit their GP, use more medication, have more falls and are at increased risk of requiring long-term care. They tend to require residential or nursing care earlier, and even when chronic illness is taken into account, lonely people use more accident and emergency services [1].

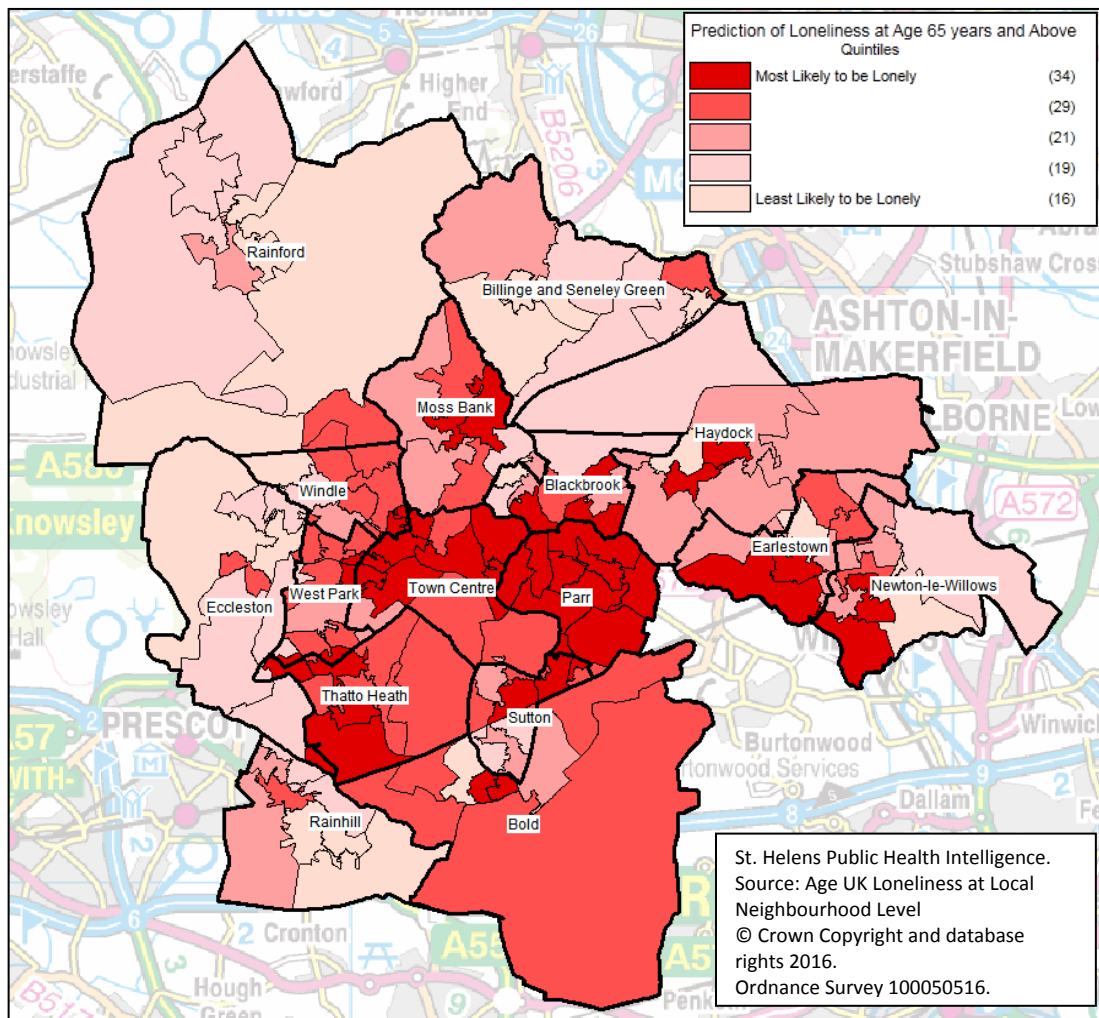
4.11 **Loneliness in St Helens**

- 4.12 It is difficult to accurately measure loneliness, but there are a range of ways we can try to understand the scale of the issue.
- 4.13 In 2012/13 the North West Mental Wellbeing Survey asked about loneliness and social isolation. 21.4% of the respondents were aged 65 and over, but the results are not broken down by age group [8]. It is important to recognise that some of these measures are about the number of social interactions and social isolation, rather than the individual's feelings of loneliness.
- 4.14 In the survey, 54% of people from St. Helens were very satisfied with their personal relationships, similar to the North West average of 58.3%. Those people were also more likely to have high mental wellbeing [8].
- 4.15 Less than a third of people from St. Helens (31.7%) reported seeing friends and family who they did not live with, on most days, significantly lower than the North West average of 41.2%. Nearly a fifth of people from St. Helens (18.1%) reported seeing friends or family monthly or less, whilst the North West average was 13.4%. This was closely associated with mental wellbeing, 40.9% of those who only saw family or friends monthly or less had low mental wellbeing, whereas if they saw family and friends on most days only 12.8% had low mental wellbeing [8].
- 4.16 A similar pattern was seen for talking to neighbours on most days, with over a quarter of people in St. Helens reporting this (27.1%) significantly less than the North West average of 33.6%. Those who spoke with neighbours on most days were most likely to have high mental wellbeing (23.5%). Those who spoke with neighbours monthly or less, were most likely to have low mental wellbeing (34.8%) [8].
- 4.17 Other data shows that an estimated 34,850 St Helens residents were aged 65 years and over in 2014. Of these, an estimated 8,230 were aged over 80. By 2025, St. Helens' population is projected to include 42,030 people aged 65 and over, with 12,140 being aged over 80 [9].
- 4.18 It is estimated that between 7% and 13% of people aged 65 and over feel lonely often or always [1, 5]. Applying this to the St. Helens' population suggests that between 2,440 and 4,530 older people in St. Helens feel lonely often or always.
- 4.19 Using the projected increases to St. Helens population, by 2025, between 2,940 and 5,460 people aged over 65 in St. Helens will feel lonely often or all of the time. As being aged over 80 makes loneliness more likely, increasing numbers of people aged over 80 will mean more people are at risk of loneliness.
- 4.20 Age UK developed an indicator to predict how likely it is that a person aged 65 and over in a particular area is lonely. It uses population information on health, household size, age, and marital status, amongst other measures [10].
- 4.21 Using this data, St. Helens is ranked 54th most likely for over 65s to be lonely, out of 348 local authorities in England and Wales. Within St. Helens, 7 areas are in the 1% most likely to be lonely aged 65 and over, and 32 are in the

10% most likely to be lonely aged over 65 [11]. Figure 3 shows the rankings of the areas in St. Helens based on the Age UK predictor.

Figure 3 - Predicted Likelihood of Experiencing Loneliness Aged 65 Years and Above in St. Helens LSOAs - Quintiles

(Based on Neighbourhood Ranking for England and Wales from Age UK AND ONS [11])



4.22 Reducing Loneliness

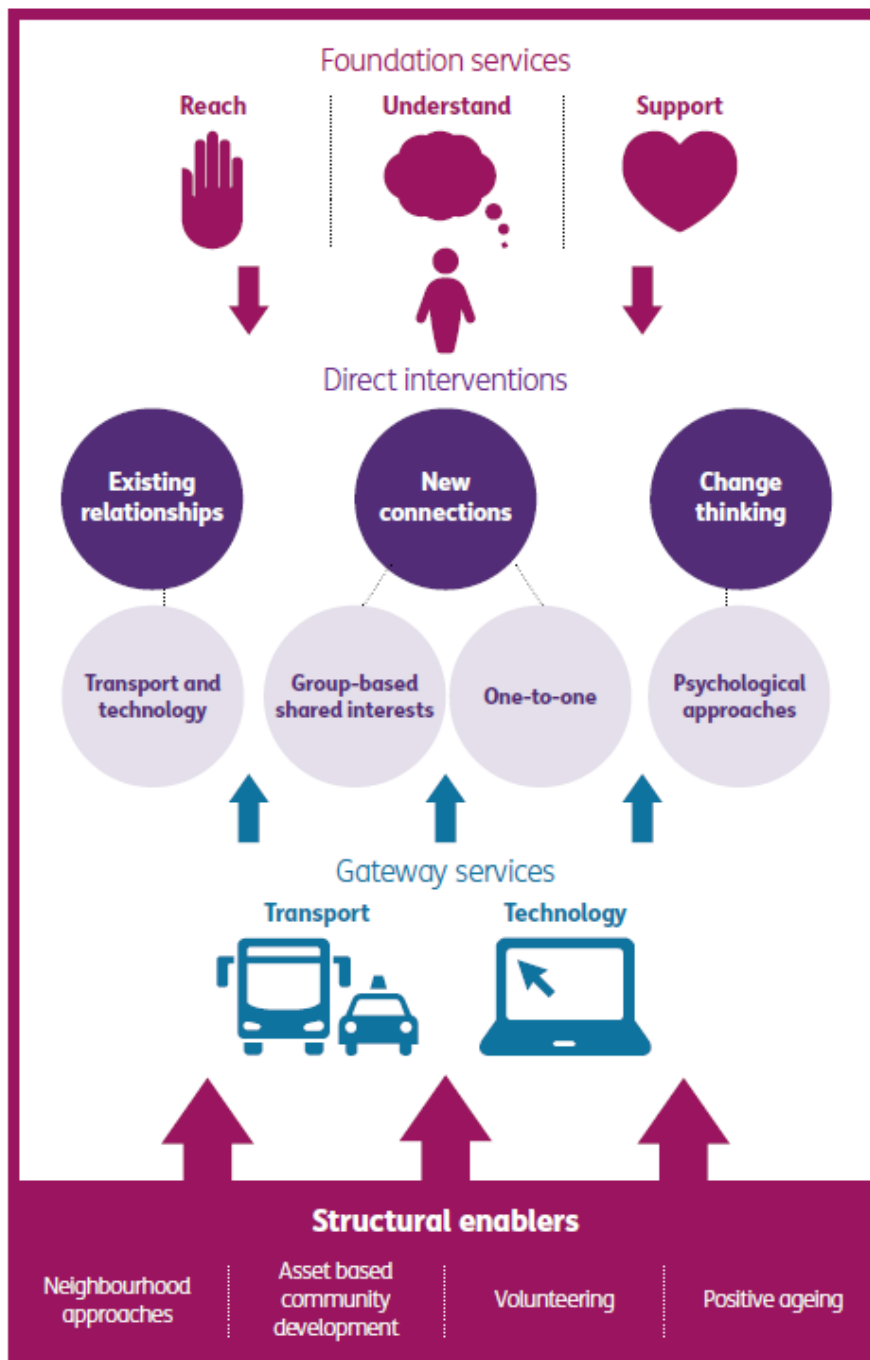
4.23 There is a lack of high quality evidence about how to prevent and alleviate loneliness [1, 7]. However, in 2015 Age UK reported on promising approaches, based on existing evidence. It showed a gap between interventions offered, such as social groups and befriending schemes, and our understanding of what works. It explores individual and community level interventions [7]

4.24 The report included a framework for local authorities to help structure loneliness interventions. This was further developed in the “Combating Loneliness” report produced collaboratively by Age UK, the Campaign to End Loneliness and the Local Government Association in 2016, which included recommendations and good practice examples from across the UK [1,7].

4.25 The framework is shown in Figure 4. It includes “**foundation services**” aimed at identifying individuals who are lonely, understanding their personal situation, and supporting them to access services relevant to them [1, 7].

- 4.26 In addition, “**structural enablers**” focus on creating an environment that allowed loneliness to be addressed and reduced. It includes neighbourhood approaches, asset based community development, volunteering, positive ageing, and supporting the development of new services and structures [1, 7].
- 4.27 “**Direct interventions**” include one-to-one and group-based services which help people form or strengthen relationships. Increasingly, psychological support is used to help change thinking about social connections [1, 7].
- 4.28 Finally, “**gateway services**” are those which support the development and maintenance of relationships, and may also facilitate effective intervention across the whole framework. Technology and transport were the most commonly identified elements, and it was highlighted that poor access to these services could also contribute to increased loneliness [1, 7].

Figure 4 – The Age UK framework for loneliness interventions for local authorities
(Reproduced from Age UK report by Jopling [2])



4.29 Visits and Meetings

4.30 During the course of the review, a series of visits were undertaken. The Task Group met with representatives of a number of local groups and organisations. These visits provided great insight into the vast range of work being done locally to address the issue, and challenges that currently exist.

4.31 Visit to The Perth Centre

4.32 The Perth Centre is volunteer-run and is located in Thatto Heath. Ward statistics show that poor health and low income are prevalent which both impact on loneliness.

4.33 The centre recently secured a Big Lottery Grant, firstly to support Health and Wellbeing and secondly to support Befriending and Loneliness in the Thatto Heath area. The grant was £132k over 3 years. The centre employed a part time 'befriender' 3 days a week to deliver the service who has been in post for 7 months.

4.34 The scheme offers several services such as a house library service, home support, groups based at the centre, and help to complete forms and paperwork. It was recognised that it can sometimes take a long time to befriend someone and earn their trust.

4.35 The scheme is currently working with other local organisations including, MIND, Age UK and the British Heart Foundation but is keen to engage with many more.

4.36 Martin Wood from the local church discussed how the church is not connecting with the community like it has in previous years, they currently hold a lunch club each Tuesday but would very much like to be involved in community work to a larger extent and to promote and work together with other organisations.

4.37 The task group heard from several members about services and organisations in their own wards but that there was not a single 'directory' as such to enable the services on offer to be communicated across wards and the borough.

4.38 It was also discussed how local pubs and clubs used to be the social hub of a community and with more and more of these establishments closing down there is a loss of key socialisation, especially for men.

4.39 Visit to Age UK

4.40 The Age UK services are based at the Mansion House in St. Helens. They hold the entire contract for the Advocacy service which includes funding for over 65's service provision. Loneliness and isolation are key themes within Age UK's work nationally and locally and services such as the highly successful annual Winter Warmth campaign, tackling fuel poverty and signposting are all key.

4.41 Services locally include active day care with transport and a meal, which is paid for by the people attending, a befriending service which includes local volunteers and a co-ordinator and is currently funded by the local authority.

Counselling services for those aged 50 and over is currently funded by the CCG, although funding for this service has not been committed after September 2016.

- 4.42 It was recognised that, whilst the active day care had the capacity to increase numbers, other services such as the befriending service had waiting lists and were oversubscribed. Funding for many services are subject to six monthly reviews.
- 4.43 Previous services, such as physical activity programmes have also come to an end recently, whilst others such as luncheon clubs are planning to be launched.
- 4.44 The services described all run Monday-Friday, and during working hours. It was highlighted that evenings and weekends can be a particularly challenging time for those who are lonely, particularly for those who are carers, and there that could be a benefit to considering how to address this.
- 4.45 The potential for sharing of resources was also discussed, as there are rooms and transport available via Age UK that are often underused, and could potentially be accessed by other groups and organisations.
- 4.46 **Visit to Helena Partnerships**
- 4.47 Helena Partnerships provide a variety of housing and residential settings across St. Helens. They have a range of programmes and services available to residents, and their community rooms and centres are accessible to all residents.
- 4.48 It was particularly interesting to note that many of the services offered were volunteer-led, with Helena providing training and allowing groups to bid for funding to deliver their own projects. For example, breakfast clubs are run by residents and a resident had been provided with training to allow him to drive a minibus to take other residents on day trips.
- 4.49 Work is also done in collaboration with other local groups, such as Mersey Forest, Day Opportunities and Armed Forces Veterans. This includes cookery training and development of community gardens.
- 4.50 Measures are also in place to help identify those who might be at risk of loneliness. Services such as the OK phone and the annual home visit provide means of contacting and reviewing vulnerable residents. There are also established links to the CCG, fire service, and befriending schemes to offer interventions to those who have needs identified.
- 4.51 Monday to Friday working was again identified as a barrier, and the need to support communities out of hours was discussed. Limited access to transport was another issue, particularly when considering residents from outlying areas.
- 4.52 In addition to the services that exist, there is a plan to begin evaluating some of the interventions and assess the impact on mental wellbeing.
- 4.53 **Visit to The Carers' Centre**

- 4.54 The Carers' Centre in St. Helens has approximately 10,600 carers registered with its services, of an estimated 21,000 in St. Helens. Approximately half of the carers are aged over 50. It is a charity that was set up 14 years ago and is affiliated to the Carers Trust.
- 4.55 In addition to providing the Statutory Carer's Assessment, the service runs over 100 courses a year, sends a quarterly newsletter, offers support with benefit claims and provides a drop-in service.
- 4.56 A recent survey of local carers, with over 1000 responses had highlighted that many carers felt the services they accessed through the centre would not be available to them anywhere else.
- 4.57 There are strong links with a wide variety of other organisations and settings. All GP surgeries have a carer champion, and GPs, social services and the Citizens Advice Bureau all refer people to the centre. Local community centres also have links, and many run support groups are also run for carers.
- 4.58 It was highlighted that many carers are at risk of loneliness, yet they might not recognise this, or may not feel able to access support. The challenge of identifying the people who require help was raised.
- 4.59 Additionally, the increasing demand for services was discussed, with high numbers of people utilising the service and limited capacity in what the charity could provide within current resources.
- 4.60 It was also recognised that supporting carers and helping them to maintain their own wellbeing was important for ensuring that both they, and the people they cared for, were as healthy and as independent as possible.

5 Conclusions

- 5.1 Loneliness is a major issue, particularly amongst older people. It can be difficult to identify people who are lonely, and those affected may not feel able to seek support or advice.
- 5.2 Loneliness is not the same as social isolation or living alone. All of these things are interlinked but it is important to understand the differences when trying to address the issue.
- 5.3 It is important to try to prevent and alleviate loneliness, as it has a negative impact on people's physical and mental health and wellbeing. As a result, it also leads to increased use of health and social care services.
- 5.4 In St. Helens our increasing older population means that loneliness will become an ever more significant issue for our community. Information from Age UK predicts that we already have high levels of loneliness amongst our over 65 population when compared with other local authorities.
- 5.5 Addressing loneliness will require a holistic, whole systems approach. Research has shown that improving loneliness requires more than the provision of groups and one-to-one services, there needs to be personalised support and improved infrastructure to help ensure people are able to improve the quality of their relationships in the long term.

- 5.6 Our local visits showed a whole variety of examples of work being done to help address loneliness. Providing older people with skills, training and funding to allow them to deliver local services such as lunch clubs and day trips is a good example of developing locally-led approaches. Additionally work with individuals and carers to ensure people are accessing appropriate financial support is an important practical measure that gives people additional resources in their day-to-day lives.
- 5.7 The latest national guidance highlights the need to make sure our approaches to addressing loneliness are aligned with what is known to work. While the evidence base is limited in this area, it is important that time and resources are used to develop sustainable services that prevent, identify and alleviate loneliness.
- 5.8 Similarly, existing services should, where possible, evaluate their impact. This will help further our understanding of what works, and ensure that services are as effective as possible.

6 Recommendations

1. Work should be done to gather the views and opinions of older people in St. Helens in relation to the issue of loneliness, and how to address it, to gain better insight from the population.
2. Further work should be conducted to identify people who are lonely and hard to reach in St. Helens, and offer them support and services to help reduce loneliness.
3. Additional reviews of loneliness in older people in extra care settings, care home and nursing home settings should be considered, to further inform understanding of the issue locally.
4. Consideration should be given to ways we can develop our community and our infrastructure to provide sustainable, long-term approaches that prevent and address loneliness.
5. Organisations working with older people including those from different ethnic origins and chronic disabilities should work collaboratively and share resources, for example transport and buildings, to provide a cross-borough approach to tackling loneliness.
6. Existing services would benefit from continued support, and consideration should be given to identifying specific outcomes that services are commissioned to address.
7. Evaluations of existing services should be conducted to establish their impact on the people who access them.

7 References

1. Local Government Association, "[Combating Loneliness: A Guide for Local Authorities](#)," Local Government Association, London, 2016.
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Older People's Needs and Loneliness

| Rec No | Recommendation | Responsible Officer | Agreed Action and Date of Implementation |
|--------|--|---------------------|--|
| 1 | Work should be done to gather the views and opinions of older people in St. Helens in relation to the issue of loneliness, and how to address it, to gain better insight from the population. | | |
| 2 | Further work should be conducted to identify people who are lonely and hard to reach in St. Helens, and offer them support and services to help reduce loneliness. | | |
| 3 | Additional reviews of loneliness in extra care settings, older people in care home and nursing home settings should be considered, to further inform understanding of the issue locally. | | |
| 4 | Consideration should be given to ways we can develop our community and our infrastructure to provide sustainable, long-term approaches that prevent and address loneliness. | | |
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Older People's Needs and Loneliness

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| 6 | Existing services would benefit from continued support, and consideration should be given to identifying specific outcomes that services are commissioned to address. | | |
| 7 | Evaluations of existing services should be conducted to establish their impact on the people who access them. | | |