

Isolation / Loneliness and Older People

People Scrutiny Commission

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1. Definitions of Loneliness/Isolation and Impact

Loneliness and isolation are often used as interchangeable concepts, but there is a difference.

- **Loneliness** is a subjective feeling about the gap between a person's desired levels of social contact and their actual level of social contact. It refers to the perceived quality of the person's relationships.
- **Social isolation** on the other hand, is an objective measure of the number of contacts that people have. It is about the quantity and not quality of relationships. People may choose to have a small number of contacts.

When people feel socially isolated, this can be overcome relatively quickly by increasing the number of people they are in contact with.

Loneliness and isolation are both substantial issues for older people in Bristol and are closely linked to pressures on health, social care and community services. Persistent loneliness can have profound impacts on physical and mental health, and quality of life. It is often suggested that loneliness can be as harmful for our health as smoking 15 cigarettes a day, and people experiencing a high degree of loneliness are twice as likely to develop Alzheimer's as people with a low degree of loneliness.

Research has also linked social isolation and loneliness to elevated risk of high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, and even death.

The risk of social isolation amongst older people is higher amongst older men, carers, BAME and LGBT people. Social isolation is further exacerbated by mental ill health and digital exclusion.

The experience of COVID 19 and 'lockdown' has of course exacerbated the experience of loneliness and isolation for many older people: those living independently in the community, people living in specialist older people housing, including Extra Care Housing, and people in residential care. For the latter group, which includes the most clinically vulnerable older people, Infection Control and Prevention guidance during the pandemic has been vital to safeguard people and minimise death and illness. Unfortunately for many it has meant isolation from loved ones. This issue is not included in this report, but members can contact the officers listed in appendix 2 for further information on work with providers during this time to support residents.

2. The Current Bristol Context

A. Key facts about the population

- Bristol has a relatively 'young' population. According to the JSNA, Bristol has a population of 60,300 older people making up just 13% of the total population (equivalent for England and Wales 18.5%).
- On average, men in Bristol live for 78.7 years, and women live to 82.8 years.
- At 65 men have an average further life expectancy of 18.2 years, and women of 20.8 years. The average 'healthy living expectancy' at 65 is a further 9.2 years for men and 10.6 for women.
- However, deprivation has a significant impact on life expectancy. The gap in healthy life expectancy between the most deprived 10% and the least deprived 10% within Bristol for males is 16.3 years and for females it is 16.7 years.

B. Support from Adult Social Care

Given the very broad impact and experience of isolation amongst older people, this experience alone does not equate to eligibility under the Care Act for Adult Social Care provision, although it is a significant issue in leading to the requirement for support. Adult Social Care provision supports older people in the community to specifically address isolation through support such as day provision and floating housing support.

- Adult Social Care currently support 2,810 service users aged 65+.
- Of these, 549 are supported through nursing homes placements and 523 through residential care.
- 368 are supported through placements in Extra Care Housing.
- 1,073 receive domiciliary care support in their existing home.

Much of the lower-level support for older people that is specifically targeted at isolation is delivered through local or specialist voluntary, community and social enterprise sector (VCSE) organisations. Following reductions in budgets through austerity, difficult decisions were made by Directors to reduce some of the more general funding by adult social care of lower-level older people's provision. Many organisations have continued to receive funding through the Bristol Impact Fund or other means. Fortunately, Bristol has also benefitted greatly from the approaches and investment available through the Bristol Aging Better Programme.

Adult Social Care Transformation Programme

The previous Better Lives Programme and current Adult Social Care Transformation Programme have both reflected that the emphasis on formalised support and disinvestment in lower-level community support has led to an increasing pressure on budgets and avoidable placements in residential and nursing care homes. There are two levels to the changes Adult Social Care is undergoing.

- Re-emphasising timely signposting to, and investment in, community support networks avoiding the escalation in needs linked to isolation, dementia and falls. This includes work on

improving the Information Advice and Guidance offer (e.g. Wellaware) and re-building closer relationships between our teams and local/specialist community organisations.

- Ensuring that investment in improved provisions to support people to remain living independently (such as domiciliary care) is linked to more general community support. Otherwise meeting people's physical care needs will be necessary but not sufficient to avoid placements, due to the impact of isolation. An example is work linking a business case to increase our investment in domiciliary care to avoid unnecessary residential placements to joint work with local organisations to support the more general needs of service users to address isolation.

The **Better Lives at Home Programme** is working to do the following.

- Increase the availability of Extra Care Housing, providing a model of support that emphasises independence and peoples 'own front door' alongside care support and activity.
- Develop models through which the wider community can benefit from local ECH provision, by opening up activity on site and outreaching support to the wider community.
- Work alongside planning and development colleagues to design and develop generic provision that is age friendly.

Adult Social Care is developing a broader range of support for eligible older people, through commissioning strategies that encourage innovation and more flexible approaches. This includes Make it Local and Make it Right. These two approaches are investing in the capacity of pilot local anchor organisations (MIL) and BAME led organisations through Black South West Network (MIR) to develop flexible provision that meets eligible needs in more creative, locally-based ways.

Since the first COVID-19 lockdown, Age UK Bristol has convened a regular meeting of organisations working with/for older people to ensure easier access to the services they need during the crisis. This has become the Bristol Support Hub for Older People and now numbers over 35 organisations who are working collaboratively with Age UK Bristol providing the co-ordination and a Helpline with referral across members. Adult Social Care provided much-needed funding to enable effective triage and referral across the Hub members. The Hub provides a range of support services for older people that cover practical (e.g. home adaptation, information and advice on benefits), social (e.g. support to access activities from home) and emotional (e.g. half hour free counselling for people very anxious about the pandemic) needs. The Hub members have found this way of working better supports older people and is also mutually supportive, so they intend to continue to develop this way of working and to develop a shared vision for an 'age friendly city'.

3. Bristol Aging Better Learning and Perspective

The Bristol Ageing Better (BAB) programme has been running for six years with £6m funding from the National Lottery Community Fund to learn how to tackle social isolation. This is a significant investment in Bristol. In its current final year, the BAB team aims to ensure that the learning is embedded in the city to help Bristol recover from the pandemic.

In the past year, due to the pandemic, we have seen people more disconnected and isolated than ever before. The largest effects on mental health still to be seen. Research from the Centre for Ageing Better demonstrates that there is a real difference in people aged 50-69 who are 'living comfortably' versus those who are 'struggling to get by'. The latter, have lower levels of contact with others, feel less of a sense of belonging in their neighbourhood, and are less likely to be aware of the local voluntary groups offering to help. While all of this might have been true before, it has been at an all-time high since the start of the pandemic.

The BAB programme has had statistically significant positive impacts on social and emotional wellbeing, and a very positive impact on the overall health of the participants. BAB's evidence can be used to ensure that older people are able to reconnect to their communities and that Bristol is able to build back stronger than before.

4. Going Forward

A. Learning from BAB: Addressing loneliness and isolation through an Age Friendly Bristol

The BAB programme took a **whole-system** approach to tackling social isolation, with a focus on the importance of 'creating the conditions' for change by ensuring that Bristol is an age friendly city as defined by the World Health Organisation. Bristol City Council has applied for age-friendly city status with BAB's help, but more work is needed to ensure we join Manchester and Leeds by achieving that status. Building an age-friendly city is about ensuring longer term sustainability. Change that has cross-sector support is key. Bristol's One City Plan offers the potential to make systemic change over time.

BAB learning has been **co-produced with older people** and can inform a recovery from the pandemic that also empowers them and their communities. People's feelings of connectedness have been boosted by helping each other during the pandemic and can continue to play a part in recovery. BAB learning shows the value of incorporating direct community empowerment in constructing effective short- and long-term responses to the pandemic.

Research by The Kings Fund shows that the path to recovery post-COVID-19 is not a linear one. People will need a **range of services** in the years to come, from support to access the community and activities focused on wellbeing through to the provision of mental health support. BAB has funded this type of support and has evaluation to inform a longer-term plan for funding. The BAB programme reached a significant number of older people from low income and deprived communities and also engaged with older people from BAME communities and LGBTQ communities. The learning is informed by co-production with a diverse range of older Bristolians.

The BAB programme funded 16 main interventions/projects and multiple smaller ones, working with 30 delivery partners in Bristol and 250 wider partners. The programme trained 15 older people to be community researchers, working alongside UWE to evaluate the work.

Before and after measures show statistically significant positive impacts for social and emotional loneliness (DjG and UCLA); wellbeing (SWEMWBS), health (EQVAS) and health related quality of life (EQ5D). Projects were successful in:

- Reducing loneliness
- Improving health, wellbeing and quality of life
- Greater social contact and social participation
- Increased co-production with older people who also reported feeling more able to influence local decision making
- Increased volunteering

In particular, group-based interventions such as food sessions, reading groups and physical activity interventions had a significant impact on social contact, social participation, and ability to influence decisions. One-to-one interventions such as Community Navigators / Social Prescribing and Talking Therapies had a significant impact on health and emotional isolation. Long term follow-up data also

shows statistically significant improvements in reduction of isolation and loneliness across all of the BAB interventions.

The Most Effective Interventions

BAB projects that had the largest impact were those that helped people to make healthier life choices and those that addressed socio-economic factors. In particular, BAB would recommend that the following services are funded because they showed the greatest impact:

Individual services

- Navigation / social prescribing projects
- Therapies especially offering telephone-based sessions
- Community development.

Group based projects

- Physical activity groups
- Shared reading groups
- Turning clinics for people with long term conditions into 'clubs' by adding a social element.

The BAB programme also recommends that the council uses the One City Plan to help build an age-friendly city because the individual projects need a supportive whole system approach in order to succeed.

There are several opportunities for Bristol, both for the City Council and other partners to move forward some of these effective interventions. System work with the NHS and local organisations through the Building Healthier Communities Board is considering a range of community-based approaches including social prescribing and navigation, recognising the work of the local VCSE partners during COVID in supporting isolating people. A variety of means to support local provision needs to be developed, both direct investment from Adult **Social** Care (e.g. through Make it Local) but also other city funders.

5. Conclusions

- Addressing isolation and loneliness is a whole city/ whole system responsibility, and essential to address the inequalities in our city in terms of life expectancy and quality of life.
- Whilst COVID-19 has had a negative impact, Bristol is fortunate in both the additional investment in, and learning from, the Bristol Ageing Better Programme.
- Taking the learning from this programme as it enters its final year, requires a whole system approach, but we can build upon the evidence base as a city to make best use of collective resources and understanding.
- Appropriate investment in evidence-based provision downstream will not only improve quality of life outcomes for older people. It will also help reduce demand support and improved use of resource at the higher levels of need where adult social care have a responsibility.

Appendix 1: Contacts and Support

Help and support for Older People is available from a large number of organisations in the city. Broadly speaking support falls into one of several areas: practical support; financial advice (e.g. benefits); emotional and social support; support with activities. All of these areas impact on loneliness and isolation. Issues such as low income and fuel poverty impact on people's willingness to have visitors to their home/go to activities. Having a cup of tea with a friend does cost something.

Whilst therefore getting the right support for someone can appear complex, there are two key routes that members and others wishing to ensure an older person receive the right support could take.

1. Wellaware, (for all needs/ Issues)

An online directory, available here includes all support and services available throughout Bristol for all citizens. www.wellaware.org.uk

2. Bristol Older Peoples Hub (Specifically targeted at Older People, including access to Volunteer support)

This collaboration of older people's organisations came together during COVID-19 to ensure the best support is provided for each person. The services are accessed through Bristol Age UK Phone Line 0117 9297537 or www.ageukbristol.org.uk

A leaflet is attached. The following are members of the Hub.

Age UK Bristol incorporating: <ul style="list-style-type: none">- Active Ageing Bristol (October 2020)- Bristol Ageing Better- LinkAge (April 2020)
Age UK Somerset
Age UK South Gloucestershire
Alive
Alzheimer's Society
Brigstowe
Bristol After Stroke
Bristol and Avon Chinese Women's Group
Bristol Bears Rugby
Bristol Black Carers
Bristol Drugs Project
Bristol Older People's Forum
The Carers' Support Centre
Centre for Deaf and Hard of Hearing People
Community Access Support Service
CRUSE Bereavement Care
Dhek Bhal
The Exercise Club
Independent Age
Macular Society

Marmalade Trust
Nilaari
North Bristol Advice Centre
Oasis Talk
Playlist for Life
Pocklington Trust/ Sight Loss Councils
The Reader
Reengage
RSVP West
Sight Support West (previously Vision West of England)
Somerset and Avon Rape and Sexual Abuse Support
Sovereign Housing Association
St Monica Trust
We Care Home Improvements
WECIL
Wyldwood Arts

Appendix 2: Related Work

If members would like further information, please contact the officers indicated.

- **Adult Social Care Transformation Programme and Older People's Business Case**

Developing business case to manage use of resource in adult social care in part through further investment in provision to support independence.

- For general programme Contact Hugh Evans/Ros Cox.
- For information on commissioning activity in relation to Older People, contact Carol Watson/Lucia Dorrington

- **Better Lives at Home:**

Development of Extra Care Housing Provision and Vision. New development at Blake Centre, Lockleaze including pilot intergenerational approaches. Engagement and Planning restarting for New Fosseyway site after Lockdown.

- Contact Carol Watson/Helen Pitches

- **Make it Local/Make it Right**

Work to develop more flexible social care provision for people eligible under Care Act. Applies Keep it Local principles, spending adult social care budgets on eligible formal care needs through a new offer from local VCSE. This in turn leads to more local community provision as through local reinvestment of any surplus providers make on their contracts (as opposed to being removed from area in form of profit). Make it Right is specifically focused on BAME led organisations.

- Contact Carol Watson/Lucia Dorrington

- **Transformation of Day Provision**

During COVID period lock down has had specific impact on ability of day service providers to deliver a service. Whilst supporting providers during this period to ensure their sustainability, commissioners are working with providers to develop new, more flexible options for 'Day Opportunities' post COVID-19 to better address isolation.

- Contact Carol Watson/Katherine Williams.

- **Developing Early Intervention/ Prevention Strategy**

An Adult Social Care Early Intervention Strategy is nearing final draft, led by Adult Social Care, including partnership with Bristol Ageing Better. This will set out proposals for approaches and investment to develop the approaches set out in this paper.

- Contact Carol Watson/Sonia Davies

- **Support and Guidance for Care Home Providers during COVID**

Adult Social Care Commissioners and Public Health work closely to provide appropriate support for providers to balance the need for good infection control with issues such as visiting, to provide support in outbreaks and ensure good intelligence is shared to and about providers. Work was undertaken with an oversight group of providers and Care and Support West to write and oversee an Outbreak Management plan, and to identify and address issues for providers and home residents.

- For more information contact Carol Watson/Dave Toole

- **Adult Social Care Equalities Forum**

A Forum bringing together various equalities groups, including those relating to older people to consider how to address the issues caused or highlighted by COVID-19 now and into the future.

- Contact Hugh Evans/Sonia Davies

Appendix 3: Further Information on BAB

OUTCOMES MEASURES

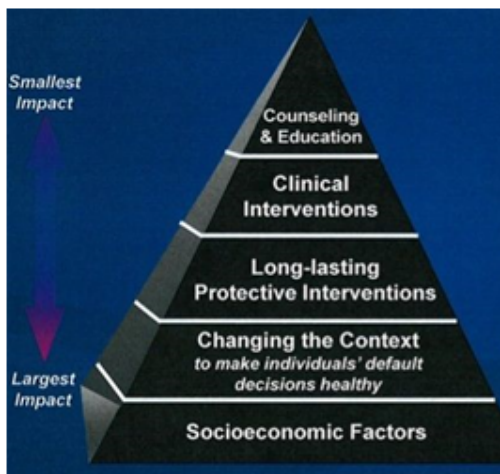
1. Loneliness: De Jong Gierveld (DjG) 6-item scale
2. Loneliness: UCLA 3-item scale
3. Social contact with children, family or friends
4. Social contact with anyone who is not a family member
5. Social participation: membership of clubs, organisations and societies
6. Social participation: comparison with others
7. Activities involved in (Co-design)
8. Volunteering and unpaid help
9. Ability to influence local decisions
10. Wellbeing: SWEMWBS
11. Quality of Life: EQ 5D 3L
12. Health score: EQVAS



Project >	All projects	Community Webs	Community Navigators	Community Development	One-to-One Talking Therapies	Shared reading	Bristol meets the world (food)	Come on board (physical activity)	Wellbeing & SAME Older People
Meaning no matched pairs	754	61	124	162	81	42	51	14	15
Loneliness (Duking)	yes	yes	yes	no change	yes	no	yes	no change	no change
Loneliness (UCLA)	yes	yes	yes	yes	no change	no change	no change	no change	no change
Wellbeing (SWEWBS)	yes	yes	yes	yes	yes	no change	no change	yes	no change
Health/Quality of Life (EQSD)	yes	no	yes	no change	yes	no change	no change	no change	no change
Health barometer (EQWAS)	yes	no	yes	yes	yes	yes	yes	no change	yes
Local contact: children, family and friends	no change	no change	no change	yes	no change	no change	no change	no change	no change
Local contact: non-family members	yes	no change	no change	yes	no change	yes	no change	no change	no change
Local participations: clubs etc	yes	yes	yes	yes	yes	no change	no change	no change	no change
Being part of local activities	yes	yes	yes	yes	yes	no change	yes	yes	no change
Co-design / Activities included in	yes	no	no change	yes	yes	no change	no change	no change	no change
Ability to influence local decisions	yes	no	yes	yes	yes	no change	yes	no change	no change
Volunteering, unpaid health	yes	no	no change	no change	yes	no change	no change	no change	no change



RECOMMENDATIONS FOR FUNDING



- Individual services
 - Navigation / social prescribing projects
 - Therapies especially offering telephone based sessions
 - Community Webs
 - Leg clubs – with an added social element
- Group based projects
 - Shared reading groups
 - Physical activity groups which get people more active than they previously were

