

Westminster Health & Wellbeing Board

RBKC Health & Wellbeing Board

Date:	29 November 2018
Classification:	General Release
Title:	Loneliness and social isolation in the two Boroughs
Report of:	Director of Public Health
Wards Involved:	All
Financial Summary:	Not applicable
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1. Executive Summary

- 1.1 This paper aims to provide an overview of the issue of loneliness and social isolation in the two Boroughs, and to encourage a discussion on what actions the Health and Wellbeing Boards, and their constituent organisations, can take to collectively prevent and tackle this issue.
- 1.2 Feedback from the discussions will be used to inform the Mental Health and Wellbeing JSNA currently in progress.

2. Key Matters for the Board

- 2.1 We would like to invite the RBKC and Westminster Health and Wellbeing Boards to discuss loneliness and social isolation across the two boroughs. In particular, the Board is invited to consider the following in both RBKC and Westminster:
 - What is your experience of tackling loneliness in your organisations or service areas?

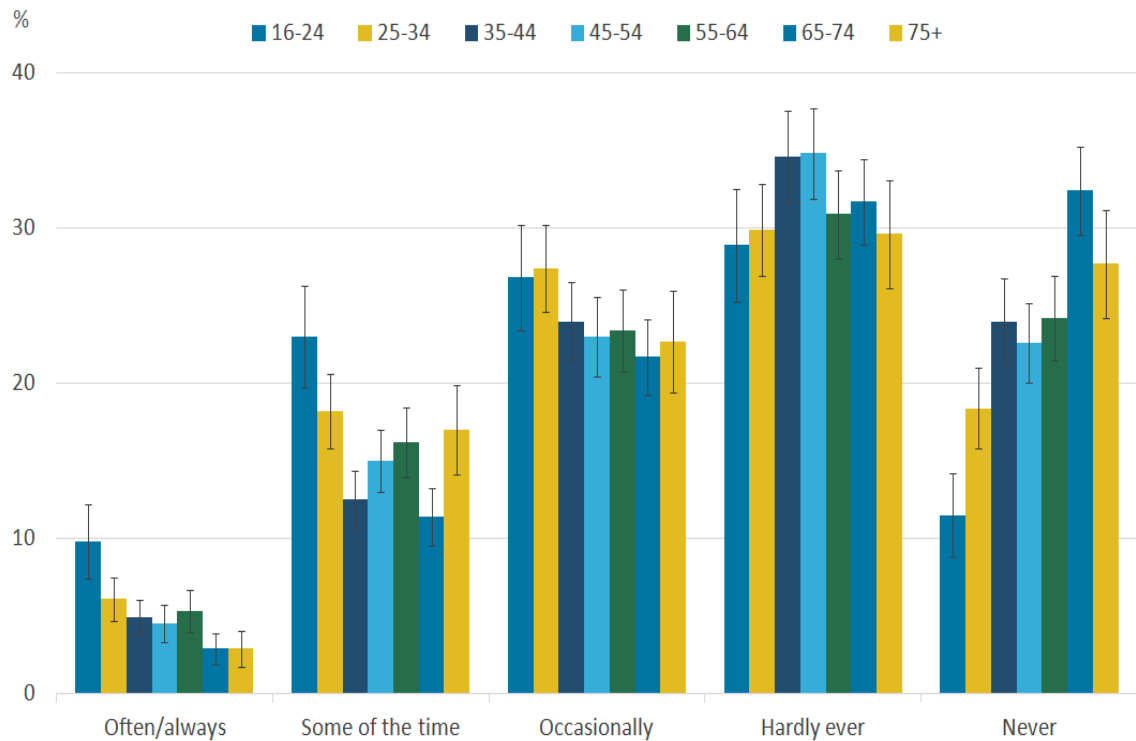
- Do you know of any local success stories for tackling loneliness?
- Have you any particular areas or groups of concerns?

3. Background

3.1 The terms loneliness and social isolation are often used interchangeably, although they are not exactly the same thing. Isolation is when you feel separated from other people and your environment. Loneliness is a feeling of sadness or distress as a result of being by yourself or feeling disconnected from the world around you. Even when surrounded by people, it is possible to feel lonely.

3.2 Loneliness and isolation occur across the life course:

- During pregnancy, one in five women lack support networks and a new mother who is socially isolated is more likely to suffer from depression.
- In 2016/17 young adults aged 16 to 24 years reported feeling lonely more often than those in older age groups. This is highlighted in the annual report of the Director of Public Health, which is currently in development and focuses on young people.
- While adults of working age are less likely to report loneliness, experiences and life transitions, such as unemployment, can lead to loneliness and social isolation.
- It is estimated that 10% of over 65s are lonely. This is closely associated with events such as retirement, becoming less mobile, and the death of a spouse.
- Recent analysis (2016/17) by the Office for National Statistics describe the characteristics associated with loneliness, including reported frequency of loneliness by age group:



3.3 Loneliness and social isolation have a negative impact on health and wellbeing outcomes, and increases the risk of ill-health as much as smoking 15 cigarettes a day.

3.4 People that are lonely are more likely to visit their GP, use A&E services, have higher medication use, and higher incidence of falls.

4. Strategic context

National

4.1 In October 2018 the government launched their first loneliness strategy. The Government's vision is for the UK to be a place where we can all have strong social relationships and where loneliness is recognised and acted on without stigma or shame.

4.2 To achieve this requires a society-wide change. The strategy sets out how government, local authorities, businesses, health, the voluntary sector, communities and individuals can all help to build a more socially connected society.

4.3 Three overarching goals guide the government's work on loneliness.

- to improve the evidence base to better understand what causes loneliness, its impacts and how best to tackle it.
- to embed loneliness as a consideration across government policy.
- to build a national conversation on loneliness, to raise awareness of its impacts and to help tackle stigma.

4.4 The strategy builds on previous governmental announcements to tackle loneliness. In June 2018, the Prime Minister announced £20m of funding to support voluntary, community and charitable organisations to tackle loneliness. Since June, the Prime Minister also announced the Ageing Society Grand Challenge, as part of government's Industrial Strategy.

4.5 Social prescribing is a cornerstone of the strategy. By 2023, government will support all local health and care systems to implement social prescribing connector schemes across the country, supporting government's aim to have a universal national offer available in GP practices.

The Health Secretary confirmed the government's commitment to tackling loneliness and social isolation in the policy paper "Prevention is better than cure: our vision to help you live well for longer" on 5 November 2018). The vision for putting prevention at the heart of the nation's health include reducing loneliness and social isolation, and making social prescribing available in every local area by 2023.

Local

4.6 Both the Westminster and RBKC's joint Health and Wellbeing Strategies outline commitments to tackle loneliness in each borough.

4.7 The Westminster Health and Wellbeing Strategy acknowledges that positive social interactions are crucial to mental and physical health and wellbeing and sustained loneliness and lack of interaction with others can lead to poorer mental and physical health. The strategy commits health and social care services to work closer together with partners and communities to minimise loneliness and isolation.

4.8 The RBKC Health and Wellbeing Strategy similarly recognises the role of social interaction in supporting good health. The strategy includes the commitment of health and social care partners to encourage partnership working between community and voluntary services, the NHS and local authorities to put in place strategies that will reduce social isolation and loneliness in the community.

5. Initiatives to tackle loneliness in Westminster and RBKC

- 5.1 While both Westminster and RBKC have strong and diverse communities, they also have some of the highest population 'churn' rates (migration in and out of the Borough) in London. This can make it difficult for social bonds to develop among residents in areas with high churn rates.
- 5.2 45% (Westminster) and 27%(Kensington and Chelsea) of all households are one person households. Living alone correlates with social isolation, although it should be noted that those who live with others but cannot leave their homes can also have limited social contact.
- 5.3 It is estimated that around 10% of the population aged over 65 is lonely. The two Boroughs have a larger proportion of people aged over 65 than the national average (10%). In Westminster, this is 12% and in Kensington and Chelsea it is 15%.

6. What works to prevent and tackle loneliness and social isolation

- 6.1 A holistic approach to addressing the health and wellbeing needs of residents or patients, such as the My Care, My Way model.
- 6.2 Community-based interventions that focus on activities that can be shared, and bring people together in an appropriate way. Local examples of this include the choirs involved in the Sing to Live, Live to Sing! and Westminster Sings initiatives.
- 6.3 Menin Sheds is an example of an initiative specifically aimed at combatting loneliness and building friendships amongst men, who often find it more difficult to build social connections and discuss health and personal concerns.
- 6.4 Planning the built and natural environment to provide community space and increase opportunities for connectedness.
- 6.5 One-to-one interventions, such as befriending and mentoring, can reduce loneliness and social isolation.
- 6.6 Technology based interventions, such as videoconferencing, computer training and regular use of the internet has had generally positive effects although the value of social networking is less clear.

7. Legal Implications

- 7.1 There are no legal implications arising from this report. Any future legal implications will be referred to the appropriate decision making body. Hazel Best, Principal Lawyer, 020 7641 2955

Implications completed by: Hazel Best, Principal Lawyer, 020 7641 2955

8. Financial Implications

- 8.1 There are no financial implications arising from this report. Any future financial implications identified as a result of the report will be presented to the appropriate Board(s) and governance channels in a separate report.

Implications completed by: Richard Simpson, Finance Manager, 020 7641 4073

**If you have any queries about this Report or wish to inspect any of the
Background Papers please contact:**

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APPENDICES:

None

BACKGROUND PAPERS:

None