

NHS Five Year Forward View

Implications for Commissioners

The shift towards preventing ill-health and promoting wellbeing should drive action on loneliness, as this has been recognised as a key form of primary prevention.¹

The [NHS Five Year Forward View](#) and its related Planning Guidance set out the framework for reform of the NHS over the next five years.

While neither document mentions loneliness or social isolation explicitly, the thrust of reform they set out ought to see increased attention to loneliness within the health system, and to foster the kind of partnership working across the health, care and voluntary sectors which have been demonstrated to be effective, for example in Cornwall, [Halton](#) and Rotherham (see [Promising Approaches](#) for more detail).

The main driver for action on loneliness is the emphasis on a shift towards preventing ill-health and promoting wellbeing within the health system, supporting people to remain independent in their own homes, and reducing unnecessary admissions. Whilst more commonly-known risk factors to health such as smoking and obesity are heavily referenced, there is recognition of “other causes” of ill-health in the document, and this creates an opportunity for further work on loneliness. The examples of Cornwall and Rotherham (noted above) are hailed as [demonstrating the way forward](#).

The Five Year Forward View and Planning Guidance sets out three main new models of care that are being promoted, in addition to the change already underway. These are already being put into practice across 29 [“vanguard sites”](#) for the New Care Models Programme.

It is positive to note that the need for action on loneliness and isolation, under this framework, has

already been recognised by some of the “vanguard” sites:

- In the area of [Integrated Primary and Acute Care Systems](#) (which is described as joining up GP, hospital, community and mental health services) plans for “Salford Together” state “working with the voluntary sector it will build supportive networks for individuals who are at risk of becoming socially isolated.”
- In the area of [Multispecialty Community Providers](#) (which are intended to move specialist care out of hospitals into the community) NHS Dudley CCG’s plan includes a case study of a frail older lady, and explains that the scheme “will ensure holistic care that better meets all of her medical and social needs at one time in one place, but allows her to access advice and support for the isolation she can feel at living alone far from her family, and combatting her episodes of anxiety.”
- In the area of [Enhanced health in care homes](#) (which is described as offering older people better, joined up health, care and rehabilitation services) plans from Wakefield CCG include reference to “tackling social isolation and shifting from fragmented to connected care.”

Transforming primary care

Implications for Commissioners

- GPs’ new responsibilities for the wider care of the most vulnerable older patients should drive renewed focus on the wider determinants of health, including the need to reduce loneliness and isolation
- CCGs will need to ensure there is adequate provision of such services within their communities, working with other commissioners across the health and care system.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf

[Transforming Primary Care: Safe, proactive personalised care for those who need it most](#) sets out the Government's vision for the future of primary care.

The "headline" proposal within this report was a pledge to ensure all those aged 75 and over have a named GP who is responsible for coordinating their care.

The document also sets out a requirement for patients with long term conditions (many of whom would be older, and more at risk of isolation and loneliness) to have a personalised plan for their care and support, through the Proactive Care Programme.

The Transforming Primary Care paper includes explicit reference to loneliness as one of the wider determinants of health, making clear that these issues need to be considered in determining an appropriate programme of care for vulnerable patients.

The paper states "Many determinants of health have traditionally sat outside of health and care responsibilities, such as living in a cold home, or the impact of loneliness on people's health. GPs and care coordinators should be taking a wider view of individuals' needs, using a social rather than just a medical model of health, identifying any risks and either involving the necessary services directly or signposting people to local services available to them."

Integrated Personal Commissioning

Implications for Commissioners

- Commissioners will need to consider how ready local health and care markets are to meet the needs of individuals using Integrated Personal Commissioning for their health and care. This should include considering what services and supports are available to help people meet their needs for developing and maintaining social connections

Integrated Personal Commissioning is another part of the reform of health and social care which is likely to

drive provision of services and supports designed to tackle loneliness.

The Integrated Personal Commissioning (IPC) programme was launched in July 2014 as a joint initiative between NHS England, the Local Government Association (LGA), Think Local Act Personal (TLAP) and the Association of Directors of Adult Social Services (ADASS). Health and social care leaders were formally invited to help build a new programme which would blend comprehensive health and social care funding for individuals with complex needs, and allow them to direct how it is used.

The [Prospectus](#) for the scheme was launched in September 2014 and highlights the likelihood that action to prevent/address social isolation will be likely to be part of packages commissioned under IPC. This point is further expanded under [Think Local, Act Personal](#) on the scheme, which includes the Rotherham Social Prescribing Scheme (featured in [Promising Approaches](#)) as a case study.

The first wave of the scheme launched in April 2015, and focuses on four groups of high-need individuals:

- people with long term conditions, including frail elderly people at risk of care home admission
- children with complex needs
- people with learning disabilities
- people with severe and enduring mental health problems

It is anticipated that the voluntary/third sector will play a particular role in supporting personal care planning, advocacy and service 'brokerage' for these individuals enrolled in the IPC programme.

The scheme is seen as building on the work of the Better Care Fund, bringing together work on "year of care" NHS commissioning, [personal budgets in continuing care](#), and the "[integrated care pioneers](#)".

The first wave of demonstrator sites include schemes specifically focussed on older people and dementia, for example:

- Luton: through the development of the IPC model, people with dementia will be offered more choices about their care with the goal of being able to stay independent for longer. Local leaders estimate enhanced personalised care plans will be in place for 60% of dementia sufferers, with local support and treatment services better aligned to the needs of individuals and their carers.
- Stockton on Tees: organisations will work with older people with long-term conditions. Their aim is to develop a model for the management of long-term conditions for the older people. Effective promotion of self-management will be at the heart of their new care model.
- Portsmouth: this area will be supporting older people with multiple long-term conditions who are most at risk of avoidable hospital admissions. Pooled health and social care budgets and the increased use of personal health budgets will enable Portsmouth to continue to breakdown organisational barriers between health and social care and provide more joined up personalised care for older people.

It is likely that this scheme will lead to increased emphasis on addressing social isolation and supporting social connection, as it is highly likely that these outcomes will be valued by individuals.