

There is good evidence that action on loneliness and social isolation can make a positive contribution to the achievement of a number of key outcomes across all three of the main frameworks for health and well-being: the NHS, Public Health and Adult Social Care Outcomes Frameworks.

Why action on loneliness can improve outcomes

- Action on loneliness is likely to drive improvements across a wide range of domains of the key outcomes frameworks including, but not limited to, those which explicitly relate to social contact.
- Commissioners in public health, adult social care and CCGs should seek to work together to put in place effective loneliness interventions of the kind set out in [Promising Approaches](#) to achieve these improvements.
- Given the strong evidence in favour of partnership approaches to loneliness and isolation it makes sense for commissioners in public health, adult social care and CCGs, to work together to ensure appropriate services and supports are available in their communities. Such joint commissioning would be likely to lead to improvements against key indicators for all parties.

Below we detail the domains, outcomes and indicators which, evidence suggests, could be impacted by work to address loneliness and social isolation.

The NHS Outcomes framework (NHSOF)

Action on loneliness is likely to contribute to improvements in indicators across at least three domains of the NHSOF. These are detailed below:

Domain 1: Preventing people dying prematurely

- 1a. potential years of life lost from causes considered amenable to healthcare
- 1b. life expectancy at 75
- 1.1. under 75 mortality rate from cardiovascular disease
- 1.5 i. excess under 75 mortality rate in adults with serious mental illness
- 1.5 ii. excess under 75 mortality rate in adults with common mental illness
- 1.5 iii. Suicide and mortality from injury of undetermined intent among people with recent contact from NHS services

There is a wide range of [evidence](#) linking loneliness and social isolation to early mortality,¹ with a meta-analysis concluding that weak social connections were an equivalent risk factor for early mortality to smoking 15 cigarettes a day.²

There is specific evidence linking loneliness and isolation to the risk of cardiovascular disease.³

¹Bennett, K. M. (2002). 'Low level social engagement as a precursor of mortality among people in later life' *Age and Ageing* 31: 168-168 <http://ageing.oxfordjournals.org/content/31/3/165.abstract>

²Holt-Lunstad J., Smith, T.B., and Layton J.B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS Med* 7(7) <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000316>

³Stephens, A., Owen, N., Kunz-Ebrecht, S.R., and Brydon, L. (2004). Loneliness and neuroendocrine, cardiovascular, and inflammatory stress responses in middle-aged men and women. *Psychoneuroendocrinology* 29(5): 593-611 <http://www.ncbi.nlm.nih.gov/pubmed/15041083>

And Udell JA, Steg P, Scirica BM, et al. (2012). Living Alone and Cardiovascular Risk in Outpatients at Risk of or With Atherothrombosis. *Archives of Internal Medicine* 172(14): 1086-1095. <http://archinte.jamanetwork.com/article.aspx?articleid=1188041>

And Hawkey, L. (2010) 'Loneliness predicts increased blood pressure: five-year cross-lagged analyses in middle-aged and older adults' *Psychology and Ageing* March 25(1): 132-141

Clear evidence links loneliness to a 64% increase in the risk of developing dementia.⁴

There is specific evidence linking loneliness and isolation to the risk of suicide.⁵

Domain 2: Enhancing quality of life for people with long-term conditions

- 2. Health-related quality of life for people with long-term conditions
- 2.4. Health-related quality of life for carers
- 2.5 ii. Health-related quality of life for people with mental illness
- 2.6. ii. A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia
- 2.7. Health-related quality of life for people with three or more long term conditions

There is clear evidence that links loneliness to poor quality of life⁶, and to poor self-reported health.⁷

Domain 3: Helping people to recover from episodes of ill health or following injury

- 3a. Emergency admissions for acute conditions that should not usually require hospital admission
- 3b. Emergency readmissions within 30 days of discharge from hospital⁸

There is strong evidence linking loneliness to emergency admissions to hospital.

The [Promising Approaches](#) report includes a range of examples of integrated care and other health-related programmes delivering savings to the NHS via reduced A&E visits, and also delivering improvements in quality of life for older people through improvements in social connections.⁹ Health commissioners should therefore look to work in partnership with those in adult social care and public health to commission joined-up, community-wide responses to loneliness.

⁴ Holwerda, T. J. Deeg, D., Beekman, A. van Tilburg, T.G., Stek, M.L., Jonker, C., and Schoevers, R. (2012). Research paper: Feelings of loneliness, but not social isolation, predict dementia onset: results from the Amsterdam Study of the Elderly (AMSTEL) *Journal of Neurology, Neurosurgery and Psychiatry* <http://jnnp.bmj.com/content/early/2012/11/06/jnnp-2012-302755>

⁵ Mellqvist Fässberg, M., van Orden, K. A., Duberstein, P., Erlangsen, A., Lapierre, S., Bodner, E., Canetto, S. S., De Leo, D., Szanto, K., and Waern, M. (2012). 'A Systematic Review of Social Factors and Suicidal Behavior in Older Adulthood' *International Journal of Environmental Research and Public Health* March 9(3): 722-745 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3367273/>

⁶ http://www.ilcuk.org.uk/index.php/publications/publication_details/the_links_between_social_connections_and_wellbeing_in_later_life

⁷ Stickley et al (2013) 'Loneliness: Its Correlates and Association with Health Behaviours and Outcomes in Nine Countries of the Former Soviet Union' *PLOS One* <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0067978>

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Kaasa, K. (1998). 'Loneliness in old age: Psychosocial and health predictors' *Norwegian Journal of Epidemiology* 8(2): 195-201 <http://www.ntnu.no/ojs/index.php/norepid/article/view/468>

⁸ Molloy, G. J., McGee, H. M., O'Neill, D. and Conroy, R. M. (2010), Loneliness and Emergency and Planned Hospitalizations in a Community Sample of Older Adults. *Journal of the American Geriatrics Society*, 58: 1538-1541.

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Geller, J; Janson, P; McGovern, E; Valdini, A (1999); Loneliness as a predictor of hospital emergency department use. *The Journal of Family Practice*, Vol 48(10), Oct 1999, 801-804.

⁹ <http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf> In particular case studies number 3,4,5,10 and 14

Adult Social Care outcomes framework (ASCOF)

Action on loneliness is likely to contribute to improvements against indicators across at least two domains of the ASCOF. These are detailed below:

Domain 1: Enhancing quality of life for people with care and support needs

- 1A. Social care-related quality of life
- 1D. Carer-reported quality of life
- 1L. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like

The [ASCOT](#) measure, which is used to assess quality of life for the purposes of the ASCOF, includes a question on the extent to which individuals feel they have sufficient social contact. This measure is also pulled-out as an indicator in its own right.

Action on loneliness will therefore be required to ensure improvements against this indicator. And, as the framework set out in [Promising Approaches](#) makes clear, to be most effective this action must be located in a community-wide response to loneliness, offering support at a range of levels. While care users and carers may require tailored support to enable them to access opportunities for social connection, specialist services alone are unlikely to deliver results. Authorities will need to ensure that sufficient provision is available in the wider community if they are effectively to meet these needs, and may find that joint-working with the NHS and public health is most effective.

Domain 2: Delaying and reducing the need for care and support

- 2A. Permanent admissions to residential and nursing care homes, per 100,000 population
- 2B. Proportion of older people (65 and over)

who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

- Placeholder 2E: The effectiveness of reablement services
- Placeholder 2F: Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life

There is evidence linking loneliness and admission to residential care.¹⁰

Action to address social connection is likely to be a core part of reablement services, given the clear links between loneliness and quality of life, and the increased risk of emergency admission among those who are lonely.

While the current placeholder on dementia has yet to be defined, it is reasonable to assume that developing and maintaining relationships would be a core outcome, given its centrality to the definition of wellbeing in the Care Act 2014. There are already some positive examples of specialist services being developed to support social connection among people with dementia.¹¹

Public Health Outcomes framework (PHOF)

Action on loneliness is likely to contribute to the achievement of a number of key indicators across at least three domains of the PHOF. These are detailed below.

Domain 1: Improving the wider determinants of health

- 1.18. Social isolation
- 1.19. Older people's perceptions of community safety

¹⁰Russell 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.

¹¹<http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf> In particular case studies 12 and 14

The PHOF shares its measure of social isolation with the ASCOF, which unfortunately means that levels of loneliness amongst the wider population are not currently measured. However, as noted above, action to address loneliness which is restricted to the adult social care user and/or carer population is unlikely to be effective in meeting individuals' needs. Instead, loneliness responses must be embedded across the community, as demonstrated in the [Promising Approaches](#) framework.

Furthermore, action on loneliness is likely to have wider impacts because older people are more likely to feel comfortable, and less in fear, in communities in which they are able to take part, and in which they have a role. There is even evidence that loneliness interventions can help people [feel less fearful](#) in their own homes.¹²

Domain 2: Health improvement

- 2.11. Diet
- 2.12. Excess weight in adults
- 2.13. Promotion of physically active and inactive adults
- 2.14. Smoking prevalence – adult (over 18)
- 2.15. Alcohol-related admissions to hospital
- 2.23. Self-reported wellbeing

The evidence demonstrates clear links between loneliness and poor health choices, including around diet, smoking and drinking.¹³ It is therefore likely that addressing loneliness and isolation within communities will have positive impacts on a wider range of health indicators.

Addressing loneliness and isolation within communities will also be important in improving outcomes around wellbeing, given the very clear links between the two.¹⁴

Domain 4: Health care, public health and preventing premature mortality

- 4.3. Mortality from causes considered preventable
- 4.4. Mortality from all cardiovascular diseases (including heart disease and stroke)
- 4.9. Excess under 75 mortality in adults with serious mental illness
- 4.10. Suicide rate
- 4.11. Emergency readmissions within 30 days of discharge from hospital
- 4.13 Health-related quality of life for older people

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There is also evidence linking loneliness and emergency admissions.

There is also specific evidence linking loneliness and isolation to the risk of cardiovascular disease¹⁷ and suicide.¹⁸

Joint-commissioning of services

Given that many of these outcomes are shared across public health, the NHS, and adult social care, and given the additional benefits of joint working, joint commissioning of services may be most appropriate. A number of joined-up services to combat loneliness and isolation are outlined in [Promising Approaches](#).¹⁹

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- ¹²Russell 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.
- ¹³Conklin et al. (2013) 'Social relationships and healthful dietary behaviour: Evidence from over-50s in the EPIC cohort, UK' *Social Science & Medicine* 2013. <http://dx.doi.org/10.1016/j.socscimed.2013.08.018>
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¹⁴http://www.ilcuk.org.uk/index.php/publications/publication_details/the_links_between_social_connections_and_wellbeing_in_later_life
- ¹⁵Bennett, K. M. (2002). 'Low level social engagement as a precursor of mortality among people in later life' *Age and Ageing* 31: 168-168 <http://ageing.oxfordjournals.org/content/31/3/165.abstract>
- ¹⁶Holt-Lunstad J., Smith, T.B., and Layton J.B. (2010). Social relationships and mortality risk: a meta-analytic review. *PLoS Med* 7(7) <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1000316>
- ¹⁷Stephoe, A., Owen, N., Kunz-Ebrecht, S.R., and Brydon, L. (2004). Loneliness and neuroendocrine, cardiovascular, and inflammatory stress responses in middle-aged men and women. *Psychoneuroendocrinology* 29(5): 593-611 <http://www.ncbi.nlm.nih.gov/pubmed/15041083>
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Udell JA, Steg P, Scirica BM, et al. (2012). Living Alone and Cardiovascular Risk in Outpatients at Risk of or With Atherothrombosis. *Archives of Internal Medicine* 172(14): 1086-1095. <http://archinte.jamanetwork.com/article.aspx?articleid=1188041>
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Hawkey, L. (2010) 'Loneliness predicts increased blood pressure: five-year cross-lagged analyses in middle-aged and older adults' *Psychology and Ageing* March 25(1): 132-141
- ¹⁸Mellqvist Fässberg, M., van Orden, K. A., Duberstein, P., Erlangsen, A., Lapiere, S., Bodner, E., Canetto, S. S., De Leo, D., Szanto, K., and Waern, M. (2012). 'A Systematic Review of Social Factors and Suicidal Behavior in Older Adulthood' *International Journal of Environmental Research and Public Health* March 9(3): 722-745 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3367273/>
¹⁹<http://www.campaigntoendloneliness.org/wp-content/uploads/Promising-approaches-to-reducing-loneliness-and-isolation-in-later-life.pdf> In particular case studies number 3,4,5,10 and 14