EQUAL OPPORTUNITIES COMMITTEE

AGE AND SOCIAL ISOLATION

SUBMISSION FROM CHEST HEART AND STROKE SCOTLAND

Themes

- Prevalence of social isolation in urban and rural settings
- Impacts of social isolation, for instance loneliness, ill-health
- Best practice and ideas that could be shared across Scotland, including examples of targeted support or initiatives (including housing, health, third sector)
- Potential ideas for improvement and influencing policy
- Effective awareness-raising within communities

Introduction

There has been a growing amount of campaigning and evidence around the benefits of working with older adults to help alleviate loneliness and social isolation. The detrimental health impact of loneliness on people’s health is increasingly well documented. For example, the Institute of Research and Innovation in Social Services (IRISS) has provided a useful evidence summary on preventing social isolation and loneliness in older people (Insights 25, March 2014). It outlines a number of potential adverse effects of loneliness on health, including an increased risk of heart disease and heart failure and greater use of health services. Through initiatives like its loneliness roadshows, Befriending Networks also provides much useful guidance in this area.

The IRISS report highlights a range of interventions that can reduce loneliness and isolation in older people, including information and signposting, individual support, group information, health promotion and community engagement.

CHSS Cardiac & Respiratory Support Service (C&RSS)

Since its beginnings as the National Association for the Prevention of Tuberculosis (NAPT) in 1899, Chest Heart and Stroke Scotland (CHSS) has a long history of providing information, support and services to those living with long-term cardiac, respiratory and stroke conditions. In particular, the Cardiac & Respiratory Support Service (C&RSS) aims to reduce isolation and improve the quality of life of people living with chronic heart and lung conditions like heart failure and chronic obstructive pulmonary disease (COPD). C&RSS seeks to achieve this by:

- Reducing the impact of social isolation through the provision of companionship, sign-posting to services, and access to activities in local communities
- Increasing the potential for participation through enablement and re-ablement
- Enhancing the individual’s capacity to self-manage through access to information and local services
• Improving quality of life by raising self-confidence

We work in partnership with others to make this happen – medical professionals, other charities and local authority services, like social work and care providers. Most importantly, we work with people living with chronic cardiac and respiratory conditions, their families and friends. A leading heart failure nurse said: “One person is so happy with her volunteer that she no longer phones me to talk about simple everyday problems.”

Newsletters

We currently send out more than 3000 copies each quarter of our newsletter ‘Take Heart’ to people living with heart failure in Highland, Greater Glasgow and Clyde, Lanarkshire and Lothian. We aim to support people to manage their condition by reinforcing key self management messages, such as those stated in clinical guidelines European Society of Cardiology ‘Topics’. The newsletter features people’s own stories of living with heart failure, issues like managing medication, keeping active and practical hints and tips. Readers have reported that the newsletter helps them ‘feel less alone’ and ‘part of a community’. We are also piloting an electronic newsletter ‘Take a Breath’ for those with chronic respiratory conditions in Highland.

Patient and Carer Meetings

Everyone who receives ‘Take Heart’ receives an invitation to a patient and carer meeting in their area. Usually held in the local hospital, these are run in partnership with local heart failure nurses. Speakers have included cardiologists, pharmacists, physiotherapists, charities like Age Scotland, Scottish Fire Service, community safety officers, benefits advisers, complementary therapists and carer organisations. There is always the opportunity to chat over a cup of tea or coffee and consult the heart failure nurse or speaker about issues of interest. Feedback includes: “The speakers are always so interesting, I learn something new every time.”

Small Peer Support Groups

The value of the shared experience is often under estimated and potentially undervalued. Feedback from C&RSS small peer support groups in Highland and Lanarkshire indicates that people find getting together with others in the same situation very helpful. These informal meetings allow people to share experiences and talk about what it is really like to live with a long-term condition. They can swap good sources of help and enjoy a chat, welcome speakers or share skills. Topics have included craft projects, flower arranging, what’s on locally, links to services like libraries and keeping safe. Someone at a group said: “The meetings were a life line for me when I was first diagnosed.”

One to One Befriending Service

The C&RSS one to one befriending service runs in Greater Glasgow and Clyde, Highland, Lanarkshire and the Western Isles. It offers people with long-term cardiac and respiratory conditions who are unable to get out and about the opportunity to be matched with a volunteer befriender. All C&RSS volunteers are specially trained and undergo Protection of Vulnerable Groups (PVG) checks. The volunteer visits the
person in their own home. They can either stay in and chat or go on an outing, it is up to them. The aim is to help people feel less lonely and isolated, increase their confidence and improve their quality of life. One of our Highland clients recently said: ‘I know that when my volunteer visits, I won’t be down because she just makes me laugh so much! My befriender has changed my life. I always look forward to seeing her and once she leaves I can’t wait for the next visit.’

In 2013/14 there were around 500 attendances at our patient and carer meetings, 100 at small peer support groups and 65 clients of our befriending service. We look forward to these figures continuing to grow as the service develops.

C&RSS is actively involved in promoting European Heart Failure Awareness Day (Friday 8th May 2015). We will use social media and host events in public areas like shopping centres. Feedback was positive about the Facebook campaign we ran last year. As well as offering information, these sessions offer opportunities to engage in health promotion work, outlining the benefits of healthy eating and exercise, for example. Local heart failure nurses are our partners for these events.

**Systematic Review**

We have always recognised that it is important to measure the impact of our work, including both qualitative and quantitative measures. When our service first began, there was a real lack of suitable validated measures to assess the impact of interventions on loneliness. Thankfully, things have improved. We have recently commissioned a systematic review entitled: ‘Evidence of the Effectiveness and Patient Experience of Formalised Social Support for People with a Diagnosis of Heart Failure’ from Stirling and Napier Universities. The final report is due in summer 2015. The review will include the causes of loneliness among those with heart failure and the needs of those who experience loneliness. It is hoped that these findings will allow us to implement robust patient reported outcome measures (PROMS) in order to measure the short, medium and long term impact of the services on people’s lives.

**Other CHSS Services**

Widening access to information and support is a key CHSS objective. The Tackling Barriers project is looking at how CHSS can reach more people with chest, heart and stroke illness, focusing particularly on those with low literacy and those from minority ethnic communities.

Our services in rural areas offer particular challenges in terms of distance and transport. We are actively looking at ways of overcoming these challenges.

C&RSS links in to the wide range of printed and on-line information available from CHSS. Examples include a booklet about living with heart failure and factsheets on topics like managing breathlessness, salt intake and tiredness. All CHSS publications are free in Scotland. E-learning resources include [www.stroke4cares.org](http://www.stroke4cares.org) and we will launch two free on line self management resources in June 2015: [www.selfhelp4stroke.org](http://www.selfhelp4stroke.org) and [www.mylungsmylife.org](http://www.mylungsmylife.org)

The CHSS Advice Line Nurses provide a supportive listening ear, details of local support services and confidential information and advice about all aspects of living with chest and heart conditions. Calls are free from landlines and mobiles.
C&RSS and the Future

It is generally accepted that Scotland has an ageing population. As people live longer they are more likely to be diagnosed with a range of different medical conditions or co-morbidities. Services such as those provided by C&RSS play an important role in providing a link between health professionals and others and those living with long-term cardiac and respiratory conditions in the community. This empowers individuals and builds resilience within communities by harnessing the skills of local volunteers. The value provided by services such as C&RSS should not be underestimated.

As the integration of health and social care becomes a reality, this will impact on how services like C&RSS fund and deliver support to people with long term cardiac and respiratory conditions. CHSS is currently looking at how best to respond to these changes to protect and develop our services.

In future we hope C&RSS will grow to offer services in more areas across Scotland. We would anticipate using social media and other technology to reach more people. We will look at how best to develop the support we offer further, including additional forms of peer group support, telephone befriending and conference calling. We are especially keen to see how we can make use of these to provide innovative services for those in remote and rural areas, both in terms of overcoming barriers of distance and of very small communities where a traditional befriending match would be inappropriate.

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Selected references
Befriending Networks: www.befriending.co.uk
Collins, E, 2014 Preventing social isolation and loneliness in Older People. Glasgow: IRISS Insights 25
European Society of Cardiology: www.escardio.org