

# Social Isolation – scale and scope in Kent

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Council, August 2018

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# Social isolation a working definition

- 🍏 Social isolation has been defined as a ‘loss of place within one’s group’. A person who is socially isolated may experience psychological and physical distancing from his or her network of desired or needed relationships’<sup>1</sup>

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<sup>1</sup>Biordi and Nicholson Social isolation

# Impact of social isolation

- 🍏 Social isolation, “constitutes a major risk factor for health—rivalling the effect of well established health risk factors such as cigarette smoking, blood pressure, blood lipids, obesity and physical activity<sup>2</sup>”

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<sup>2</sup>House, Landis, and Umberson; Science, 1988

# How does social connectedness compare in relative terms with other forms health interventions?

- 🍏 Good levels of social connectedness outstrips mortality risk reduction<sup>3</sup> for:
  - smoking less and smoking cessation for people established CHD
  - Cardiac rehabilitation for people with CHD
  - Reducing Physical inactivity
  - Drug treatment for high blood pressure (>59)

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<sup>3</sup>Social Relationships and Mortality Risk: A Meta-analytic Review, Julianne Holt-Lunstad, Timothy B. Smith, J. Bradley Layton

# How generalisable are these impacts?

- 🍏 Good levels of social connectedness outstrips mortality risk reduction<sup>3</sup> for:
  - overall effect remained consistent across a number of factors, including age, sex, initial health status, follow-up period, and cause of death, suggesting that the association between social relationships and mortality may be general, and *efforts to reduce risk should not be isolated to subgroups such as the elderly.*

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<sup>3</sup>Social Relationships and Mortality Risk: A Meta-analytic Review, Julianne Holt-Lunstad, Timothy B. Smith, J. Bradley Layton

# How did we identify the scale of social isolation in Kent?

## *Wellbeing Acorn types with a high isolation index*

- Type 1: Limited living
- Type 2: Poorly pensioners
- Type 3: Hardship heartlands
- Type 5: Countryside complacency
- Type 6: Dangerous dependencies
- Type 7: Struggling smokers
- Type 9: Everyday excesses
- Type 10: Respiratory risks
- Type 11: Anxious adversity
- Type 12: Perilous futures
- Type 14: Rooted routines

“Health challenges... oldest people... prescribed medicines... high blood pressure... diabetes, heart problems and asthma... smokers... low alcohol consumption... social renting... routine occupations...”

“Retired people... social rented... poor diet... heart attack or angina... smokers... health hinders daily activities... inadequate heating... in receipt of benefits...”

“Rural and semi-rural areas... income below £20,000... rented homes... damp walls... illnesses typical of older populations... obesity, very high cholesterol... good mental wellbeing...”

# The Report



**Using Acorn Wellbeing & the Kent Integrated Dataset (KID) to identify and analyse older people more likely to be experiencing social isolation and loneliness**

September 2018



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Status: Draft

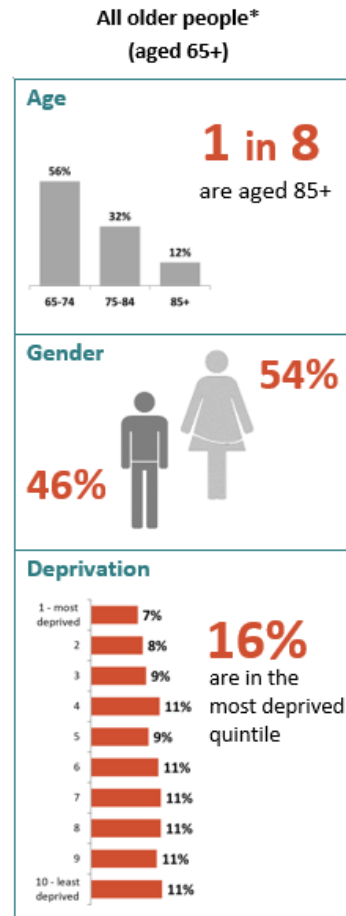
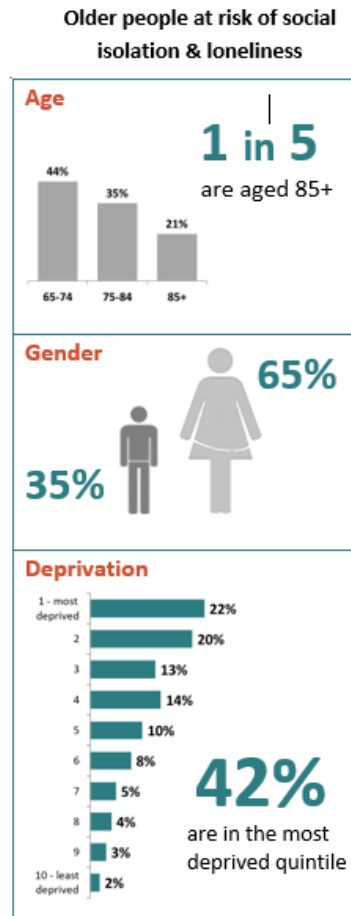
Kent residents aged 65+ who live alone and who fall into a Wellbeing type more likely to be socially isolated/lonely.

Wellbeing Acorn type	Total population (KID)	Aged 65+ (KID)	Aged 65+ and live alone (KID)
1 Limited living	12,628	7,577	5,094
2 Poorly pensioners	31,545	8,377	3,753
3 Hardship heartlands	55,640	7,941	3,443
5 Countryside complacency	54,542	9,214	2,677
6 Dangerous dependencies	11,060	1,218	412
7 Struggling smokers	36,133	2,382	558
9 Everyday excesses	157,184	17,403	5,766
10 Respiratory risks	21,106	3,408	985
11 Anxious adversity	58,587	6,037	1,551
12 Perilous futures	34,242	4,207	1,428
14 Rooted routines	85,948	12,802	3,810
<b>Total</b>	<b>558,615</b>	<b>80,566</b>	<b>29,477</b>

This represents 9.5% of the 65+ population of Kent (2017). Independent research by the Campaign to End Loneliness estimated that around 10% of over 65's are lonely all or most of the time .



# Profiling older people at risk of social isolation and loneliness (socio-demographics)

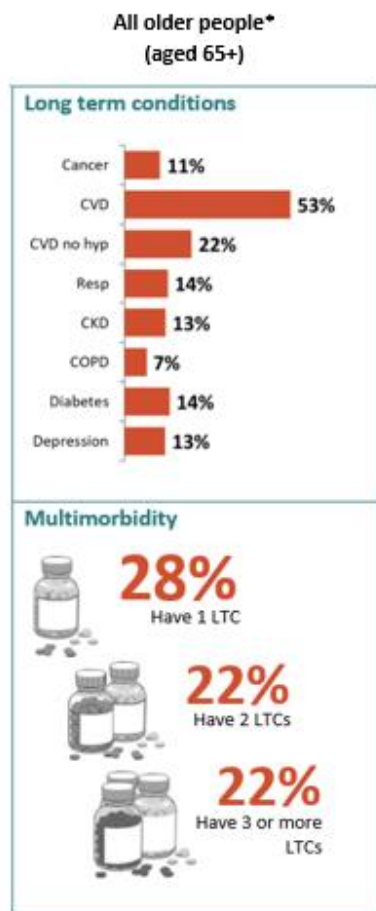
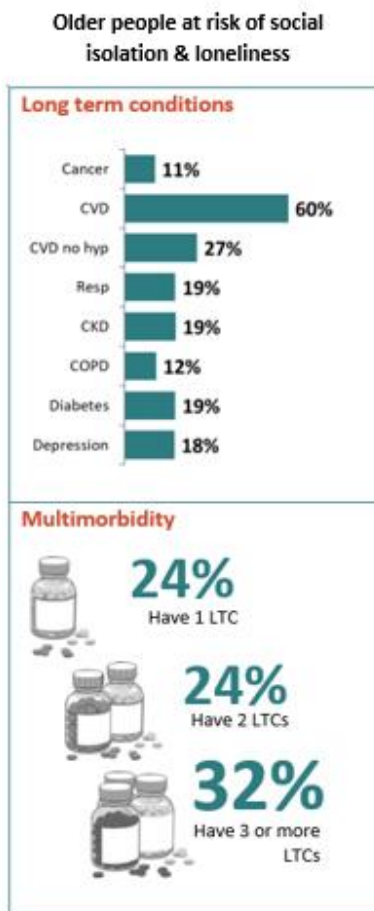


\*excluding care home residents

People with a higher probability of being socially isolated are:

1. older than the overall 65+ population of Kent,
2. more likely to be female,
3. and much more likely to be living in a deprived neighbourhood

# Profiling older people at risk of social isolation and loneliness (long term clinical conditions)



\*excluding care home residents

Older people in Kent identified as being at risk of social isolation and loneliness are:

1. more likely than the overall 65+ population of Kent to have a range of long term conditions , including

cardiovascular disease (AF, CHD, heart failure, hypertension, PAD and stroke combined),

respiratory disease (COPD and asthma combined),

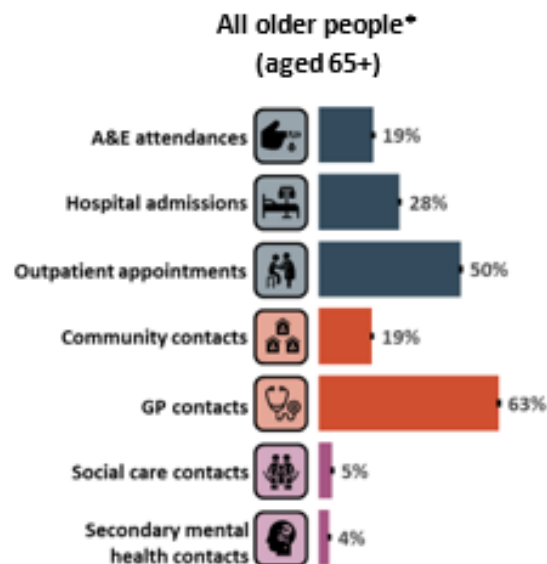
chronic kidney disease,

diabetes,

and depression,

1. more likely to be multimorbid (i.e. have two or more long term conditions).

# Profiling older people at risk of social isolation and loneliness (service utilisation)



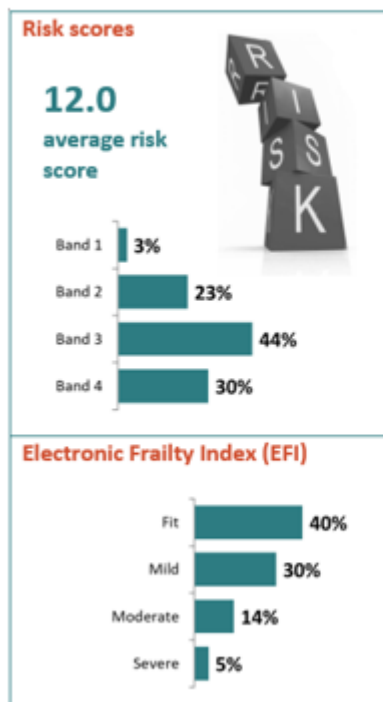
\*excluding care home residents

Older people in Kent identified as being at risk of social isolation and loneliness are more likely than the overall 65+ population of Kent to:

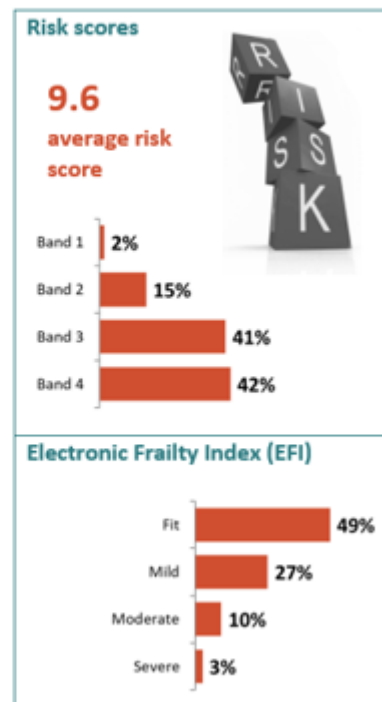
1. have attended A&E,
2. have been admitted to hospital,
3. have had contact with community health services and, social care

# Profiling older people at risk of social isolation and loneliness (risk of NEL admission and frailty)

Older people at risk of social isolation & loneliness



All older people\* (aged 65+)



Older people in Kent identified as being at risk of social isolation and loneliness are:

1. more likely to be assessed as being in a high risk score group ,
2. more likely to have characteristics recorded by their GP that place them in the 'severe' or 'moderate' frailty groups of the Electronic Frailty Index (EFI)

# Social isolation and mortality risk

- 🍏 US research shows that older people who are socially isolated have a mortality risk that is 31% higher when compared to people who are not socially isolated<sup>1</sup>.
- 🍏 This level of risk was present even after controlling for socio-demographic, health and functional status.

<sup>1</sup>Jonathan G. Shaw et al., “Social Isolation and Medicare Spending: Among Older Adults, Objective Isolation Increases Expenditures while Loneliness Does Not,” *Journal of Aging and Health*, Volume 29, No. 7, October 2017

# The cost of social isolation

- The London School of Economics<sup>2</sup> estimates (conservatively) that over a 10 year period the cost of health and social care costs of SI could be in excess of £1,700 per person over a ten year period.
- Furthermore, the costs for older people who are most severely lonely could be in excess of £6,000 lonely older person could cost health and social care services up to £6,000 over 10 years.
- In Kent, assuming the total estimated cohort (29,477) survived a ten year horizon and assuming the lower threshold cost, this would equate to around £50m over a ten year period or £5m per year.

<sup>2</sup>Making the economic case for investing in actions to prevent and/or tackle loneliness: a systematic review. September 2017, David McDaid, Annette Bauer and A-La Park, Personal Social Services Research Unit, London School of Economics and Political Science

# | What to do?

## What is return on investment?

- 🍏 Method that monetises the benefits gained from running a PH intervention and expresses them relative to the initial investment
- 🍏 For example, for every £1 that is spent on a specific public health intervention, how much of a return can be expected?

# Conclusions

1. Using a linked data approach based on the Kent Integrated Dataset (KID), circa 30,000 people have been identified as having higher SI propensity.
2. As a proportion of the over 65's in Kent, this figure is similar to the findings established in independent research.
3. When compared with persons aged 65 and over who are not living in a socially isolated context they are more likely to be older, female, deprived, multimorbid, more intense users of acute and community health services, have higher NEL readmission risk and frailty severity.
4. The financial consequences of even moderately isolated people are significant and for people who are more profoundly isolated are potential huge (£6k per person per year).



# SI interventions and their potential ROI

## **Befriending (face to face and telephone services)**

- Mixed cost-effectiveness evidence
- A befriending initiative for family carers of people with dementia in England was found to be highly cost ineffective<sup>1</sup>
- An intergenerational befriending scheme was found to have a return on every £1 invested of up to £4.56<sup>2</sup>

## **Participation in social and healthy lifestyle activities**

- Cost-effectiveness evidence is also mixed
- In a study in Finland where lonely older people participated in group activities, costs avoided were greater than the costs of delivering the intervention<sup>3</sup>
- Another study looking at the impacts of participation in a programme to promote better health and wellbeing reduced costs but led to poorer quality of life outcomes<sup>4</sup>

## **Signposting/navigation services**

- Encouraging evidence of cost-effectiveness
- Study evaluating the signposting of those who self-identify as lonely reported a modest return of £1.26 for every £1 invested<sup>5</sup>
- Increases to £2-£3 for every £1 invested when benefits linked to improved physical health are considered

# Current Kent context

## Befriending

KCC provide various types of support for carers. People who specifically care for someone with dementia can use the Dementia cafés service

**Cost-ineffective when aiming to reduce SI**

KCC coordinate befrienders to visit or call lonely people. Enablement is a service which helps the person to do more for themselves at home, by learning or re-learning skills that make them feel safe and happy in their home.

**Potential: £24 : £1**

KCC have Dementia cafés which provide a drop-in service for anyone affected by dementia who may need information or support. Dementia peer support groups are referral-only small groups for people in the early stages of the illness who have recently been diagnosed.

**Potential: £8 : £1**

## Social & Healthy lifestyle activities

KCC have day centres for older people and disabled people to take part in activities, catch up with friends and have lunch or a cup of tea. Often transport is provided and some centres have staff who are specially trained to help people who are older or less able to move around.

## Signposting/ navigation services

KCC has a care navigator service where elderly people (over 50s) are signposted to various different services including managing your money and benefits, staying safe in your own home and planning the support you need.

**Potential: £1.26 : £1**

# SI interventions and their potential

## ROI

- 🍏 Current evidence shows signposting and navigations service are more likely to be cost-effective
  - 🍏 Mixed evidence of the return on investment of befriending services and group activities
  - 🍏 Those interventions which were able to effectively target people who are lonely and/or socially isolated showed to highest potential for cost-effectiveness
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# ROI Caveats

- 🍏 Kent context is not the same as the studies shown, therefore ROI is likely to vary when applied to Kent
  - 🍏 Some ROI figures here are based on small-scale qualitative data and should therefore be treated with caution
  - 🍏 Different assumption used in different studies mean estimate for ROI can vary and need to be applied carefully in a Kent context to have meaning.
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# The human cost of being socially isolated



# Acknowledgements

🍏 Rachel Kennard, Amber Povey, Gaetano Romagnuolo,