Introduction

On the 15th of March 2012, the Campaign to End Loneliness and Department of Health held a Summit to combat loneliness in older age, one of the ‘hidden challenges’ of the twenty-first century. Representatives from the Department of Health, Department of Work and Pensions, local government, charities and businesses attended the Summit, which is the beginning of process to address the challenge of tackling loneliness in older age.

A toolkit for health and wellbeing boards will be produced Campaign to End Loneliness, funded by the Department of Health and published in the summer of 2012.

Opening address - a view from the media: Mark Easton, BBC News Home Editor

- The media likes to focus on the popularity and sociability of celebrities. However, there is much less newsprint and airtime devoted to our changing social circumstances, such as the huge increase in the number of people living alone, now at 8 million people in England.

- We do not have much media debate on the issue of loneliness or solutions. A no. 10 aide was recently quoted suggesting we should work longer or move house to avoid loneliness. One newspaper headlined “Go back to work and downsize!” Another blogger wrote: “work until you drop...; die surrounded by your exhausted fellow pensioners.”

- But it is worth considering the health research that Halpern was actually talking about, which looked at the effects of social isolation on mortality for 300,000 people over an average of 7 and a half years. Those with stronger social relationships had a 50% increased chance of survival over the period of the study: a seriously big sample and a seriously powerful finding.

- Social prescriptions might work; politicians are likely to be persuaded by the argument that preventing loneliness saves money but what is really required is for communities to function well, for neighbourhoods to take responsibility for their own.

Understand the person; understand the issue: Laura Ferguson, Director, Campaign to End Loneliness

- A metaphor for this session could be of a jigsaw puzzle, of an individual not being lonely. It is very important to understand the person’s individual experience of loneliness as it is a subjective assessment of quantity and quality of your contacts – only you can tell if you are lonely.

- It is important to start with the type of loneliness the person is dealing with when devising solutions to loneliness. Emotional loneliness is when you miss one special person and social loneliness is when you miss a broader circle of friends

- The jigsaw is also a metaphor for us here today. We’ve all chosen different walks of life, but despite our differences by attending this event we show we recognise the importance of tackling loneliness in older age and that we have a different role to play.
What more can we do? What is our piece of the jigsaw of tackling loneliness in older age?
As a business, could you develop more innovative services that keep your customers better connected? As a local authority, could you achieve an area wide target to reduce the health impact of loneliness? As a charity on the ‘frontline’, are you reaching the most isolated older people?

Relaying the urgency – the research: Paul Cann, Chief Executive, Age UK Oxfordshire
- We know that loneliness has a negative impact on mental and physical health with links to increased blood pressure, depression and a 50% decreased likelihood of survival for older adults without significant social relationships – “comparable with well-established risk factors for mortality such as smoking and obesity”
- A study from the University of Chicago found lonely individuals are more than twice as likely to develop symptoms of Alzheimer’s disease as those who are not lonely. This study is now being replicated in the UK.
- We know of a number of transition points in life that can become a loneliness ‘hazard’, for example sensory impairment, bereavement or retirement. We all need to plan ahead for points of transition.
- There are a number of solutions. Jenny de Jong Gierveld is sceptical of the effectiveness of many interventions but is keen to promote role of individual and resilience-building.
- We have some great opportunities to act on this evidence: health and wellbeing boards; Clinical Commissioning Groups, Public Health in local government; ourselves and the community.

Local solutions to provide connections in older age: David McCullough, Chief Executive, WRVS
- There is a risk that a fiscal economy reduces the things that we do to mere ‘transactions’. A more cost-effective solution than a ‘Meals on Wheels’ service is to give clients a freezer and fortnightly deliver frozen meals. The transaction has been completed. But daily contact is lost for clients and instead of a quick daily chat, they have a freezer full of food and 13 days without contact.
- WRVS have worked with Frontier Economics to measure impact of their work in Staffordshire, where they have a whole range of services. A Social Return on Investment study found that an investment of £280,000 resulted in a benefit of over £600,000 in just one year.
- WRVS is also working with a GP in Dorset, running a pilot scheme to improve the health of 400 patients that costs £40,000 a year. In the year prior, the NHS and social care systems paid £86,000 for just 6 of patients. In the year after the WRVS trial, the cost to the NHS and social care system has gone from £86,000 to virtually zero.
- Combating loneliness can lead to better health and social outcomes, but also provide financially better outcomes.

Taking action to address loneliness in older age: table discussion. Below is a brief selection of feedback from three questions discussed
1. **What could you do to tackle loneliness in older age? Are you already doing something that could be attuned so that your service enables people to stay connected?**
   - Loneliness should be considered in risk stratifying for long term conditions within local populations. I will discuss this with my Clinical Commissioning Group.
   - We are currently trialling ‘tablet technology’ which might be a more effective way to help older people access the internet than standard computers. This could help people connect.
   - The Mental Health Foundation is working to develop policy and actions for baby boomers to ‘Age Well’. We could learn from their experiences of loneliness.
   - We could work to educate our social care workforce, and help them recognise people who may be lonely, or at risk of it.
   - The research from the USA has inspired me to take the message back to my Clinical Commissioning Group to let local GPs know how tackling loneliness will be more cost-effective for the NHS and local council.

2. **If you are already tackling loneliness in older age, what inspired you to do so?**
   - We run Alzheimer’s ‘Cafés’ to help people with dementia stay connected to friends and their community. It is inspiring to see people in an ‘un-stigmatised’ environment.
   - We run pioneering intergenerational work with schools and communities which value role for older people and reducing ‘fear’ of others that can cause isolation. Inspired by seeing older people engaged and contributing to this groups.
   - We help people with severe dementia get involved in helping with ‘mother and tot’ groups because dementia and isolation can be a lethal cocktail.
   - Our council leaders aspire for our borough to be a good place to live so we undertook a survey of older people to establish their needs. This led to ‘Activate Havering’ which helps address loneliness by encouraging befriending and volunteering, and provides low-level support services such as a handy-man scheme.
   - CSV Retired Senior Volunteer Programme focuses on tackling loneliness in older age through volunteering. We work to engage ‘younger’ older people to raising awareness of need to maintain connection.

3. **What more do you need to be convinced that you have a part to play in tackling loneliness in older age?**
   - I need more localised evidence of the level of loneliness-related need in older populations
   - Our main barrier is ‘task and time’ commissioning which limits the flexibility of our care staff and operatives to help lonely clients. We would like to see outcomes-based commissioning a reality.
   - We need to be clearer about the value of data-sharing, as evidence will be needed to convince organisations that real benefits can come from partnership working on this issue
   - If you are commissioning for what is regarded as an ‘affluent’ area, it is difficult to justify funding services or charities that help lonely people, so they might be missed
   - The voluntary sector is not part of our local health and wellbeing board
**Ministerial address:** Paul Burstow MP, Minister for Care Services and Steve Webb MP, Minister for Pensions

**Steve Webb**

- Avoiding loneliness is crucial for quality of life, so this event is one of the most worthwhile things we’ve been involved in. Loneliness is the curse of the modern age.
- When assessing quality of life, the Department of Work and Pensions does not just focus on how much cash we have but now measures a range of things, including asking people how often they can leave the house and meet others.
- DWP has funded a project called ‘Active at 60’ because at retirement we often form our patterns of later life which encourages active, engaged life patterns.
- They are delighted therefore to launch today, through the DWP-funded Local Government Association Ageing Well Programme, *Combating loneliness: a guide for local authorities*: this is a tool to be used by all councils.

**Paul Burstow**

- Today has demonstrated that there is a compelling public policy need, a compelling human need, to do something about loneliness. We are on the verge of, if not already living through, an epidemic of loneliness and if we do not start to take action, it will have huge consequences for individuals and for our health and social care systems.
- This is an issue that is still too often ‘out of sight’, something that can creep up on you or be triggered, and that’s why we need the Campaign to End Loneliness and a partnership approach to taking things forward.
- Commissioners need to consider social isolation and how social networks can be strengthened. In Birmingham, for example, the council are increasing their use of tele-care, which could lead to more isolation, but they are also commissioning their voluntary sector around outcomes on social isolation and loneliness – a constructive dialogue that we could do with seeing in more places.
- The Department of Health, along with the Department of Work and Pensions, wants to play our part, and has commissioned work from the Campaign to End Loneliness to specifically support health and wellbeing boards. We want to make sure that they have the tools to better understand and map loneliness and social isolation in their communities. This can be fed into Joint Strategic Needs Assessments of their populations, and the strategies that will in turn inform the commissioning of GPs, the commissioning of local authorities.
- We’ve rather grandly titled this a Summit but we are not anywhere near the summit yet, we’re at base camp. We need to work out what provisions are needed, and make sure we are fully organised and prepared for what will be a very tough climb. We have to take what we’ve heard here today and build upon it.

A copy of the Local Government Association (LGA) and Campaign to End Loneliness *Combating Loneliness: a guide for local authorities* can be downloaded from the Campaign to End Loneliness website at: [www.campaigntoendloneliness.org.uk/want-to-help/improve-local-policy/](http://www.campaigntoendloneliness.org.uk/want-to-help/improve-local-policy/)