

Campaign to End Loneliness

Constituency campaign pack

Letter to Your Health and Wellbeing Board

Dear [HWB CHAIR NAME]

I am writing as a constituency MP and supporter of the Campaign to End Loneliness, to impress upon you the harmful physical and mental consequences of loneliness in older age, and ask [YOUR AREA] Health and Wellbeing Board to treat it as a serious public health issue.

There is clear evidence that loneliness and isolation in older age presents a significant health risk: research has demonstrated it has a similar impact on early mortality as cigarette smoking, and is worse for us than obesity or physical inactivity.ⁱ Lonely individuals are more prone to depressionⁱⁱ, hypertensionⁱⁱⁱ, cognitive decline^{iv} and dementia^v. They are also more likely to undergo early admission into residential or nursing care.^{vi}

We know that consistently around 10% of the population over 65 feel lonely all or most of the time. This means that in [YOUR AREA], around [POPULATION OVER 65 MULTIPLIED BY 0.1] older people are chronically lonely. Currently, there are [POPULATION OVER 65 – SEE LOCAL STATISTICS SPREADSHEET] in [YOUR AREA] and of these, [PERCENTAGE IN YOUR AREA] of pensioners live alone.

The older population is projected to increase. As our population aged over 65 grows, the problem of loneliness amongst older people will increase too.

Effective interventions are often community-based and utilise volunteers, so can be relatively low cost. Research on interventions that reduce loneliness found they led to:

- Lower use of medication^{vii}, fewer GP visits and lower incidence of falls^{viii} and reduced risk factors for long term care
- Fewer days in hospital, physician visits and outpatient appointments^{ix}
- Fewer admissions to nursing homes and later admission^x

To tackle this problem the Campaign to End Loneliness, working with health and wellbeing boards and with funding from Department of Health, have created a loneliness toolkit for health and wellbeing boards to help assess the need and set out strategic methods of tackling loneliness.

This toolkit will enable our health and wellbeing board to better understand, identify and

commission interventions for the issue of loneliness in older age.

The toolkit was launched on July 10th 2012 by Paul Burstow MP, Minister of State for Social Care (2010-2012), who said:

"Loneliness can have a significant impact on people's health. Yet, unlike risks such as alcohol and obesity, it is still out of sight.

Relationships can help keep us well, and we can all play a part in tackling loneliness. That is why we have funded work on a toolkit for Health and Wellbeing Boards to support local councils and the NHS to take action to address the issue of loneliness in their area."

Content

The toolkit explains how to best include assessments of loneliness prevalence and indicators in Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). It covers key research on the detrimental impact of loneliness on our health and offers a financial case for taking preventative active.

It also demonstrates how loneliness relates to Adult Social Care and Public Health Outcomes Frameworks. The toolkit includes four steps - each with a series of downloadable tools and examples, starting with 'Step 1: Gather the data' and ending with Step 4: Monitor and evaluate.

You can find the toolkit online at www.campaigntoendloneliness.org.uk/toolkit

I am therefore writing to ask you whether you will ensure that loneliness is measured appropriately in the Joint Strategic Needs Assessment. If our area is shown to have an issue with loneliness in older age, I urge that you ensure it is tackled as a measurable priority or target within the Joint Health and Wellbeing Strategy.

Yours sincerely,

[YOUR NAME]

ⁱ Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. *PLoS Med* 2010;7(7).

ⁱⁱ Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA. Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychol Aging* 2006;21(1):140-51.

ⁱⁱⁱ Hawkley LC, Thisted RA, Masi CM, Cacioppo JT. Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults. *Psychol Aging* 2010;25(1):132-41.

^{iv} James BD, Wilson RS, Barnes LL, Bennett DA. Late-life social activity and cognitive decline in old age. *J Int Neuropsychol Soc* 2011;17(6):998-1005.

^v Wilson RS, Krueger KR, Arnold SE, Schneider JA, Kelly JF, Barnes LL, et al. Loneliness and risk of Alzheimer disease. *Arch Gen Psychiatry* 2007 Feb; 64(2):234-40

^{vi} Russell DW, Cutrona CE, de la Mora A, Wallace RB. Loneliness and nursing home admission among rural older adults. *Psychol Aging* 1997;12(4):574-89.

^{vii} Greaves, C.J. and Farbus, L. (2006) 'Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multi-method observational study', *The Journal of the Royal Society for the Promotion of Health*, vol 126, no 3, pp 133–142.

^{viii} Cohen, G.D. et al. (2006) 'The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults', *The Gerontologist*, vol 46, no 6, pp 726–734.

^{ix} Pitkala, K.H. et al. (2009) 'Effects of psychosocial group rehabilitation on health, use of health care services, and mortality of older persons suffering from loneliness: a randomised, controlled trial', *Journal of Gerontology: Medical Sciences*, vol 64A, no 7, pp 792–800.

^x Russell DW, Cutrona CE, de la Mora A, Wallace RB. Loneliness and nursing home admission among rural older adults. *Psychol Aging* 1997;12(4):574-89.