south ayrshire
health & social care
partnership

Social Isolation and Loneliness Strategy

2018-2027

NHS Ayrshire & Arran

south AYRSHIRE COUNCIL

CONTENTS

1. About Social Isolation and Loneliness

1.1 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[8].

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 when an individual has an objective lack of social relationships (in terms of quality and/or quantity) at individual, group, community and societal levels

Loneliness

a subjective feeling experienced when there is a difference between the social relationships we would like to have and those we have

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.

1.2 What are the effects of social isolation and loneliness?

There is evidence that loneliness has a significant effect on our health. It has been compared to smoking 15 cigarettes a day[9] and being worse for our health than being physically inactive or obese [10]. 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 [11]. 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[10], higher risk of developing dementia[12] and/or depression[13]. Experiencing social isolation and loneliness is also a predictor of suicide in older age[14].

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[15]. The Campaign to End Loneliness report that 76% of GPs consider that one to five patients every day[16] come to their surgery because they are lonely.

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 pace across the political spectrum and of note is the publication of the first national strategy to tackle social isolation and loneliness in Scotland. Due to the wide context of social isolation and loneliness the following policies are relevant:

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

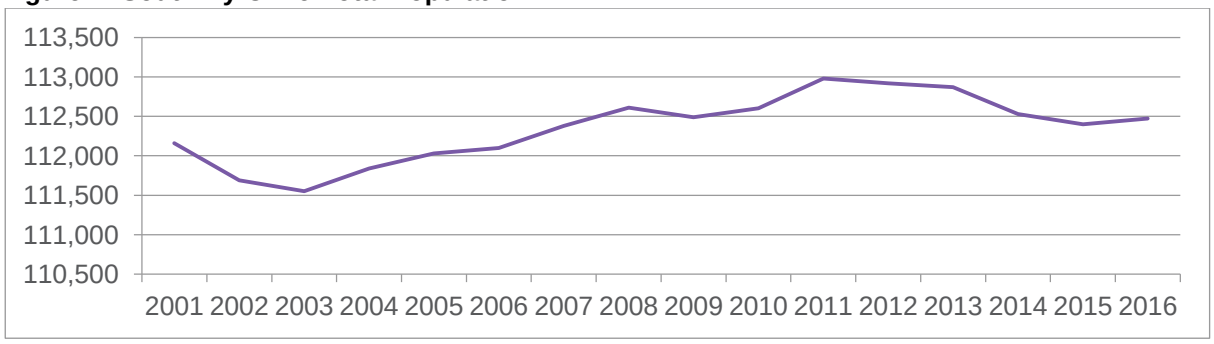
play an active role. Further information and links to the legislation and policies can be found at Appendix 1.

3. A Local Context

3.1 South Ayrshire Population

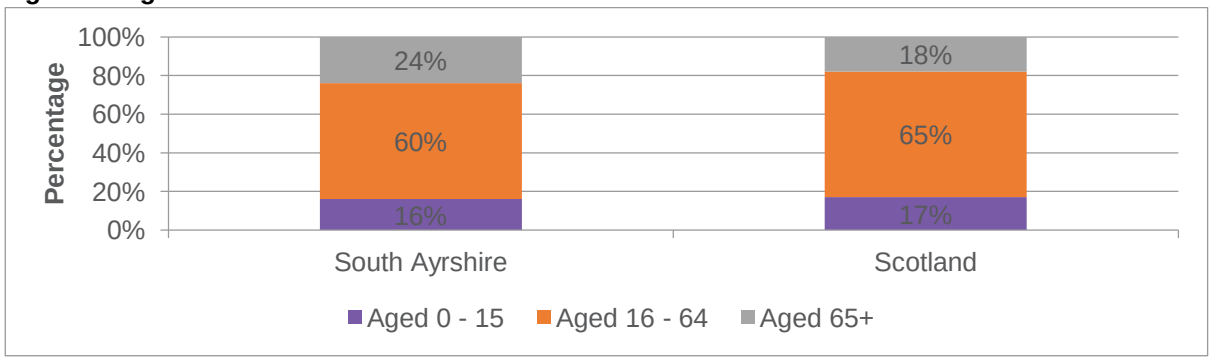
South Ayrshire is set in the south west of Scotland. A large rural area of 472 square miles (1,222 square km) extends from Troon and Symington in the north to Ballantrae and Loch Ryan in the south. Approximately 70% of the population live in the towns of Troon, Prestwick and Ayr. The rest of the population live in Maybole and Girvan and rural Kyle and Carrick[17].

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[17].

Figure 2: Age Structure 2016



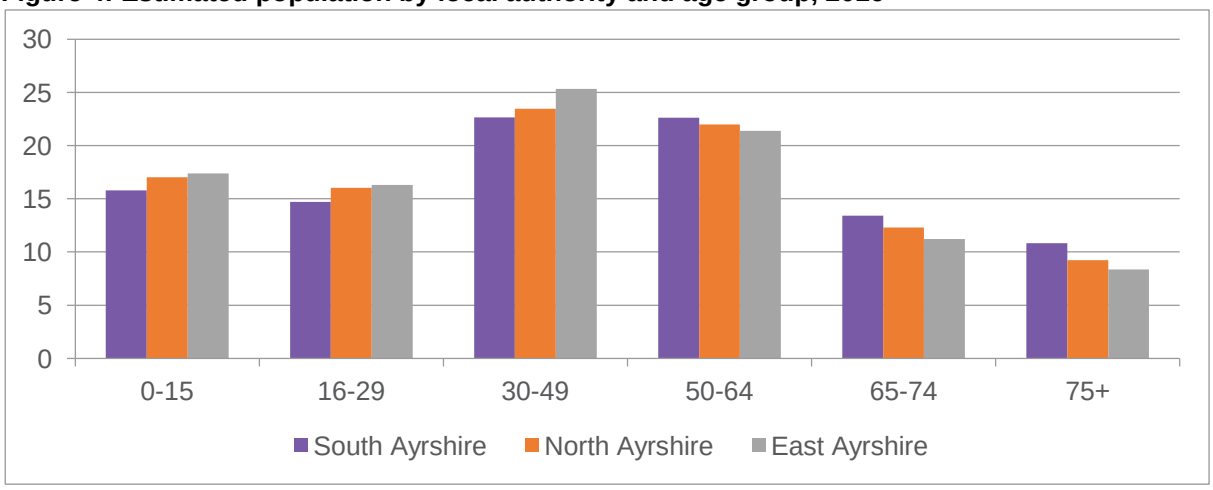
South Ayrshire is set out in six locality areas that have been designed around natural communities. The localities including their population are:

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[17].

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) [17].

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[17]. 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[17].

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%[17].

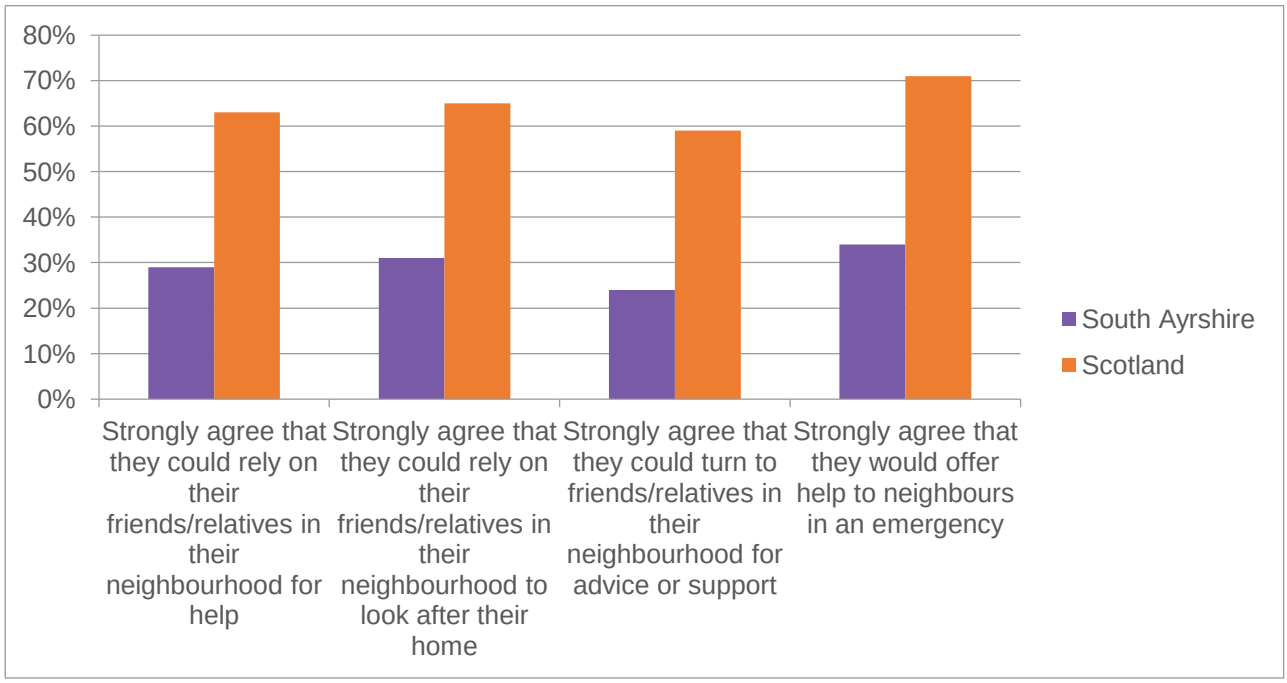
The projected demographic changes in South Ayrshire are not evenly spread across the different age groups. South Ayrshire's younger population (0-15 years) is projected to decrease by 8% and its working age population by 11%. On the other hand, the pensionable age population is projected to increase 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 services[17].

Figure 5: Population projections (2014-based) projected change (2014-2039)

3.6 Prevalence of social isolation and loneliness in South Ayrshire

There is limited information available locally to highlight the extent of social isolation and/or loneliness within South Ayrshire. However, there are some proxy-indicators of social isolation in South Ayrshire:

Figure 6: Indicators of social isolation in South Ayrshire[18]



There are no indicators of prevalence of loneliness available locally, however nationally[19]:

- 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[20]. 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[21].

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[22].

Those living out with our main towns in our rural areas may also be at increased risk of experiencing loneliness[23]; this accounts for 30% of our population. Additionally, there is some evidence to suggest that people from some ethnic minority communities are less

likely to feel they belong to their immediate neighbourhoods and experience significantly higher rates of loneliness than the general population [24].

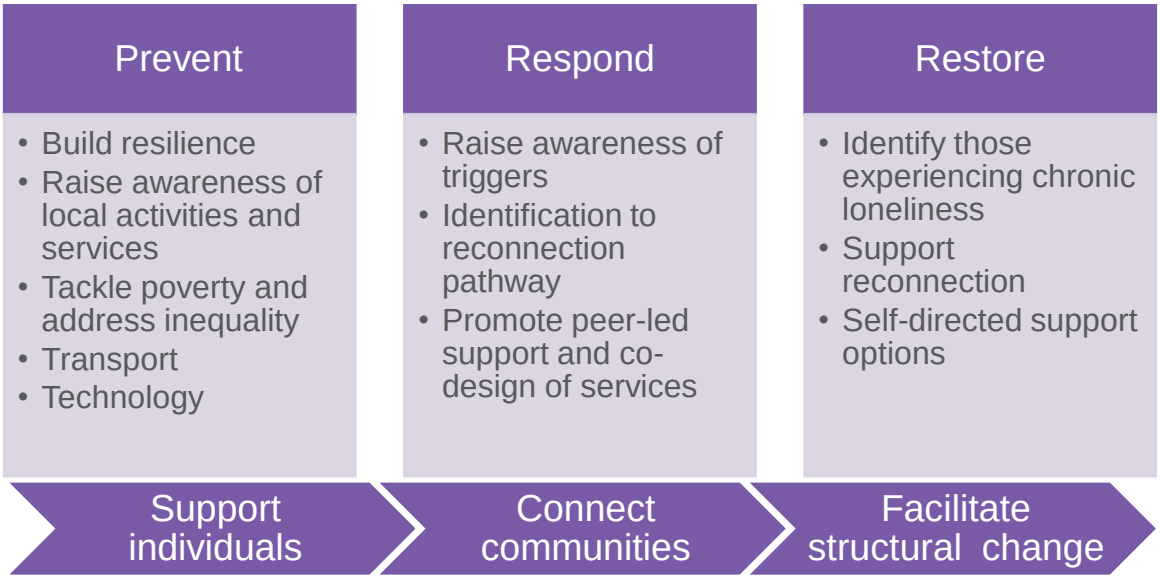
4. A Local Approach

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. To achieve this we will focus on three key strategic objectives and incorporate these into a detailed implementation plan. The objectives identified are:

Prevent	Respond	Restore
• prevent people from 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 socially isolation from experiencing poor social or health outcomes • **tertiary prevention**

A commitment and input is required from all services working in partnership with local communities in order to tackle social isolation and loneliness. This document will be a strategic driver will enable a consistent approach to be adopted across South Ayrshire.

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 approach will focus on the following three strategic objectives:



We will focus our efforts on preventing poor social and health outcomes of chronic loneliness by: whole community approaches such as promoting kindness and self-care, and reducing stigma; focused approaches around those who we know are at greater risk; and by providing support to those experiencing chronic loneliness to ensure any social and health impacts are reduced.

5. Strategic Theme 1: Prevent

5.1 Building resilience

Action to promote kindness and self-care and raise awareness of social isolation and loneliness within communities and across agencies and workplaces will be our first step in encouraging everyone to act to prevent social isolation and loneliness.

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[25], many of those experiencing chronic loneliness feel judged negatively for feeling lonely and are scared to admit that they are lonely[26]. Work to reduce the stigma associated with social isolation and loneliness will support individuals and communities to build resilience to tackling these issues.

Age positive approaches will be considered by all partners to place an emphasis on health and active ageing in local policy and practices. Promoting asset-based approaches to identify and utilise assets within communities, increasing volunteering opportunities and intergenerational projects will also have an impact on our experience of social isolation and loneliness[27]. Additionally, initiatives to support participation of cultural activities such as increased used of libraries/museums will also impact on social isolation and loneliness[8].

The Community-led support programme in South Ayrshire seeks to be a catalyst to supporting "personalised outcomes" and "effective conversations" at the heart of transformational change in the Health & Social Care Partnership and to embed these into staff and partners approaches to working[26]. 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.

There are local strategies and action plans throughout Ayrshire and Arran which aim to promote and improve health, including mental health and wellbeing across the life course and within different settings, such as the workplace and communities. 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. In particular, participation in physical activity can improve quality of life, promote social inclusion, improve health, raise individual self-esteem and confidence, and widen horizons[8].

5.2 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 and will support our pathway from identification to reconnection. Information will be made available for wider use within communities and will be available in a range of formats, for example:

- Websites and directories providing information about local resources
- Telephone lines providing information about social support services
- Information available through services, for example day services for older people, workplaces for adults, or school for young people

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

Following research undertaken by Carnegie Trust UK[29] around the role of kindness in tackling social isolation and loneliness, consideration will also be given to the availability of social spaces which are agenda free for people to connect. This will be particularly beneficial for those who do not engage with "organised activities".

Feeling safe to move around our communities will impact on our ability to take part in community life and so links will be made with our Community Safety Partnership to address perceptions of neighbourhood safety[2], but also with falls prevention and Dementia Friendly-type initiatives. Additionally, future developments in relation to neighbourhood planning should consider barriers to connection and encourage co-production in order to build community cohesion. An example of this would be in relation to environmental planning where neighbourhoods and streets are designed to address barriers to connection, particularly in relation to older people or development of specific housing to accommodate older people.

5.3 Addressing inequality

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[30].

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. 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[31].

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[32]. 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 [33].

Additionally, it is important to address inequalities that impact on loneliness experienced by particular groups of people such as carers, the unemployed, survivors or those experiencing any type of abuse or adverse childhood experience, those who are homeless, those with addictions and offenders[8].

5.4 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. 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[34].

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.

5.5 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[35]. 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[36]. 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[37].

Technology can also help enable people to live independently for longer by preventing hospital admissions and premature moves to residential care[38]. 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.

6. Strategic Theme 2: Respond

Individuals experiencing certain "triggers" can be at higher risk of experiencing social isolation and/or loneliness[2]. These triggers, such as becoming a parent or bereavement, can occur throughout the life course and often coincide with a life transition.

6.1 Development of a pathway from identification to reconnection

Responding to the presence of these "triggers", life transitions and other contributing factors, can aid identification of those at risk of experiencing chronic social isolation and loneliness which will be instrumental in being able to provide individual, targeted support, particularly to those already experiencing loneliness. This identification will also be used to prevent chronic social isolation or loneliness by focusing support around these "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].

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.

These risk factors will be identified by Community Planning Partners' staff by undertaking guided, compassionate conversations with those they suspect may be experiencing chronic loneliness, as part of the pathway to reconnection discussed above. Systematic tools may also be used to identify those experiencing chronic loneliness, such as UCLA 3-item scale.

6.2 Promoting service co-design and 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[39]. This is particularly the case for successful interventions which aim to enable the development of meaningful relationships, including peer-led support.

7. Strategic Theme 3: Restore

7.1 Support and reconnection

Increasing the confidence of individuals who are experiencing chronic loneliness to be able to re-connect with their communities may require intensive one-to-one support[39.] 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[39]. Additionally, possible pathways to

psychological support to change thinking in relation to connections and build resilience for those experiencing chronic loneliness will be explored.

7.2 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 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.

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 other contributing factors can be present throughout the lifecourse. However, given then that these tend to congregate in later life[40], 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)[41].

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 & Loneliness 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 to the South Ayrshire Community Planning Health & Wellbeing Strategic Delivery Partnership biannually. Additionally, we will utilise the SA1000 Citizen's Survey to measure a baseline prevalence of loneliness within South Ayrshire with a follow up to investigate any change.

8.4 Building a local evidence base

There is limited evidence of what works to tackle social isolation and loneliness 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 processes where appropriate.

References

1. Jopling K, Sserwanja I. *Loneliness across the Lifecourse: a rapid review of the evidence.* Calouste Gulbenkian Foundation UK Branch; 2016.

2. Kantar Public. *Trapped in a Bubble: an investigation into triggers for loneliness in the UK.* The British Red Cross and the Co-op; 2016.

3. Antrobus S (et al). *Alone in the Crowd: Loneliness and Diversity.* The Campaign to End Loneliness and the Calouste Gulbenkian Foundation; 2014 cited in *A Connected Scotland: tackling social isolation and loneliness and building stronger social connections.* Scottish Government; 2018.

4. McCann A, Mackie P, Conacher A. *Social Isolation and Loneliness: what is the scope for public health action?* Scottish Public Health Network; 2017.

5. Findlay A. Interventions to reduce social isolation in older people: where is the evidence? *Ageing & Society*, 2003; 23, pp 647-658.

6. Cattan M, White M, Bond J et al. Preventing social isolation and loneliness among older people: a systematic review of health promotion activities. *Ageing & Society*, 2005; 25, pp41-67. Cited in *The Annual Report of the Director of Public Health*. NHS Highland, 2016; p41.

7. McDaid D, Bauer A & Park A. *Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review. A briefing paper.* London School of Economics & Political Science Personal Social Services Research Unit; 2017.

8. Scottish Government. *A Connected Scotland: tackling social isolation and loneliness and building stronger social connections.* Edinburgh: Scottish Government; 2018.

9. Holt-Lunstad J, Smith TB, Layton B. Social Relationships and Mortality Risk: A Meta-analytic Review. *PLOS Medicine;* 2010, 7(7)

10. Steptoe A *et al.* Social Isolation, Loneliness and All-Cause Mortality in Older Men and Women: Proceedings of the National Academy of Sciences of the United States of America 2013; 110 pp 5797-5801cited in Kantar Public *Trapped in a Bubble: an investigation into triggers for loneliness in the UK.* The British Red Cross and Co-op; 2016.

11. Healthcare Improvement Scotland. *SIGN 149: risk estimation and the prevalence of cardiovascular disease*. *Quick Reference Guide*. Available from: http://www.sign.ac.uk/assets/qrg149.pdf [Accessed 15 June 2018]

12. Holwerda J *et al.* Feelings of Loneliness, but not social isolation predict dementia onset: results from Amsterdam Study of the Elderly. *Journal of Neurology, Neurosurgery and Psychiatry* 2012; 85, pp135-142 cited in Kantar Public *Trapped in a*

Bubble: an investigation into triggers for loneliness in the UK. The British Red Cross and the Co-op; 2016.

13. Hawley LC, Cacioppo JT. Loneliness Matters: A Theoretical and Empirical Review of Consequences and Mechanisms**.** *Annals of Behavioural Medicine*; 2010 40, pp218-27 cited in Kantar Public *Trapped in a Bubble: an investigation into triggers for loneliness in the UK.* The British Red Cross and the Co-op; 2016.

14. O'Connell H, Chin A, Cunningham C, Lawlor BA. Recent development: suicide in older people**.** *BMJ* 2004; 329 pp895–9

15. Social Impact Bonds. *Investing to Tackle Loneliness: a discussion paper.* Cabinet Office, Calouste Gulbenkian Foundation UK Branch & Nesta; 2015

16. Campaign to End Loneliness. *Lonely visits to the GP.* Available from: https://www.campaigntoendloneliness.org/blog/lonely-visits-to-the-gp/ [Accessed 10 December 2017]

17. National Records of Scotland. *Projected Population of Scotland (2014 based*. Available from: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2014-based [Accessed 20 March 2018]

18. Scottish Government. *Scottish Household Survey 2017.* Available from: https://www2.gov.scot/Topics/Statistics/16002 [Accessed 7 March 2019]

19. Griffin J. *The Lonely Society*. London: The Mental Health Foundations; 2010.

20. Victor C *et al. Loneliness, Social Isolation and Living Alone in Later Life*. Sheffield: ERSC Growing Older Programme; 2003

21. Department for Environment, Food and Rural Affairs. *Survey of public attitudes and behaviours towards the environment*. Department for Environment, Food and Rural Affairs (Defra), 2011

22. Office of National Statistics. *Loneliness - What characteristics and circumstances are associated with feeling lonely? Analysis of characteristics and circumstances associated with loneliness in England using the Community Life Survey, 2016 to 2017.*

23. National Records of Scotland. *Projected Population of Scotland (2014 based*. Available from: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2014-based [Accessed 20 March 2018]

24. Teuton J. *Social Isolation and Loneliness in Scotland: a review of prevalence and trends.* NHS Health Scotland; 2017.

25. Masi C *et al.* A Meta-Analysis of Interventions to Reduce Loneliness. *Personality and Social Psychology Review*; 2011; 15(3), pp219-266

26. Campaign to End Loneliness. *Revealed – fear and taboo to widespread loneliness in Britain*. Available from: https://www.campaigntoendloneliness.org/press-release/revealed-fear-taboo-linked-widespread-loneliness-britain/ [Accessed 20 February 2018]

27. Campaign to End Loneliness. *Guidance for local authorities and commissioners.* Available from: https://campaigntoendloneliness.org/guidance/ [Accessed 11 April 2018]

28. South Ayrshire Health & Social Care Partnership. *Community Led Support Programme.* Available from: https://www.south-ayrshire.gov.uk/health-social-care-partnership/communityledsupport.aspx [Accessed 13 March 2018]

29. Fergusson, Z. The Place of Kindness: Combating loneliness and building stronger communities, 2017. Available from: https://www.carnegieuktrust.org.uk/publications/place-kindness-combating-loneliness-building-stronger-communities/ [Accessed 7 March 2019]

30. NHS Health Scotland. *Health inequalities: What are they? How do we reduce them?* 2015. Available from: http://www.healthscotland.scot/media/1086/health-inequalities-what-are-they-how-do-we-reduce-them-mar16.pdf [Accessed 7 March 2018]

31. Scottish Public Health Observatory. *Older People: key points*; 2017. Available from: http://www.scotpho.org.uk/population-groups/older-people/key-points/ [Accessed 15 February 2018]

32. Bristol City Council. *Social isolation and physical and sensory impairment research findings report.* Available from: https://www.bristol.gov.uk/documents/20182/34732/Social%20isolation%20and%20physical%20and%20sensory%20deprivation_0_0_0.pdf/393c572d-5eeb-4b01-b013-b7139843af8e [Accessed 2 March 2018]

33. Aiden H. and McCarthy A. *Current attitudes towards disabled people.* Scope; 2014

34. Holley-Moore, G. and Creighton, H. '*The Future of Transport in an Ageing Society' Age UK*. The International Longevity Centre – UK and Age UK; 2015. Available from: http://www.ilcuk.org.uk/images/uploads/publication-pdfs/The_Future_of_Transport_in_an_Ageing_Society_FINAL.pdf [Accessed 26 March 2018]

35. Kennedy S and Reeves R. *Connect for a kinder tomorrow: new approaches to loneliness*. Jo Cox Commission on Loneliness; 2017

36. Office of National Statistics. *Statistical bulletin: Internet users in the UK: 2017.* Available from:

https://www.ons.gov.uk/businessindustryandtrade/itandinternetindustry/bulletins/internetusers/2017 [Accessed 15 March 2018]

37. Co-Op Foundation. *All our emotions are important: breaking the silence about youth loneliness.* 2018. Available from: https://assets.ctfassets.net/eua7b5q6or8q/1pcX29wfVuOoouCGWkyqoc/4cce48d22c4a9ce7d7ef69318f90a91a/Co-op_foundation_youth_loneliness_report.pdf [Accessed 2 May 2018]

38. Scottish Government. *Technology Enabled Care*; 2014. Available from: https://news.gov.scot/news/technology-enabled-care [Accessed 15 March 2018]

39. The Institute for Research and Innovation in Social Services. *Preventing loneliness and social isolation in older people: Insight 25;* 2014. Available from: https://www.iriss.org.uk/resources/insights/preventing-loneliness-social-isolation-older-people [Accessed 20 February 2018]

40. Local Government Association *Combating Loneliness: A Guide for Local Authorities.* Age UK and Campaign to End Loneliness; 2016

41. South Ayrshire Community Planning Partnership. *South Ayrshire Local Outcomes Improvement Plan and Local Place Plan;* 2017. Available from: https://www.south-ayrshire.gov.uk/cpp/documents/south%20ayrshire%20cpp%20-%20local%20outcome%20improvement%20plan%20and%20local%20place%20plans.pdf [Accessed 13 March 21018]

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].

A More Active Scotland: Scotland's Physical Activity Delivery Plan

https://www.gov.scot/publications/active-scotland-delivery-plan/

The Scottish Government's Physical Activity Plan identifies it's role in tacking social isolation and loneliness by promoting positive changes through physical activity and sport initiatives in Scotland.

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.

Public Health Priorities for Scotland

https://www2.gov.scot/Resource/0053/00536757.pdf

The six public health priorities for Scotland, whereby working together we can improve healthy life expectancy and reduce inequalities, include:

- A Scotland where we live in vibrant, healthy and safe places and communities
- A Scotland where we have good mental wellbeing

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 Carers

https://www.south-ayrshire.gov.uk/carers/

Loneliness and Social Isolation can have a detrimental effect on the health and wellbeing of carers. This can be as a result of a carer dedicating all of their time and energy into meeting the needs of someone else, and putting their own needs to one side. Caring can take up so much time and existing social networks can quickly become limited and leave carers lonely and isolated and they just don't have the opportunity to pursue new networks. Carers require to be made aware of the impact of social isolation and loneliness on their health and wellbeing and have the opportunity to have a short break from their caring role.

South Ayrshire Health and Social Care Partnership Dementia Strategy 2018-2023

https://www.south-ayrshire.gov.uk/health-social-care-partnership/documents/19022019_final%20dementia%20strategy.pdf

People affected by dementia are at a higher risk of being socially isolated and lonely than other social groups. Research carried out by the Alzheimer's Society (2019) highlighted that a third (35 per cent) of people with dementia said they have felt lonely recently had lost friends following their diagnosis. The reasons for this varied with some networks getting older and requiring more assistance along with the stigma around dementia also resulting in people affected by condition becoming more isolated. The research from also suggests that some people living with dementia have poor experiences when coming into contact with people outside their immediate social circle. This strategy has direct links with the South Ayrshire Health and Social Care Partnership Dementia Strategy 2018 – 2023. It is necessary for actions to be included across both these strategies to ensure that individuals with a diagnosis of dementia can be supported to maintain links to social networks and their 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

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Reporting to the South Ayrshire Community Planning Partnership Health & Wellbeing Strategic Delivery Partnership

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