NHS
Eileanan Siar
Western Isles

Social Isolation/Loneliness

Novel approaches to tackling social isolation in the Western Isles

Martin Malcolm
Public Health Intelligence

What is loneliness and Social Isolation?

Loneliness ≠ Social Isolation

Loneliness = Perceived deficit in quality *or* quantity of relationships

Social isolation = Objective deficit in personal relationships (typically quantified by size of social networks/ frequency of social participation, etc.)

(ie. a person can be lonely but not be alone (isolated) or be alone (isolated) and not be lonely)

NHS
Eileanan Siar
Western Isles

Risk Groups

Older people

Adolescents

Living alone

Persons living with disability

Low economic status

NHS
Eileanan Siar
Western Isles

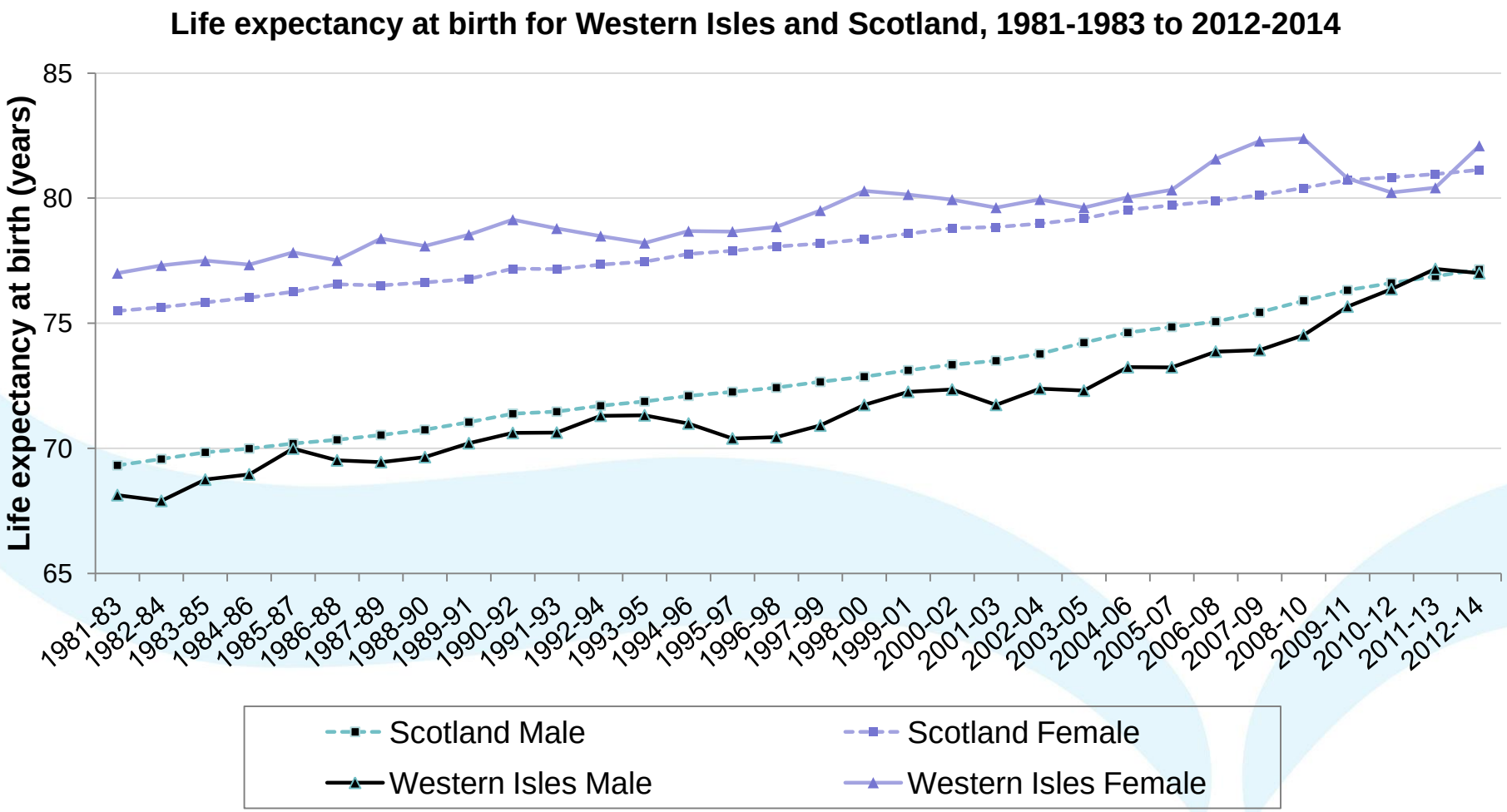
Western Isles context

a) Social imperatives

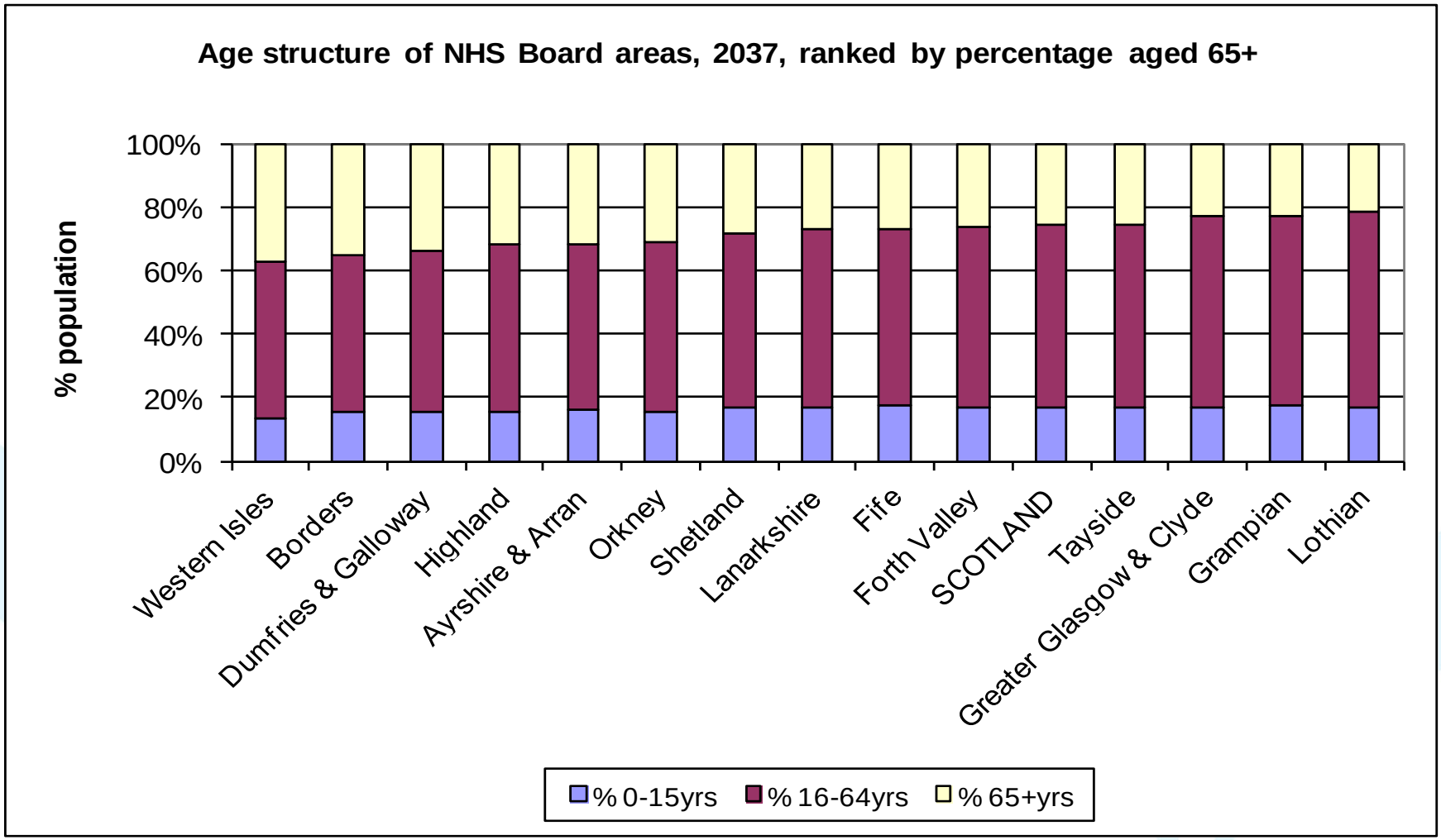
b) Public Health challenge

c) Interventions in WI

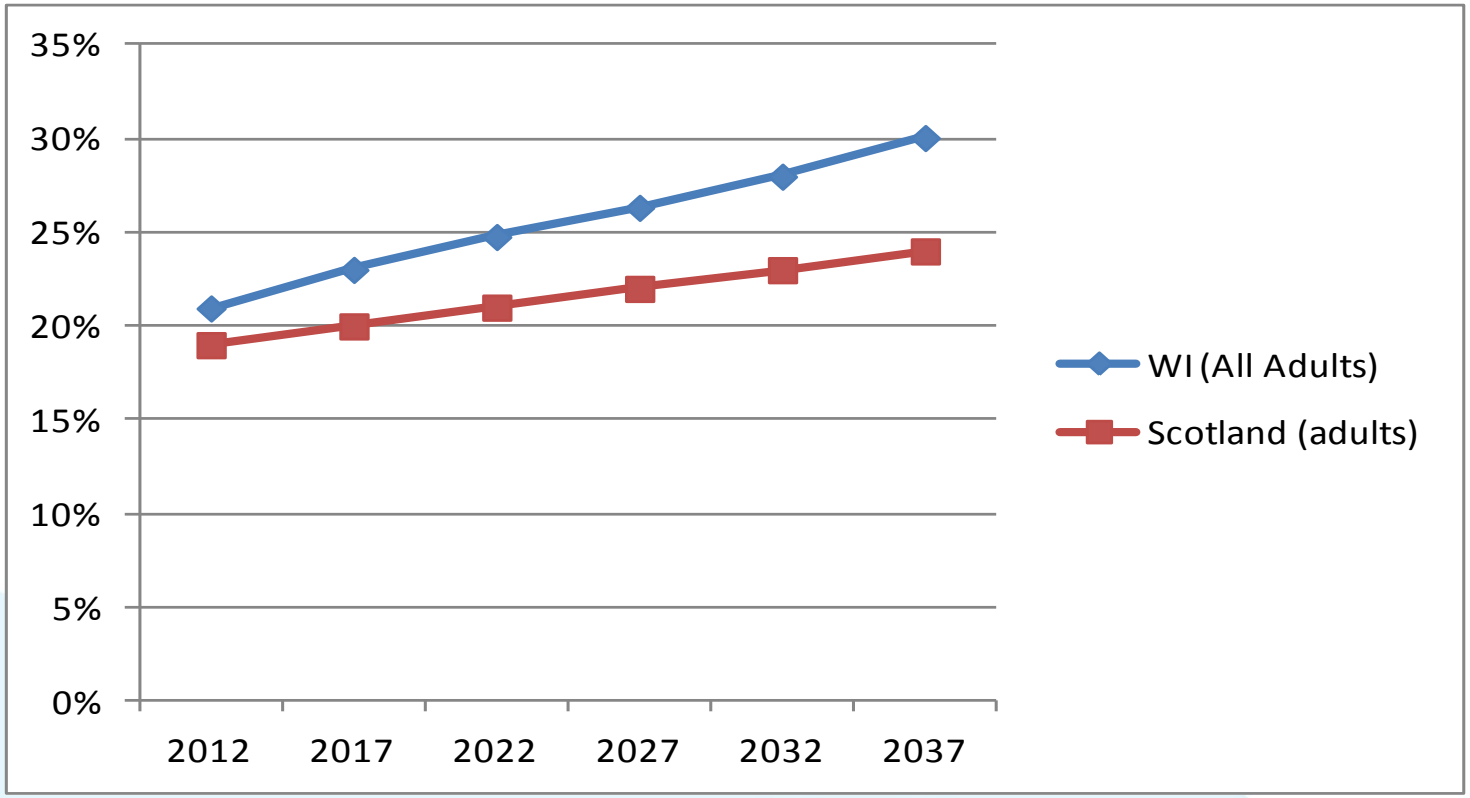
a)Social Trends – Living Longer



a)Social Trends – Ageing



a)Social trends – Living Alone



In UK a1/3 older people living alone = 3.64M

a) Social Challenge

- Ageing pop.
- Greater nos. living alone
- Loneliness/isolation linked to age and living alone
- So > Nos. Living alone and for longer = >exposure to loneliness
- Link to range of both mental and physical ill-health conditions

b) Public Health Challenge

a)Mortality risk:

- 26% increased risk of premature death
- Equivalent to smoking 15 cigs./day
- => than obesity, alcohol misuse & PA

b)Morbidity:

- Mental health (64% > risk clinical dementia; doubles alzheimers risk)
- Physical disease(CHD via +BP/chortisol, poorer survival rates, >hospitalisations;IDs; Cancer)

c)Health-related behaviours:links with alcohol, PA, diet

NHS
Eileanan Siar
Western Isles

Why need action in Western Isles?

1. WI facing ageing population (greatest risk of isolation)
2. >proportions of single person households esp. Older persons
3. Lonely persons > visit GPs / higher medication – both particular service pressures in WI.
4. Physical remoteness is linked to social isolation and a particular challenge to WI communities
5. Supporting people at homes is key WI policy – but danger of loneliness/SI as unintended consequence?
6. Tackling social isolation is a strategic priority of the new WI Health & SC Integration Partnership

NHS
Eileanan Siar
Western Isles

c) Tackling loneliness/SI in WI

1) ConnectingUists service
2) Remoage Intergenerational Project
3) mPower project
4) Intergenerational project
5) i2i – iSolutions to Isolation

1) ConnectingUists (Social Prescribing Service)

ConnectingUists

Social prescribing scheme

Don't have a photo for here - do you have one of older person with a tablet? I don't have anything!

Are you over 65 and live in North Uist, Benbecula and South Uist?

Do you sometimes feel lonely in your daily life or have difficulties keeping in touch with others?

If so, you are not alone and the social prescribing scheme may be able to help with social, emotional or practical needs you may be experiencing.

Feeling lonely or isolated can affect our mental and physical health and general wellbeing, particularly among older adults.

In fact it is acknowledged that loneliness can result in a 26% greater chance of an earler death - that's the same risk as smoking 15 cigarettes per day, a lack of exercise, taking drugs or from being obese.

The ConnectingUists social prescribing scheme allows GPs, nurses and other healthcare staff to refer people who may be feeling lonely or have difficulties keeping in touch with others.

Individuals may be supported with these non-medical needs, often through becoming involved with voluntary and community groups. In particular, social prescribing offers access to confidential support to help tackle these issues.

Benefits of social prescribing include:

- improved mental health and wellbeing
- increased access to social supports and networks
- reduced isolation and improved community connectedness
- improved self-esteem and self-confidence
- increased community involvement
- improved independence due to self-direction and personal choice
- opportunities to learn a new skill.

If you are interested in taking part please contact your GP, community nurse or other healthcare professional and ask to be referred.

RemoAge
REMOTE SUPPORT OF AGED PEOPLE

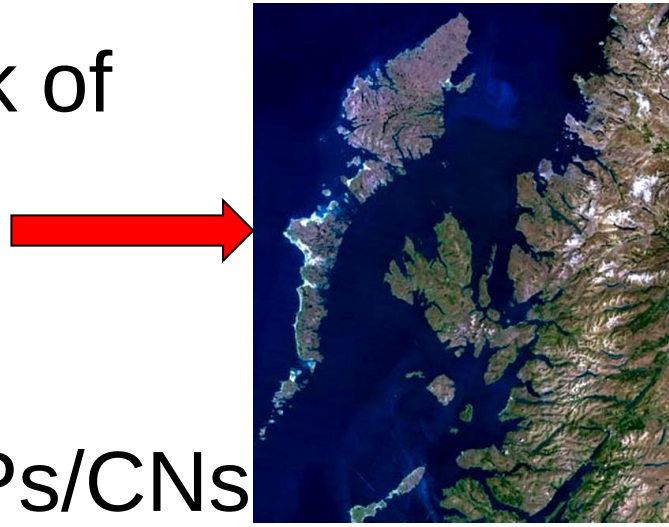
https://vimeo.com/168121148

RemoAge
REMOTE SUPPORT OF AGED PEOPLE

NHS
Eileanan Siar
Western Isles

ConnectingUists - Key Features

1. Focus on older persons at risk of social isolation/ loneliness

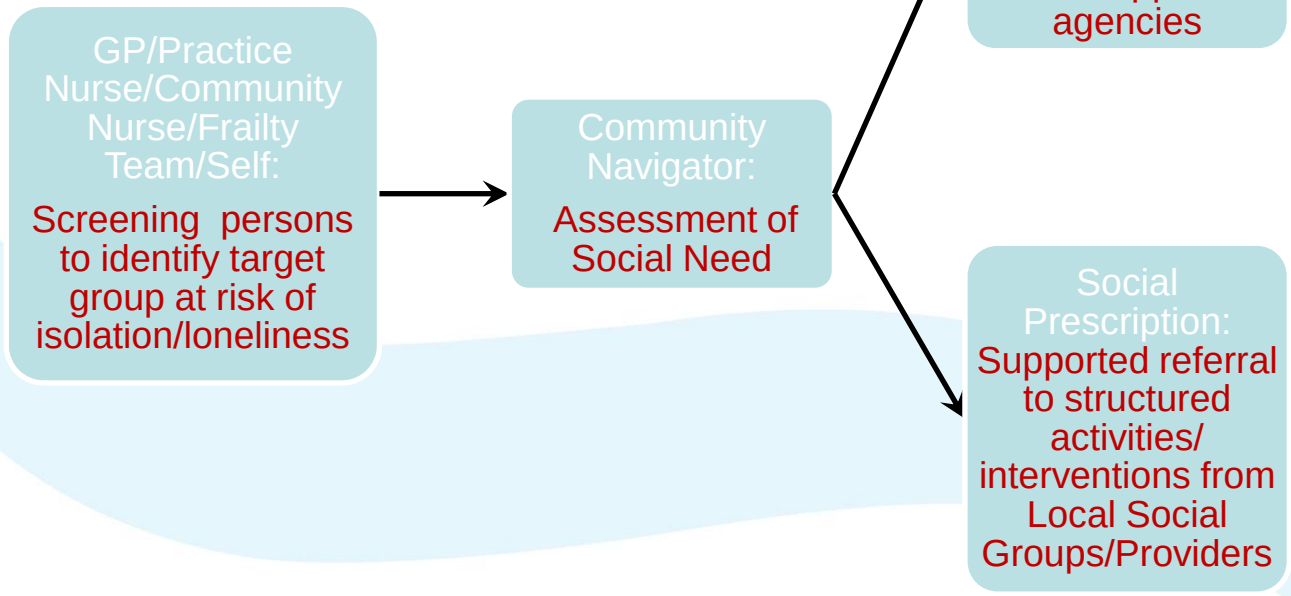


2. Remote area – Uists
3. Multiple referral pathways–GPs/CNs
4. Supports self-management of related LTCs
5. Coordination via Social Navigator
6. Key role for ICT

RemoAge
REMOTE SUPPORT OF AGED PEOPLE

NHS
Eileanan Siar
Western Isles

Organisation of Social Prescribing service



Social Providers:

H&WB Support:
Healthy lunch clubs,
cooking clubs,
music/signinglsessions,
horticulture projects

Emotional Support:
Befriending services
Dementia cafes
Condition Support Groups

Practical support:
Welfare/Benefits advice
ICT/AT advice/access
Community travel access
Aids/adaptations support
Language support

Volunteering and confidence building:
Befriending
Community transport
Peer mentoring

ConnectingUists – Enabling Role of ICT

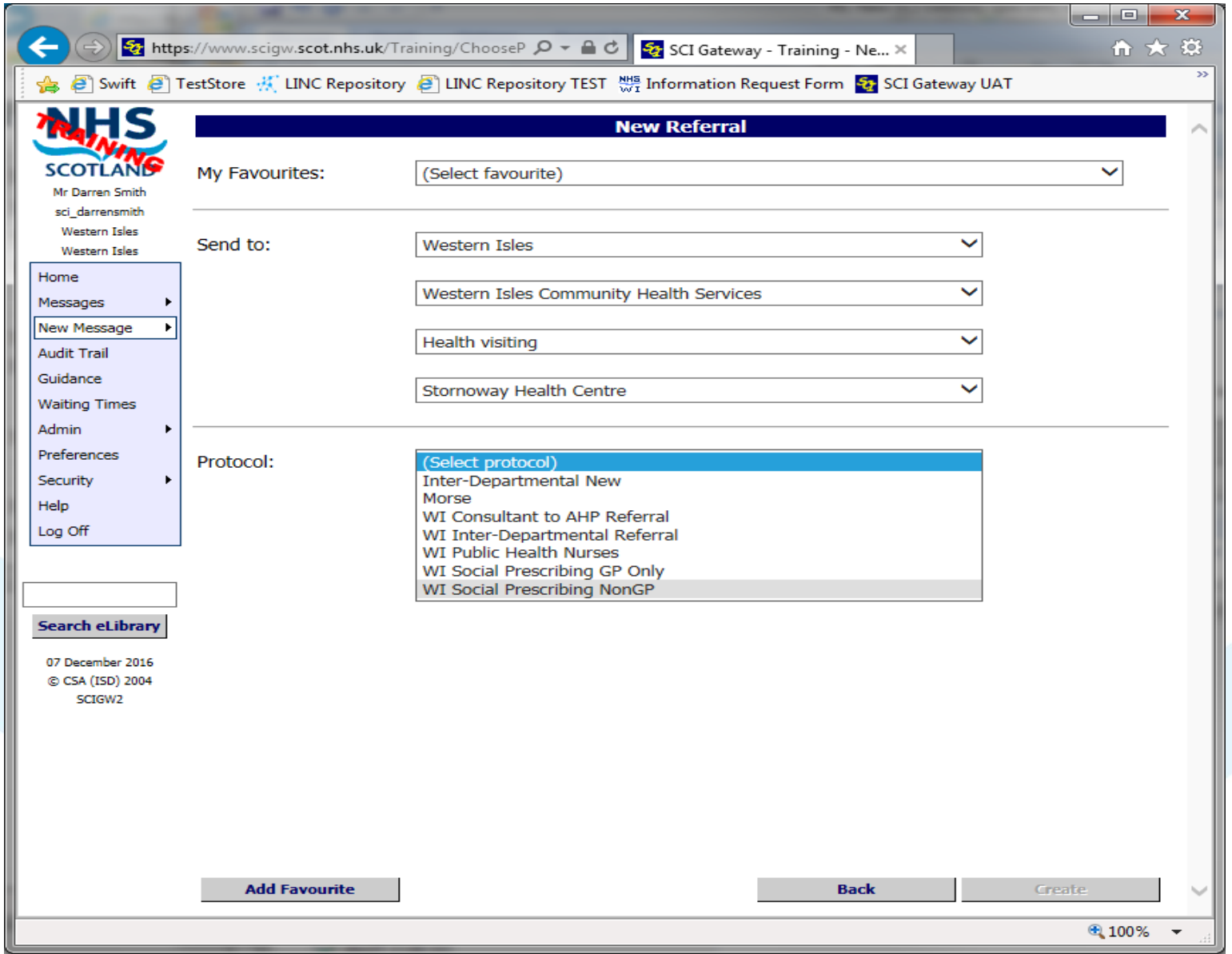
a)Process enabler:

1. Integrate process into existing Primary Care IT systems –via electronic referral protocols
2. Developed automated electronic transfer mechanism to NGOs/Vol. Orgs.

b)For supporting Patient/Carers:

1. Creation of Digital Community Assets register – linking Social Navigator and clients with Social Providers
2. Supported access/training to Social support ICT services via ADL Outreach Centres eg. Double/ iPad devices for social connections.

Electronic Referral via GP System



RemoAge
REMOTE SUPPORT OF AGED PEOPLE

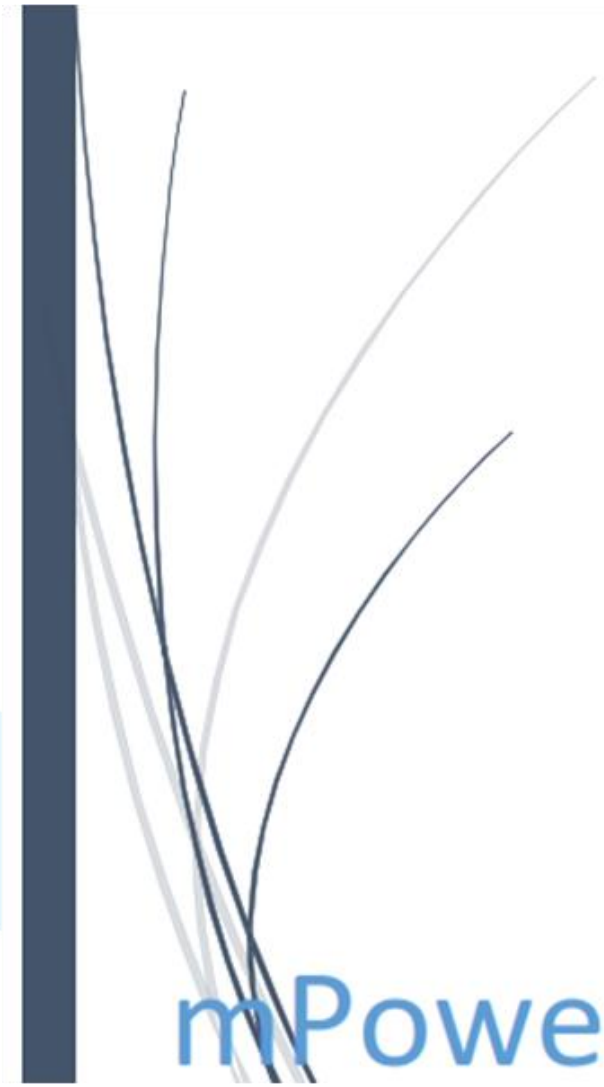
NHS
Eileanan Siar
Western Isles

2)Intergenerational Project

Iochdar Primary School

Sacred Heart Care Home

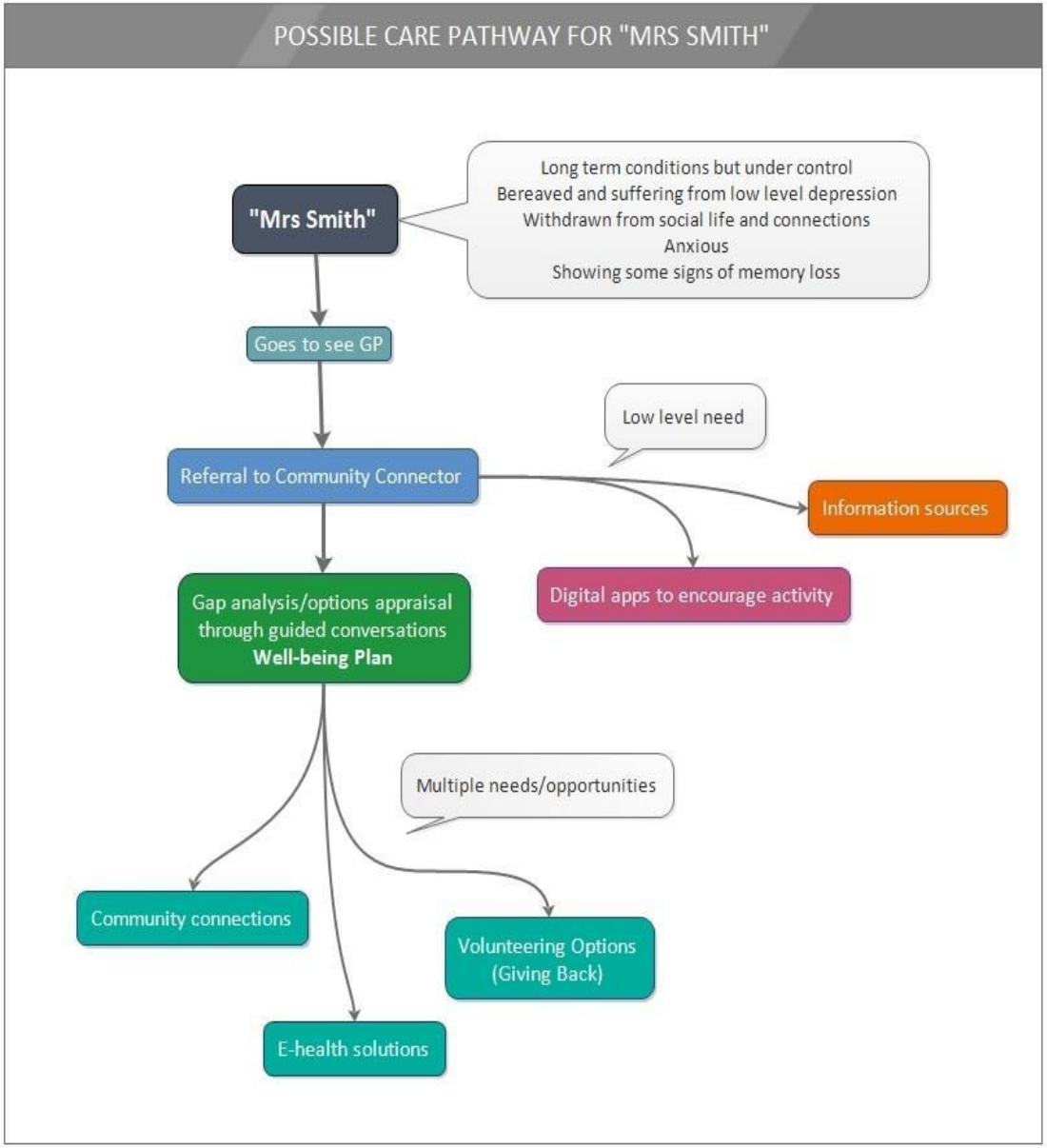
NHS
Eileanan Siar
Western Isles



mPower

Empowering older people to live well with improved connections.

Cross Border Service model

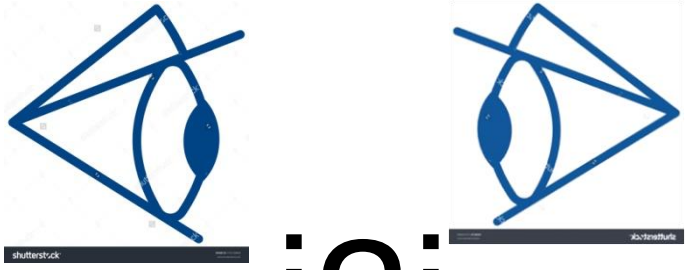


Community Navigator Service

- Target older people 65+ at risk
- Referred by Primary Care Staff
- Well-Being Plans
  - –Personalised action plan focusing on individual goals and priorities.
  - –Positive recognition of what the individual can do for themselves, their skills, access to resources and community supports.
  - –Roadmaps to quality of life enhancement.
  - –Opportunities for eHealth interventions.

mHealth interventions

1. Home & Mobile Health Monitoring
2. Digital Health & Wellbeing Services & Apps (10 to be identified for use)
3. Video enabled Services (for improving access/ reducing social isolation and promoting wellbeing)



i2i

4) *iSolutions to isolation*

Creating innovative solutions to tackle social isolation and their health impacts in NPA area

Aim:

To address the growing social isolation and associated health impacts among the young and elderly and other at risk groups living in remote and sparsely populated areas so reducing the pressure on fragile health and social care services in these areas

Future - iSolutions to Isolation

1. **iSupport**: Remote Social Support Alerting/Monitoring Solution for those at risk of isolation
2. **iNeighbors**: Neighborhood assets map, digital matchmaking of skills/needs, private social networking tailored for target groups in remote neighborhoods
3. **iBfriend**: digital 1-1 befriending service for remotely isolated persons and community volunteers
4. **iKnow**: remote digital knowledgebase of iSolutions and how to implement
5. **iStories**: digital almanac of community and personal stories – linking across generations

Martin Malcolm

Public Health Intelligence & Info. Services

Tel: 01851708055 E: martin.malcolm@nhs.net