south ayrshire
health & social care partnership

Social Isolation and Loneliness Strategy

2018-2027

NHS Ayrshire & Arran

south AYRSHIRE COUNCIL

CONTENTS

1. What is Social Isolation and Loneliness?

Anyone can experience social isolation and loneliness. Research would indicate it is more common to experience social isolation and loneliness in later life but it can occur at all stages of the life course[1]. Particular groups of people may be at increased risk, such as socio-economic disadvantage, those with poor physical and mental health, people with a disability, those living alone, minority ethnic groups and those from LGBTi communities[2, 3]. There are clear links between health and social inequality and loneliness with many factors associated with social isolation and loneliness unequally distributed across society[4]. Factors that influence social isolation and loneliness operate at both an individual level and across communities and at the wider societal level[2].

A range of services provided by the public sector, private sector, third sector and community and voluntary services all have the potential to impact on social isolation and loneliness, even if this is not their primary aim. For example, existing services such as libraries, community transport infrastructure and groups and clubs run by the voluntary sector can help combat social isolation and loneliness, and enhance social connections.

Although the context of social isolation and loneliness across local communities may differ, a recurrent theme is the importance of involving local communities in the design and implementation of interventions aimed at tackling this key issue[5, 6]. Interventions require to focus on activities that can be shared across communities and bring people together naturally in a way that is appropriate to their particular needs. Successful interventions to tackle social isolation and loneliness can also improve the health and wellbeing of individuals and reduce the burden on health and social care services, and they are typically cost-effective[7].

The relationship between social isolation and loneliness, and health and wellbeing, is complex and multi-factorial. There is no single statutory or voluntary service or approach to successfully tackle social isolation and loneliness. Evidence would indicate that successful intervention requires a partnership approach involving

organisations and government departments working together with a shared focus on the outcome of improving the health and wellbeing of both individuals and more generally across local communities.

There is a distinct overlap between social isolation and loneliness. However, they are different and it is important to define both terms as they both require different solutions. We have adopted the following definitions provided by the Scottish Government (2018)[8]:

Social isolation

Refers to the quality and quantity of the social relationships a person has at individual, group, community and societal levels

Loneliness

Is a subjective feeling experienced when there is a difference between an individual's felt and ideal levels of social relationships

It is also important to acknowledge that social isolation and loneliness, although related, can exist in the absence of each other. For example an individual can feel lonely in a crowded room or can choose a life of solitude. Although loneliness can be viewed as a normal part of life, it can have a significant effect on health if it is experienced over the longer term.

2. The Policy Context

The wider policy context informs how we tackle social isolation and loneliness by focusing on improved health and wellbeing outcomes for both individuals and the communities in which they live. Interest in social isolation and loneliness has been gathering space across the political spectrum, and of note is the publication of the first national draft strategy to tackle social isolation and loneliness in Scotland. Whilst it is not the intention of this strategy to attempt to identify all of the current policy context which links, the list below identifies those that are likely to have the most impact on social isolation and loneliness within South Ayrshire:

- Achieving Sustainable Quality in Scotland Healthcare – a 20:20 Vision
- Ayrshire & Arran Mental Health & Wellbeing Strategy (2015-2027)
- Community Empowerment (Scotland) Act 2015
- A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections (2018)
- Future Delivery of Public Services
- National Health and Wellbeing Outcomes
- Public Bodies (Joint Working) (Scotland) Act (2014)
- Reshaping Care for Older People (RCOP)
- Self-Directed Support Act (2013)
- South Ayrshire Health and Social Care Partnership Strategic Plan (2016-2019)
- South Ayrshire Local Outcomes Improvement Plan (2018-2021)

A recurrent theme cutting across the policy context is the requirement to adopt a consistent approach across all partners and to encourage individuals and communities to play an active role. Further information and links to the legislation and policies identified can be found at Appendix 1.

3. A Local Context
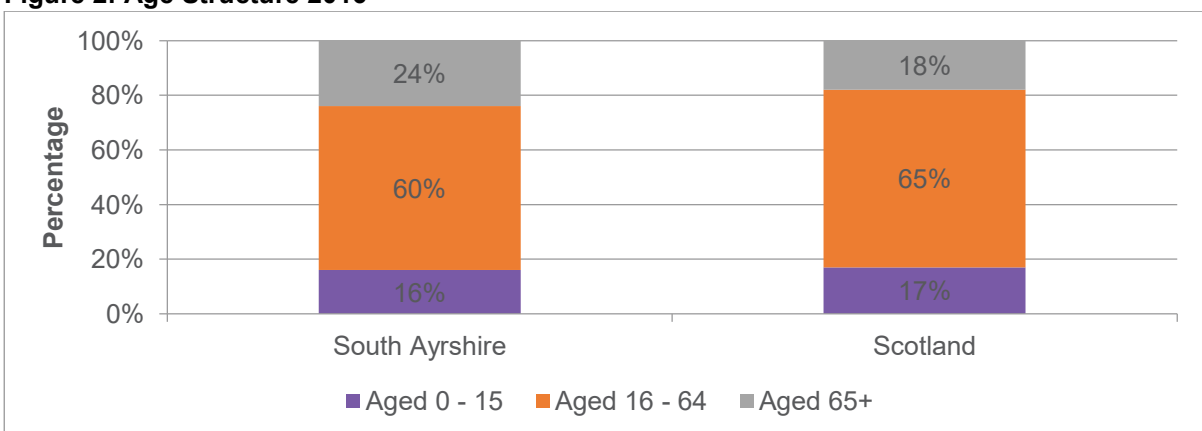
3.1 South Ayrshire Population

 South Ayrshire is set in the south west of Scotland. A large rural area of 472 square miles (1,222 square km) extends from Troon and Symington in the north to Ballantrae and Loch Ryan in the south.   Approximately 70% of the population live in the towns of Troon, Prestwick and Ayr. The rest of the population live in Maybole and Girvan and rural Kyle and Carrick.

Figure 1: South Ayrshire Total Population
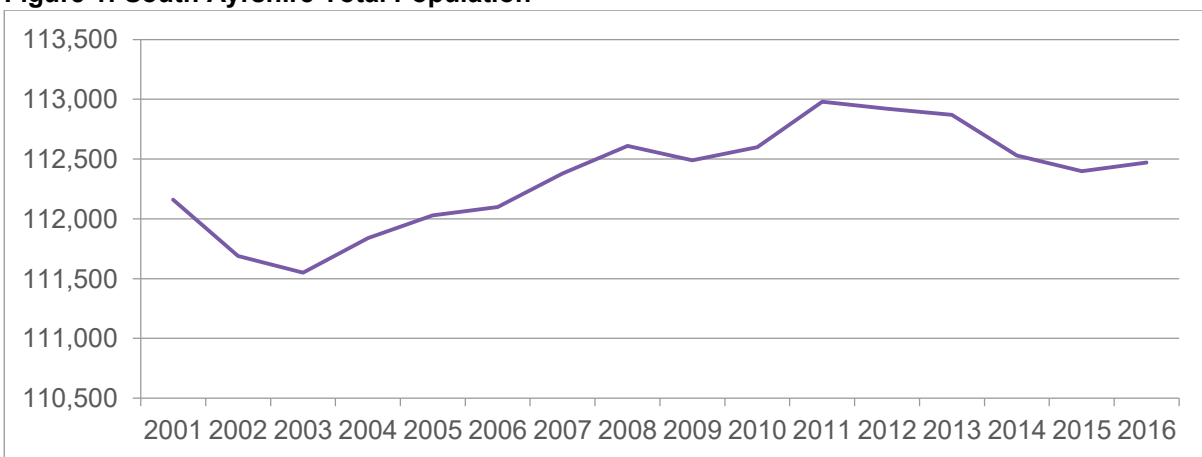
The population is made up of 52% female and 48% male. The percentages of the population under the age of 16 years and of working age are both below average. Notably the percentage aged 65+ is above the Scottish average in South Ayrshire.

Figure 2: Age Structure 2016

South Ayrshire is set out in six locality areas that have been designed around natural communities. The localities including their population are:

Figure 3: Population by Locality

Locality	Total Population
Ayr North & Former Coalfield Communities	20,188
Ayr South & Coytlon	31,272
Girvan & South Carrick Villages	9,504
Maybole & North Carrick Villages	9,879
Prestwick	23,010
Troon	18,547
Total	**112,400**

The population of South Ayrshire is comparatively older than then population of both North and East Ayrshire. The increased ageing population in South Ayrshire is evident from 50-64 years and continues through the life-cycle to 75+ years.

Figure 4: Estimated population by local authority and age group, 2016
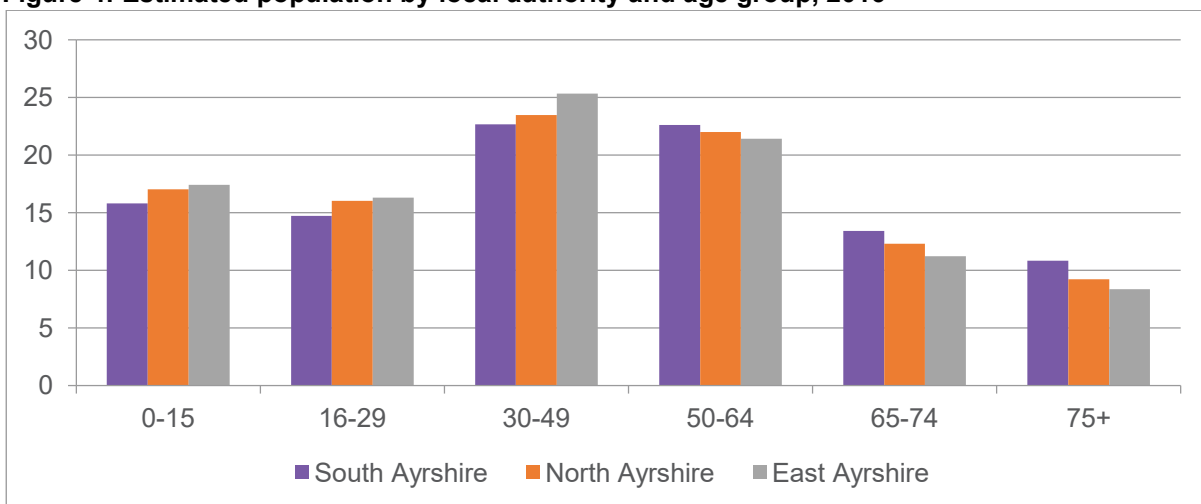
3.2 Ethnic Minorities

South Ayrshire has a relatively small ethnic minority community (1.4% of the population compared with 4.1% for Scotland).

3.3 Population Density

With a population of 112,470, South Ayrshire is in the mid-range of Scottish local authorities in terms of population and area size. However, South Ayrshire's population density of 92 persons per square kilometre is lower than neighbouring North and East Ayrshire areas reflecting the rural nature of the area. There is evidence to indicate an increased risk of social isolation for those living in rural settings[9].

3.5 Population Projections

By 2039, the South Ayrshire population is projected to be 110,104, a decrease of 2% compared to the current population. The population of Scotland as a whole is projected to increase by 7%.

The projected demographic changes in South Ayrshire are not evenly spread across the different age groups. South Ayrshire's younger population (0-15 years) is projected to decrease by 8% and its working age population by 11%. On the other hand, the pensionable age population is projected to increase by 21% by 2039. More significantly the number of people aged 75 years and over is projected to increase by 82% to 21,571 people and this will, undoubtedly, increase demand for older people's service (see Figure 5).

Figure 5: Population projections (2014-based) projected change (2014-2039)
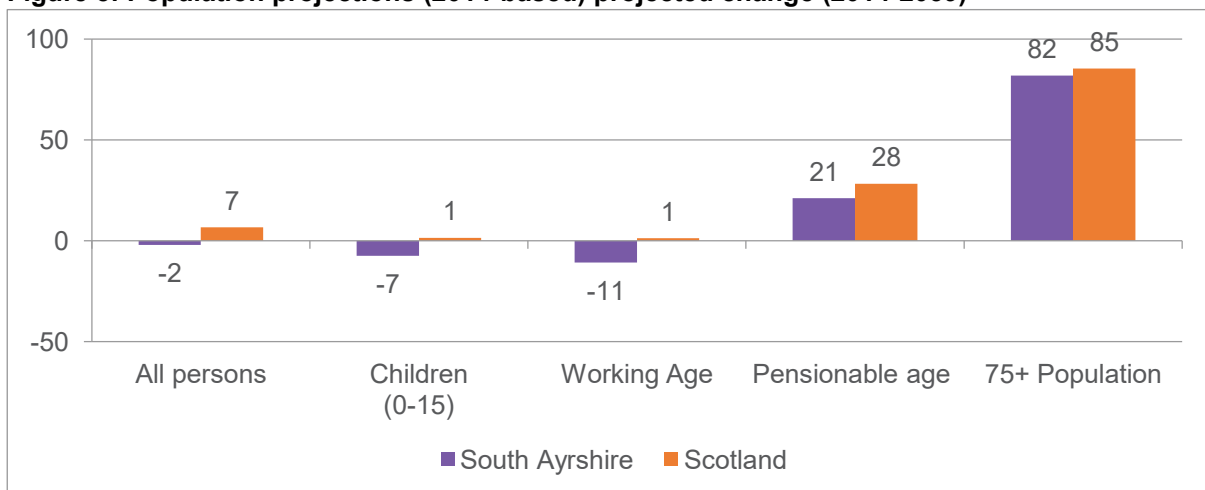
There is a range of research available that indicates a significant association between age and health concerns and social isolation.

4.   A Local Approach

The local approach across the communities of South Ayrshire will focus on prevention and reducing the range of harms associated with being socially isolated and lonely. In order to achieve this we will focus on three key strategic objectives and incorporate these into a detailed implementation plan. The objectives identified are:

1. Prevent	2. Respond	3. Restore
• prevent people becoming chronically socially isolated or experiencing loneliness (primary prevention)	• prevent people from developing chronic social isolation or loneliness following one of the known "triggers" (secondary prevention)	• prevent those who are chronically lonely and socially isolated from experiencing poor social or health outcomes (tertiary prevention)

To achieve the objectives above and tackle social isolation and loneliness we require a commitment and input from all services working in partnership with local communities. Using this document as a strategic driver will enable a consistent approach to be adopted across South Ayrshire in response to the key strategic objectives.

> **We will work together on the strategic objectives of developing preventative, responsive and restorative action to tackle social isolation and loneliness across South Ayrshire**

4.1   Prevalence and health effects

There is limited information available locally to highlight the extent of social isolation and/or loneliness within South Ayrshire. However, they have been identified at a national level as priorities, and locally by South Ayrshire Community Planning Partners and all of the Locality Planning Groups associated with the South Ayrshire Health & Social Care Partnership as key areas for action.

Indicators of social isolation available nationally[10] are:

- 6% of Scottish adults had contact with family, friends or neighbours less than once or twice a week (social contact)

- 18% had limited regular social contact in their neighbourhood

- Nearly three-quarters felt not very much/not at all involved in the local community

- 46% have been involved in some form of community action to help improve their local area (social participation)

Indicators of prevalence of loneliness available nationally are:

- 49% of Scottish adults have felt lonely

- 11 % of them describe themselves as often lonely

- 38% of them describe themselves as sometimes lonely

A nation-wide study also indicated that 17% of older people in the UK had contact less than once a week and 11% are in contact less than one a month[11]. Over 65s also spent less time with family and friends: only 46% said that they spent time together with their family on most or every day compared to 65-75% for other ages[12].

Additionally, it is recognised that not only older people feel lonely. Indeed, the Office of National Statistics report that, in England, those aged 16 to 24 years are significantly more likely to report feeling lonely "often/always" than any other age group except from the 25-34 years group[13]. This demonstrates a 'U-shaped' distribution over the lifecourse with those aged less than 25 years and those aged over 65 years experiencing the highest levels of loneliness[1].

There is evidence that social isolation and loneliness has a significant effect on our health. It has been compared to smoking 15 cigarettes a day[14] and being worse for our health than being physically inactive or obese [15]. Indeed, The Scottish Intercollegiate Guidelines Network (SIGN) have identified "a lack of quality social support" as a risk factor which should be taken into account when assessing for individual risk of cardiovascular events [16].

Additional research indicates that individuals are less likely to take care of their own health and are more likely to smoke, be physically inactive, eat less fruit and vegetables and have

poorer sleep [1]. Other health effects include cognitive decline[15], higher risk of developing dementia[17] and/or depression[18]. Experiencing social isolation and loneliness is also a predictor of suicide in older age[19].

The significant health concerns around social isolation contributes to evidence that individuals who are lonely are more likely to visit their GP and have higher use of medication, have early entry into residential or nursing care and use accident and emergency services more often[20].   The Campaign to End Loneliness report that 76% of GPs consider that one to five patients every day[21] come to their surgery because they are lonely. Additionally, it is estimated that one third of patients admitted to Emergency Departments had very infrequent meaningful social interactions of less that once a month or never[22].

4.2   Triggers and contributing factors

Individuals experiencing certain "triggers" can be at higher risk of experiencing social isolation and/or loneliness[2]. These triggers can occur throughout the life course and often these coincide with a life transition. These could be, but are not limited to:

- Becoming a parent, especially a young parent
- Leaving education and entering further education
- Leaving care
- Becoming a full time carer
- Being made unemployed/redundant
- Break-up of a long-term relationship
- Living without children at home (empty-nester)
- Retirement
- Bereavement of partner

Outside of these, there are other contributing factors that can influence social isolation and loneliness. These take place at the individual, community and societal level as below:

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Social and cultural norms, work/life balance, stigma, digital age, insular communities, political landscape, financial hardships

Social activities, funding cuts, statutory services, transport, neighbourhood safety

Friends and acquaintances, family, colleagues

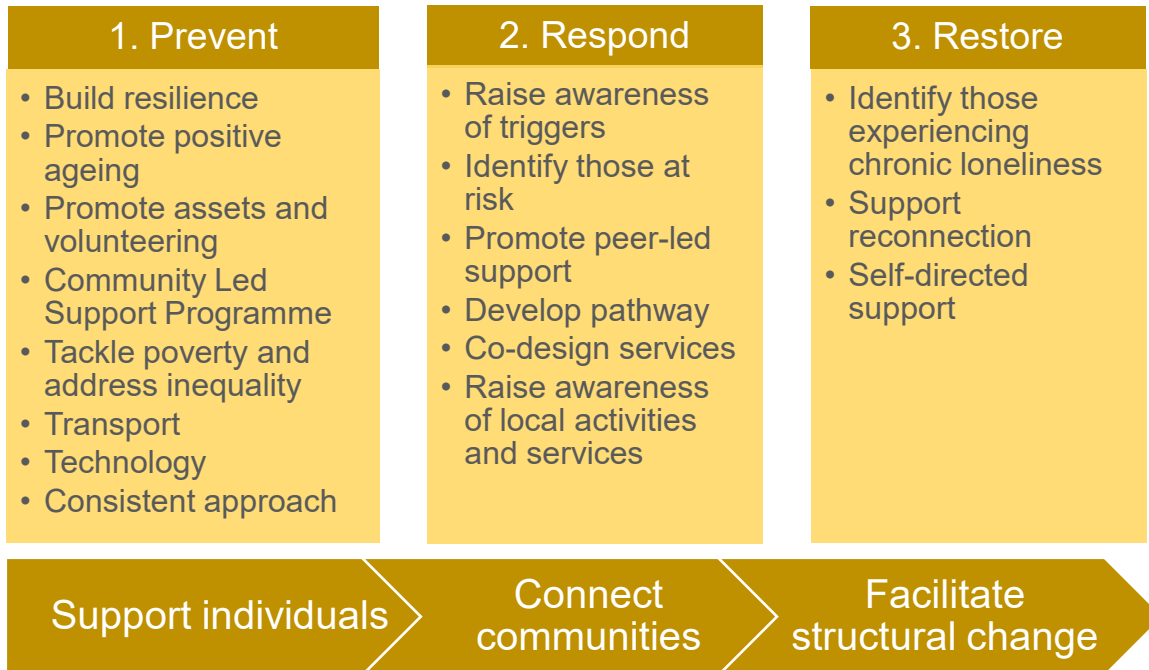Sense of self, health, income, energy, confidence, emotions, perceptions

Image taken from Kantar Public supported by British Red Cross and Co-op (2016), Trapped in a bubble: an investigation into triggers for loneliness in the UK:http://www.redcross.org.uk/~/media/BritishRedCross/Documents/What%20we%20do/UK%20services/ Co_Op_Trapped_in_a_bubble_report_AW.pdf

Factors which impact on our ability to connect with others at an individual level include our sense of self, health, income, energy, confidence, emotions, perceptions and changed habits. Community level factors, including the availability and accessibility of social activities and spaces, difficulty in accessing statutory services and support along with inadequate transport and a perception of neighbourhood safety can all impact on an individual's ability to connect to those around them. UK society also contributes to the experience of loneliness in that our social and cultural norms, such as not speaking to strangers; the impact of modern lives on our work/life balance; not engaging in our communities or with our neighbours; increasing digital engagement and times of financial hardship and austerity can all be barriers to connections within our communities[2].

> **We will work to mitigate the effects of social isolation and loneliness whilst considering the structural determinants including economic disadvantage**

There is no single service or approach that will work effectively for people who are socially isolated or lonely just as there is no one route to becoming socially isolated or lonely. A mixture of support is required for individuals at different stages of their experience. Our

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approach will be consistent and tailored to the needs of the individual in relation to the following key areas:

1. Prevent	2. Respond	3. Restore
• Build resilience • Promote positive ageing • Promote assets and volunteering • Community Led Support Programme • Tackle poverty and address inequality • Transport • Technology • Consistent approach	• Raise awareness of triggers • Identify those at risk • Promote peer-led support • Develop pathway • Co-design services • Raise awareness of local activities and services	• Identify those experiencing chronic loneliness • Support reconnection • Self-directed support

Support individuals ⟩ Connect communities ⟩ Facilitate structural change

5. Strategic Theme 1: Prevent

5.1 Building resilience

Resilience within individuals and communities can be built to prevent the development of chronic isolation or loneliness. As a first step, raising awareness of the issue within communities and other agencies should encourage local communities to take action. This will include action to reduce stigma, promote kindness and self care as well as promoting positive self-help techniques and strategies to maintaining and making new connections, as well as general health and wellbeing to support individuals.

> **We will work with our local communities to address social isolation and loneliness by raising awareness, promoting kindness, and reducing stigma**

5.2 Promoting positive ageing

Age positive approaches will involve all Community Planning Partners, places an emphasis on health and active ageing in local policy and practice, and rejects negative stereotypes of later life[23]. Services will be encouraged to understand the needs of older people and be accessible to them.

> **We will work to ensure that local opportunities and services are responsive to the needs of older people**

5.2 Promoting our assets and volunteering

Asset-based approaches will be used to identify assets in each locality to be utilised by communities to tackle social isolation and loneliness. This will involve asset-mapping, building relationships and mobilising community members to be active by sharing knowledge, resources and identifying common interests.

People themselves will be seen as assets to their communities**.** People can also be engaged in volunteering roles and/or intergenerational projects which will boost their own wellbeing, including alleviating social isolation.

> **We will work with our communities to identify and utilise assets at locality level to address social isolation and loneliness**

5.3 Community-led support programme

The Community-led support programme in South Ayrshire is seeking to be a catalyst to supporting "personalised outcomes" and "effective conversations" to the heart of transformational change in the Health & Social Care Partnership and to embed these into staff and partners approaches to working[24].

As part of the "What Matters to You" conversations taking place, those experiencing social isolation and loneliness will be identified and supported to reconnect within their communities. This programme also enables the Health & Social Care Partnership to work with local people and communities, services users and carers, staff from health and social care, third and independent sectors to co-produce, local, proportionate, timely and bespoke approaches to support positive outcomes for people; this will also include considering local solutions to social isolation and loneliness.

> **A focus of our engagement will be on having good conversations about what is important and what matters to individuals and communities**

5.4 Tackling poverty and addressing inequality

As highlighted within A Connected Scotland (2018)[8], recent studies have suggested that social isolation can interact with socio-economic status and that living in poverty can lead to feelings of loneliness and, therefore, worse health.

Social isolation and loneliness can also arise from a lack of finances to get out, to use transport or to undertake activities which may cost money. Those experiencing high levels of deprivation also tend to have fewer facilities, including good quality green and public spaces, to which people can have access for social activities[25].

> **We will work together to mitigate the effects of poverty and its impacts on social isolation and loneliness**

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. They are most commonly associated with socio-economic inequity but can also result from discrimination. The inequalities

which influence social isolation and loneliness can be tackled by: undoing the fundamental causes such as poverty; by preventing harmful environmental influences such as a lack of an adequate transport infrastructure and; mitigating against the effects of social isolation and loneliness such as providing links to activities which are co-produced with local communities[26].

As highlighted within the draft national strategy, A Connected Scotland (2018)[8] it is important to seek to reduce social isolation and loneliness across the whole population; however, the barriers faced by groups protected under equality legislation should also be addressed. Additionally, it is important to address inequalities that impact on particular groups of people within this such as carers, the unemployed, survivors of abuse, those who are homeless, those with addictions and offenders[8].

Whilst loneliness, in itself, is not a health problem, having a health problem, particularly a long-term condition can increase risk of experiencing loneliness. Mental and physical health problems, including mobility issues, can restrict an individual's ability to engage in social activities. Similarly, those experiencing a sensory-impairment or learning disability can often experience loneliness if their condition interferes with communicating with others[27]. Those with a disability are also more likely to experience barriers to accessing social spaces and activities and others can avoid talking to disabled people as they are unsure of how to communicate with them [28].

> **We will work together to undo, prevent, and mitigate the effects of inequalities on social isolation and loneliness and will focus our efforts to support particular population groups at higher risk**

5.5 Promoting and improving health and wellbeing

There are local strategies and action plans throughout Ayrshire and Arran which aim to promote and improve health across the life course. These will be encouraged to identify their contribution to tackling social isolation and loneliness in recognition that poor mental and physical health can impact on social isolation and loneliness.

We will ensure that local strategies and action plans to promote and improve health consider their contribution to tackling social isolation and loneliness

5.6 Transport

Accessible and affordable transport can provide individuals with an opportunity to maintain relationships, support new connections and be involved in a range of activities. Prohibitive costs and limited availability associated with transportation can lead to social isolation by limiting opportunities and access to services and activities.

Tackling issues with transport has been identified by South Ayrshire Health & Social Care Partnership Locality Planning Groups as a priority for action within South Ayrshire, not only in tackling social isolation and loneliness, but also in tackling rural isolation experienced by those residing in our smaller towns and villages. Evidence suggests that access to transport can be particularly difficult for older people as many do not utilise bus or rail services, possibly due to either poverty and/or ongoing health problems[29].

5.7 Technology

Technology, including social media, can enable people to stay connected and to make new connections. Where this does not replace a face-to-face contact, technology can go some way to alleviating social isolation and loneliness [30]. Support should be provided to those who wish to learn to stay connected using technology in a way that works for them. Research shows that many people are already online, however this number drops significantly among those over 80 years old[31]. For young people, the development of 'soft' digital skills including ensuring privacy, coping with peer pressure and dealing with digital distraction would help support the development of online connections whilst protecting against some of the risks[32].

Technology can also be utilised to provide a local directory of services with information about transport, groups and events that is accessible and up-to-date. This can contribute to supporting individuals to link with activities and make new connections in our local communities. We have developed the South Ayrshire Life web-portal over the last year and we will continue to grow this service in order to link people to activities in their

communities. The promotion of this web portal across all services will be key to achieving some of the outcomes of this strategy.

Technology can also help enable people to live independently for longer by preventing hospital admissions and premature moves to residential care[33]. In South Ayrshire, our Technology Enabled Care Team is working to ensure that technology can be developed to prevent social isolation and loneliness and this in included within their work plan.

> **We will work together to promote transport and technological solutions to prevent social isolation and loneliness**

5.8 Consistent approach

A consistent message when dealing with social isolation and loneliness is "that it is impossible to identify one 'magic' intervention for all lonely adults"[34]. What works in one setting for one person might not work for another and may fail completely. This is because individuals often respond differently depending on their background and circumstance. Any successful intervention will adopt a long-term person-centred approach with a focus on individual outcomes. Intervention at an individual level will be flexible enough to respond to individual preferences, expectations and aspirations whilst supporting them to stay connected, build links with their communities, and find practical solutions to meet their outcomes. Adopting a person-centred approach is consistent with the current strategic objectives of the South Ayrshire Health & Social Care Partnership.

> **We will adopt a consistent approach across South Ayrshire to prevent social isolation and loneliness**

6. Strategic Theme 2: Respond

6.1 Raising awareness of the "triggers" to aid identification of those at risk

Social isolation and loneliness can contribute to poor health and wellbeing and, equally, individuals with poor physical and/or mental health are at a higher risk of experiencing isolation and loneliness due to the barriers their condition presents. Knowledge of these "triggers" and life transitions can aid identification of those at risk of experiencing social isolation and loneliness.

In South Ayrshire, we are committed to improving the health and wellbeing of individuals and to raise awareness of the health impact of social isolation and loneliness. We aim to achieve this by engaging across our communities on a regular basis and utilising the relationship we have with locality planning groups to raise awareness of the triggers and impact of social isolation.

The development of the Health & Social Care Partnership has changed the landscape around how health and social care is delivered. It has provided opportunities to consider how community-based care can be delivered to reduce social isolation and loneliness and has helped raise awareness of how social conditions can affect individual health and wellbeing.

We will work to raise awareness of social isolation and loneliness to identify and support those at higher risk

6.2 Co-designing services and promoting peer-led support

Action, which is responsive to those already experiencing loneliness, or for those experiencing a "trigger" or life transition, should be sustainable and those to benefit from any intervention should be involved in its design. This is particularly the case for successful interventions which aim to enable the development of meaningful relationships, including peer-led support. The following is suggested as being critical characteristics in co-production in this context[35]:

- People are active participants rather than passive participants
- People are involved in the planning and implementation of support

- Support is flexible and adaptable to the needs of the participants
- Support consists of group activities, particularly those with a defined goal
- Support is rooted in the community
- The intervention has a theoretical basis

We will work alongside those to benefit from any intervention to respond to social isolation and loneliness and to promote peer-led support activities

6.3 Identification of those at risk and development of a pathway

Identification of those who are experiencing loneliness is instrumental in being able to provide individual, targeted support, particularly to those experiencing chronic loneliness. This identification will also be used to prevent social isolation or loneliness by focusing support around "triggers" or points of transition.

As reported by the Scottish Public Health Network[4], a key request from those experiencing social isolation or loneliness is for services to be reliable and sustainable with a pathway that moves from identification, into an initial service, and then on to neighbourhood integration and social connection. This system-wide response will focus on the establishment of a tiered approach in alignment with the levels of preventative, responsive and restorative action as described above, but will also aim to provide individual support, community connection and structural changes[4].

We will work together to identify those at risk of developing chronic isolation and loneliness and to developing a pathway for re-connection

6.4 Access to local activities and services

Access to information and advice about local activities and services is essential to prevent and respond to social isolation and loneliness. Information needs to be available in a range of formats and will include:

- Websites and directories providing information about local resources
- Telephone lines providing information about social support services

- Assessment tools across health and social care asking specifically about the existence of social networks

- Information available through day services, lunch clubs for older people

- Initiatives and information available to support an increase in participation of cultural activities such as increased use of libraries/museums

- Availability of fitness and healthy eating classes that create social networks

- Volunteering opportunities for older people to become involved in their local communities

In addition, the role of our Community Link Practitioners, attached to several General Practices throughout South Ayrshire, is to link individuals to local activities and services aimed at supporting individuals to build social networks.

We recognise access to local activities and services as a key priority in reducing social isolation

7.   Strategic Theme 3: Restore

7.1 Identifying those experiencing chronic loneliness

As many individuals experiencing chronic loneliness are also socially isolated, they are difficult to identify. However, we are aware of risk factors which may assist in the identification of loneliness which include, but are not restricted to[36]:

- Head of household aged over 65 years or/and those with one occupant
- Those reporting various health issues such as mental ill-health including anxiety and/or depression, sensory impairment/multiple eye conditions, and long-term conditions and/or disability
- Do not own a car or lack appropriate transport options
- Not living near family / those who are childless
- Speak to neighbours less than once a month or never
- Say they don't have someone to listen to them, help in a crisis, or relax with
- Say they are not satisfied with their social life
- Have a low income
- New to the community
- Experiencing a known trigger such leaving education, entering further education, the loss of a loved one, becoming or being an informal/unpaid carer
- Being of an ethnic or other minority group (such as LGBT) and is dependent on how much they feel connected to this group
- Being connected to local formal or information social groups

These risk factors will be identified by Health & Social Care (and other agency) staff by undertaking guided, compassionate, conversations with those they suspect may be experiencing chronic loneliness. Systematic tools may also be used to identify those experiencing loneliness, such as UCLA 3-item scale which is currently being piloted within a General Practice in NHS Dumfries & Galloway to test its effectiveness in "screening" for loneliness.

The development of this pathway will require partnership working with a range of public, private and third sector organisations including those that can support

identification such as Community Planning Partners and, potentially, high-street and local shops and facilities, hairdressers, pubs, bookmakers, handymen etc; those that can provide a "first contact" service, such as Community Links Practitioners or the Better Health Hub; and those that can provide opportunities and support to tackle social isolation and loneliness such as local community, voluntary and third sector organisations as well as those taking as asset-based approach to community development such as the Ahead project in North Ayr.

Additionally, the risks will be mapped at local authority level to provide information on potential geographical areas for intervention in partnership with the local community. This information will help us to direct support to those communities that are most at risk of developing and/or experiencing chronic social isolation and loneliness.

> **We will work together to identify those individuals and communities experiencing loneliness and support them to reconnect**

Although loneliness is a normal human experience which most of us feel at some point in our lives and promotes us to reconnect with others around us[37], many of those experiencing chronic loneliness feel judged negatively for feeling lonely and are scared to admit that they are lonely[38]. However, to deny that we are lonely is similar to denying we are hungry, thirsty or in pain; these are all aversive signals which promote us to 'do something' to care for ourselves[37]. This stigma may lead to individuals feeling that there is something wrong with us and we, therefore, do not seek support to overcome any barriers to reconnection. For those already feeling stigmatised for whatever reason, such as disability, mental illness, sexual orientation for example, may feel that this impacts on their feelings of loneliness and so contributes to a "double stigma" which may hinder reconnection further.

> **We will work with our communities to normalise feelings of loneliness, raise the profile of social isolation and loneliness as public health issues, and encourage and/or support those with feelings of loneliness to reconnect**

7.2 Support and reconnection

It is likely that those who are chronically lonely will need support to attend any intervention. Increasing the confidence of the individual to be able to re-connect with their communities may require intensive one-to-one support[35]. Group activities tend to be more beneficial at responding to social isolation and loneliness and therefore any intensive one-to-one support should have an aim of reconnecting individuals with local community activity as appropriate[35]. Action for those who are experiencing chronic loneliness will:

- be person-centred, to give individuals a clear purpose `
- promote the development of new skills or interests
- involve meeting others with similar interests/skills/life experience other than loneliness
- provide a reciprocal benefit for those involved

We will work together to support those experiencing chronic loneliness with an aim of reconnecting individuals with local community activity

7.3 Self-directed support

Self-directed support (SDS) is the mainstream approach to supporting individuals and their carers who are eligible to access social care support services. Self-directed is a person-centred approach that recognises individuals are best placed to understand their own needs, make choices and take more control of their lives.

The principles of SDS are put into practice through the application of the following principles:

- Collaboration
- Informed choice
- Involvement and innovation

The assessment process for SDS explores an individual's quality of life with a focus on their existing assets including social supports and social networks. The purpose of the assessment is to identify needs and any presenting risks to health and wellbeing.

Following the assessment the next step is to encourage the individual to take choice and control and complete a support plan. With a focus on outcomes the support plan details

the changes required and how these will be achieved to mitigate risk and improve general health and wellbeing.

We will promote choice and control via self-directed support options to reconnect individuals with their communities

8.   Implementation and Monitoring

8.1 Implementation Plans

In order to implement this strategy we will develop three, three-year action plans with relevant timescales to cover the three key strategic areas of prevent, restore and restore.

It is acknowledged that triggers, along within contributing factors (as above) can be present throughout the lifecourse. However, given then that these tend to congregate in later life[43], the present and forecast demographic challenges within South Ayrshire, and to adopt a pragmatic approach to this work, our first action plan will focus on tackling social isolation and loneliness amongst older people within our communities. This is also in alignment with the priorities agreed within the South Ayrshire Local Outcomes Improvement Plan (2018-2021)[39].

> **We will focus on tackling and preventing social isolation and loneliness within our older population in South Ayrshire from 2018-2021**

Following 2021, this strategy will be refreshed in light of any new evidence and thinking in relation to this emerging public health priority and a new action plan will be developed for the second, three year action plan (2021-24). This process will be repeated for the development of the third action plan 2024-2027.

8.2 Monitoring progress

The implementation plans will be used to monitor and measure our progress and will:

- Identify and include all major stakeholders in the development of the implementation plan
- Require a commitment from a wide range of services across South Ayrshire to deliver on the implementation plan
- Monitor the actions to be included in the plan in line with their relevant timescales
- Monitor qualitative data from actions in the implementation plan every month at the Social Isolation Subgroup

In order for the implementation process to be successful, many tasks across different departments will need to be accomplished in sequence.

8.3 How will we know we have made a difference?

We will measure performance, both qualitatively and quantitatively, against the three key outcomes we have set and report on this every six months to the South Ayrshire Community Planning Health & Wellbeing Strategic Delivery Partnership.   Additionally, we will investigate the feasibility of utilising the SA1000 Citizen's Survey to measure a baseline prevalence of loneliness within South Ayrshire with a follow up to investigate any change.

We will work to measure the extent to which our older population experiences social isolation and loneliness

8.4 Building a local evidence base

The evidence of what works is not widely known and therefore it is recommended that those interventions that work to directly address social isolation and loneliness are measured to identify what is most effective locally. This will include the evaluation of local interventions which are awarded funding though participatory budgeting. Additionally, it could also include specific evaluation around the benefits of the Community Links Practitioners work in addressing these issues.

We will work to develop a local evidence base of what works in tackling social isolation and loneliness throughout South Ayrshire

9. Implementation Plan 2018-2021: Older People

The framework below, which has been developed by the Campaign to End Loneliness, sets out the full range of interventions needed from partner agencies across the community, to support older people experiencing, or at risk from developing loneliness. The Campaign to End Loneliness has kindly given permission for us to reproduce and utilise the framework for our own use[40].
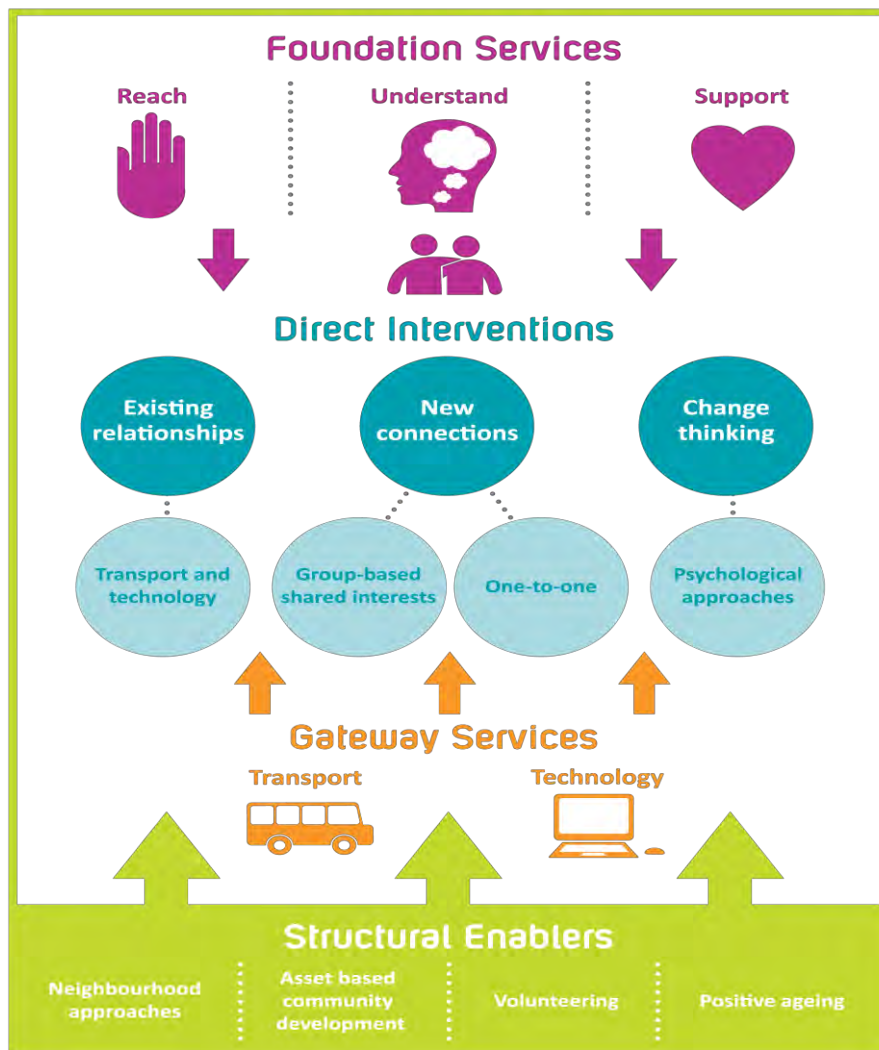
We have linked our action from the strategy, including the level of intervention to this framework as below:

9.1 Foundation services

These are the first steps in identifying individuals experiencing loneliness and enabling them to gain support that meets their specific needs. There are three main aims[40]:

- To identify and establish contact with a lonely individual (reach)
- To draw out the specific circumstances of an individual's loneliness and establishing the most appropriate help (understand)
- To support individuals to make use of available services (support)

Aim of foundation services	Level(s)	Actions
Reach	Respond and Restore	Raise awareness of triggers Identify those at risk and develop pathway Identify chronic loneliness
Understand	Respond and Restore	Guided conversations
Support	Respond and Restore	Support access to local activities/services Individual/group support and reconnection Self-directed support

9.2 Direct interventions

Direct interventions are services that reduce loneliness by directly increasing the quantity and/or quality of a person's relationships. Once an individual experiencing loneliness is identified, commissioners should ensure there is a 'menu' of direct interventions available in three key areas[40]:

Area of intervention	Level(s)	Action
Supporting and maintaining relationships	Prevent and Respond	Promote and improve health and wellbeing Transport Technology
	Respond and Restore	Self-directed support

Supporting new connections	Prevent and Respond	Community led-support Build resilience
	Respond and Restore	Peer-led support Access to local activities/services
	Restore	Support and reconnection Self-directed support
Psychological approaches	Prevent	Build resilience
	Restore	Support and reconnection

Gateway Services

Gateway services encompass technology and transport provision, which enable individuals to maintain existing relationships and support them in making new social connections. The lack of Gateway Services can have an enormous impact on older people's ability to engage with services, and on communities' ability to provide them[40].

Area of intervention	Level(s)	Action
Transport	All	Transport
Technology	All	Technology

9.3 Structural enablers

Structural enablers aim to create the right environment to reduce loneliness by focusing on 'how' rather than 'what' is being delivered[40]. When considering strategies that address loneliness and isolation, we will seek to fulfil the following:

Area of intervention	Level	Action
Neighbourhood approaches	Prevent	Build resilience
Asset-based approaches	Prevent	Promoting assets
Volunteering	Prevent	Build resilience Promoting volunteering
Positive ageing	Prevent	Positive ageing Promote and improve health and wellbeing Tackle poverty and address inequality

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Appendix 1: Policy Context

Achieving Sustainable Quality in Scotland Healthcare – a 20:20 Vision

http://www.gov.scot/Topics/Health/Policy/2020-Vision

The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where there is a focus on prevention, anticipation and supported self-management and on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission [x].

Ayrshire & Arran Mental Health & Wellbeing Strategy (2015-2027)

https://www.south-ayrshire.gov.uk/consultations/documents/draft%20strategy%20-%20final.pdf

The Ayrshire & Arran Mental Health & Wellbeing Strategy 2015-2027 and associated action plans identify six key outcomes for ensuring good mental health and wellbeing within Ayrshire & Arran.   These outcomes are also appropriate to addressing social isolation and loneliness:

- Promoting health and healthy behaviours
- Sustaining inner resources
- Increasing social connectedness, relationships and trust in families & communities
- Increasing social inclusion and decreasing inequality and discrimination
- Increasing financial security and creating mentally healthy environments for working and learning
- Promoting a safe and supportive environment at home and in the community.

Community Empowerment (Scotland) Act 2015

http://www.gov.scot/Topics/People/engage/CommEmpowerBill

 The Act provides communities with more control over how services are delivered. The Act includes support for asset transfer of public sector buildings and land to community groups and gives communities more influence in how services are planned and delivered. This legislation gives weight to the co-production approach and empowers community

members to take responsibility for local services which, in turn, has potential to maintain a locality focus on tackling social isolation.

A Connected Scotland: Tackling social isolation and loneliness and building stronger social connections (2018)

http://www.gov.scot/Publications/2018/01/2761

This draft strategy seeks to articulate a vision of the kind of Scotland where community connections are increased and no-one is excluded from participating in society for any reason. It defines the concepts of social isolation and loneliness, and their prevalence within Scotland. The paper also highlights how the Scottish Government wants to empower communities to lead efforts to tackle social isolation and loneliness, in the context of their approach to community empowerment and to facilitate discussion amongst organisations and individuals about what needs to be done to effectively tackle social isolation and loneliness in Scotland.

Future Delivery of Public Services

http://www.gov.scot/Publications/2011/06/27154527/0

The Christie Commission on the Future Delivery of Public Services report in 2011[x], set out an approach to public service reform in which the "needs, aspirations, capacities and skills of individuals and communities are central and the imperative is to build the role, autonomy and resilience of Scotland's citizens". It called for a shift towards preventative spending, arguing that pressure on public services is the result of "our failure up to now to tackle the causes of disadvantage and vulnerability, with the result that huge sums have to be expended dealing with their consequences". The four key recommendations of the Christie Commission were that:

- Public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience;
- Public service organisations work together effectively to achieve outcomes specifically, by delivering integrated services;
- Public service organisations prioritise prevention, reduce inequalities and promote equality; and
- Public services constantly seek to improve performance and reduce costs, and are open, transparent and accountable.

National Health and Wellbeing Outcomes

http://www.gov.scot/Publications/2015/02/9966/downloads

The national health and wellbeing outcomes provide a strategic framework for the planning and delivery of health and social care services. These outcomes focus on improving how services are provided, as well as, the difference that integrated health and social care services should make, for individuals. As highlighted by the outcomes, health and social care services can make a difference to the quality of life of people who use them, and this can include tackling social isolation and loneliness within local individuals and communities.

Public Bodies (Joint Working) (Scotland) Act 2014

http://www.legislation.gov.uk/asp/2014/9/contents/enacted

The Act came into effect on 1st April 2014 and requires health and social care services to come together in each area of Scotland in a process of Integration. At its heart, this change is about shifting the balance of care from hospital to the community. It relies on building capacity in communities for people to be able to lead the healthiest lives possible, self manage their own health, and address issues such as loneliness.

Reshaping Care for Older People (RCOP)

http://www.gov.scot/Topics/Health/Support-Social-Care/Support/Adult-Social-Care/ReshapingCare

This is Scotland's National Strategy 2011-2021 to improve health outcomes and services for older people. In anticipation of an ageing population, this strategy promotes self-management, better joint planning and delivery across the range of health and social care partners and building resilience for communities to support healthy living of increasing number of older people. This includes recognition that older people's engagement in volunteering and/or caring activities can bring benefits to individuals and also help to sustain communities.

Self-Directed Support

http://www.selfdirectedsupportscotland.org.uk/

Self-Directed Support (SDS) is the principle that people have informed choice about the way that their social care and support is provided to them. The policy aims to ensure that people who need support have more control over how their support needs are met, and how their support is provided so that better outcomes can be achieved. The legislation also promotes the principle of enabling people to live as full a life as possible and be part of their local community. In this regard SDS is underpinned by the core principles of personalisation (people and families having choice and the ability to shape and control the public services they require) and co-production (equal and collaborative relationships between people, professionals and communities).

South Ayrshire Health and Social Care Partnership Strategic Plan 2016-2019

https://www.south-ayrshire.gov.uk/health-social-care-partnership/strategy.aspx

The South Ayrshire Health and Social Care Strategic Plan outlines the Partnership's aim to work with people to improve health, support social care, tackle health inequality, and improve community wellbeing.   The Strategic Objectives for the Plan period designed to deliver the National Outcomes for Adults, Older People and Children, include:

- We will work to reduce the inequality gradient and, in particular, address health inequality;
- We will support people to live independently and healthily in local communities;
- We will prioritise preventative, anticipatory and early intervention approaches;
- We will develop local responses to local needs;
- We will ensure robust and comprehensive partnership arrangements are in place;
- We will support and develop our staff and local people;

The IJB's policy priorities include the following: tackling health inequalities and their causes; early intervention and prevention; personalisation and SDS; co-production; and technology enabled care.

Written by Fiona Smith, Senior Health Improvement Programme Officer, Public Health Department, NHS Ayrshire & Arran and Steven Kelly, Team Manager, Self Directed Support, South Ayrshire Health & Social Care Partnership on behalf of the South Ayrshire Community Planning Partnership Social Isolation Subgroup and reporting to the South Ayrshire Community Planning Partnership Health & Wellbeing Strategic Delivery Partnership

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