REPORT TO: Health & Wellbeing Board

DATE: 9 October 2024

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: Loneliness and Social Isolation in Halton

WARD(S)   Borough Wide

1.0   **PURPOSE OF THE REPORT**

1.1   To provide the Board with an overview of results of the recent One Halton loneliness Survey, and subsequent insight from a Pinpoint focus group session, with people who live in Halton.

1.2   To set out next steps and recommendations to the Board based on that insight.

2.0   **RECOMMENDATIONS:**

        1) That the Board note the report; and

        2) The Board recognises the need for a systemic partnership approach to Loneliness in Halton.
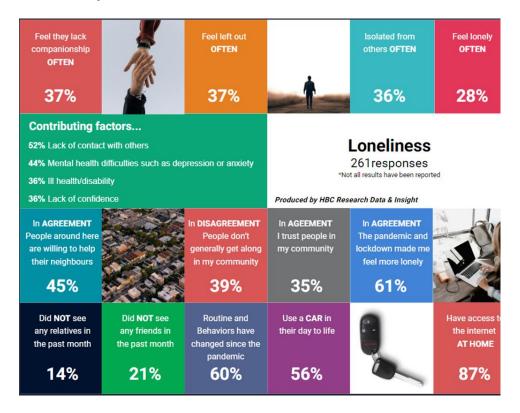
3.0   **SUPPORTING INFORMATION**

3.1   There is a growing body of evidence showing that loneliness is a significant public health concern, with there being a 26% increase in the risk of mortality in individuals who suffer from loneliness. Loneliness is also a significant risk factor for poorer mental and physical health outcomes. It has been found to have strong associations with depression, cognitive decline and dementia, in addition to hypertension and cardiovascular disease risk.

3.2   Loneliness levels in the UK have increased since spring 2020. Between 3 April and 3 May 2020, 5.0% of the adult population (2.6 million) said that they felt lonely "often" or "always." From October 2020 to February 2021, results from the Opinions and Lifestyle Survey (OPN) show that this proportion increased to 7.2% of the adult population (3.7 million), with the equivalent in Halton being 7.4%.

3.3   Further information on the burden of loneliness in Halton has been scarce. Halton Borough Council, working as part of the One Halton

Ageing Well workstream, recently commissioned a survey asking local people about their experience with loneliness. The survey explores the reasons and risk factors for loneliness in Halton, and a more detailed focus group asked a selection of people who responded to the survey about their experience and what they considered were risks and protective factors. This report sets out the results of both the survey and the focus group with specific recommendations for future joint work to help people who may be lonely.

3.4 **Key Findings**

3.5 **The Survey:**

The survey received 261 responses; however, some respondents abstained from answering some questions. This study included 165 (64%) females and 89 (34%) males. 99 respondents (38%) were aged above 64, 85 (33%) were below 50, and 74 (29%) were between 50 and 64. 243 respondents (95%) identified as white, and 222 (86%) identified as heterosexual.

- Most respondents reported feeling lonely to some degree, with 73 (28%) reporting feeling lonely 'often' and 89 (34%) feeling lonely 'some of the time'.
- Majority of respondents reported experiencing some degree of isolation (197 (76%)), feeling left out (197 (76%)), and lacking companionship (205 (79%)).

- 55 (21%) reporting seeing no friends and 36 (14%) reporting seeing no family in the past month.
- The most reported contributing factors to loneliness were lack of contact with others (122 (52%)), mental health difficulties (104 (44%)), lack of confidence (86 (36%)) and ill health or disability (84 (36%)).
- 155 respondents (60%) reported feeling lonely since the pandemic
- Only half (56%) had access to private transport.
- 10% of respondents had no internet access at home or elsewhere.

3.6   **Focus Group:**

The group explored reasons for loneliness and ranked them based on what they felt was the most important

- 'The people around us': the people in their lives becoming reliant on them for help and assistance could make them feel lonely because they do not have someone to reciprocate or have time for themselves.
- Practical issues: The group mainly focused on local travel issues to attend local events, sessions, or groups. Travel issues raised included irregular bus schedules, poor bus routes, meaning multiple buses are required for short journeys, and the cost of local taxi companies.
- Technology: Technology could lead to social isolation in older adults who may lack knowledge of computers and/or phones and may not have access to the latest technology.
- The group felt it could be challenging to know where to go as there was too much information, and the information available could be challenging to understand due to Halton's low reading age.

The group suggested areas for advertising events, sessions, or groups, including GP surgeries, TV, radio, or letter drops. There was also discussion around organisations and how they could help, including organisations signposting to other services.

3.7   <u>**Recommended next steps**</u>

1. **Awareness of the issue.** Information, training and materials to raise awareness of the issue among professionals and public.
2. **Information and Communications.** Providing a consistent information source and proactive communications on risk factors, populations at risk and signposting to existing services.

3. **Partnership working.** Exploring and exploiting opportunities to embed the above in partnership with other agencies, identifying opportunities to engage with people experiencing loneliness who are already in contact with our services.
4. **Transport and Travel.** Work with a specific focus on the transport options available to people, how they affect their experience of loneliness and what options are available to alleviate some of the difficulties within all of our services. Advocate at senior levels for older persons needs to factor into wider transport planning.

3.8   It is recognised that the themes and trends identified in the survey are not new; they have been actively addressed in Halton for some time. The evidence from the survey highlights the persistence of social and economic factors that require continued collaboration. The underlying causes of loneliness identified in the survey have long been on our radar, and Halton has been committed to tackling these issues through initiatives like our Loneliness Steering Group. Our efforts, including the Halton Loneliness Conference in 2019, have been focused on addressing these challenges over the years.

3.9   The Halton Loneliness Steering Group continues to meet bi-monthly with representation from NHS, HBC, and third sector organisations. The group reports into the One Halton Ageing Well Board.
The next four meetings will focus on the priority themes from the survey results and continue to build on the Loneliness Action Plan held by HBC and the Health Improvement Team.

4.0   **POLICY IMPLICATIONS**

Loneliness and Social Isolation is a cross cutting issue that is effected by multiple policy areas including: Housing, Employment, Transport Health and Wellbeing

5.0   **FINANCIAL IMPLICATIONS**

5.1   The costs to the wider Halton system of Loneliness and social isolation are wide ranging. Prevention of Loneliness would have positive financial impact on Adult Social Care and NHS mental health services

5.2   Addressing Loneliness and Social Isolation as a system would require investment in services across the borough for example transport infrastructure.

6.0   **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1   **Improving Health, Promoting Wellbeing and Supporting Greater Independence**

As stated within the paper Loneliness and Social isolation have significant impacts on the health and wellbeing of local people and addressing this issue has effects that would impact prevention of ill health

6.2 Building a Strong, Sustainable Local Economy

Employment and well-paying jobs can be significant protective factors in preventing loneliness and social isolation.

6.3 Supporting Children, Young People and Families

Loneliness and social isolation are all age issues. This paper has a focus on people over 55 in Halton, however the survey was an all age survey indicates the impact on all ages. Addressing issues of loneliness throughout the life course, including new parents should be seen as an important part of this work moving forward.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

Improving the lives of those Halton's residents where loneliness and social isolation is a factor should be a focus. The borough as a whole will benefit from this, but it is likely that positive effects will be felt most clearly in areas of higher social deprivation,

6.5 Working Towards a Greener Future

Improvements in active travel initiatives and green space accessibility will support the loneliness and social isolation issues whilst also being in line with the councils sustainability and climate change reduction agendas.

6.6 Valuing and Appreciating Halton and Our Community

As stated in the paper this is a borough wide issue effecting people of all ages. Developing solutions and working together as a community to combat this would be a great example of Halton valuing its residents and involving local people in improving the local area.

6.7 Resilient and Reliable Organisation

Loneliness and Social Isolation are important areas for partnership working. This is a systemic issue and as such requires multiple organisations to work together.

7.0   **RISK ANALYSIS**

7.1   There is an ongoing risk to the health and wellbeing of the people of Halton in not addressing the issues related to Loneliness and Social isolation highlighted in this paper.

8.0   **EQUALITY AND DIVERSITY ISSUES**

8.1   The Loneliness action plan that is in development will take account of equality and diversity issues. Principally the accessibility of initiatives to all members of the community.

9.0   **CLIMATE CHANGE IMPLICATIONS**

9.1   Improvements in active travel initiatives and green space accessibility will support the loneliness and social isolation issues whilst also being in line with the councils sustainability and climate change reduction agendas.

10.0   **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

       None under the meaning of the Act.