Social connectedness in older people: who is responsible?

The benefits of social connectedness for good mental health are well recognised. The National Institute for Health and Care Excellence (NICE) guidance recommends provision of multi-component interventions to reduce loneliness in later life and support independence and community engagement.[1,2] The importance of such strategies to reduce isolation is emphasised. However, a randomised controlled trial of a multi-component intervention recommended by NICE (Lifestyle Matters)[3] and assigned to groups of older people (ie, aged 65 years and older) with no common health condition highlighted the need to identify and work with individuals whose health is on the point of decline and who have an absence of means.

As recommended by NICE, the role of primary care should be instrumental.[1] Routine health checks for some key health conditions (eg, cardiovascular disease risk) are offered through primary care in England for adults aged 75 years and younger,[4] but the effectiveness of this approach has been challenged.[5] Guidance is offered to practitioners to help them identify and manage frailty in later life;[6] however, what about those individuals aged 70 years and older who are not frail but whose health is beginning to decline and who need some support to maintain their social networks, engagement in the community, and wellbeing?

In this issue of *The Lancet Public Health*, the analysis by Mai Stafford and colleagues[7] concludes that associations exist between factors indicative of the extent of social connectivity in older people (aged 53–69 years) and their attendance (or not) at routine screening and other preventive health services. Although these associations are not surprising, since older people who become isolated and lonely are not going to readily respond to unexpected appointments and are likely to neglect their health needs (with potentially substantial negative consequences), the implications of the analysis findings should inform policy, research, and practice in communities.

What steps can and should be taken to improve social connectedness in older people? What needs to be achieved to support social connectedness, which in turn could improve physical and mental health? These questions among several others still need to be addressed. Stafford and colleagues' analysis[7] underscores the issues caused by a service-created separation of physical health from social

and emotional health. This study also emphasises how the difficult issue of reaching individuals who have become disconnected continues to be set aside. How do we identify individuals who need support to seek services that will promote their health and wellbeing? What is the role of primary care and other community services in achieving this? Can preventive strategies be integrated into existing health-care and social-care services?[8] Research also suggests the need for proactive strategies that might be different to those previously used—ie, the pilot study of the Lifestyle Matters intervention used local community knowledge of individuals who might benefit from assistance with redesigning their lifestyle, including social life, to good effect,[9] but how realistic is this intervention at scale?

Three key messages have transpired from this analysis.[7] First, concerns about the deleterious consequences of isolation and loneliness in later life continue without questions being acted on from the existing body of research. Second, interventions continue to be developed to help people maintain social connectedness; however, their effectiveness is limited if individuals who might benefit the most cannot be reached. Last, processes need to be implemented to identify older people who are already or at risk of becoming socially disconnected and therefore vulnerable. Such an approach could be incorporated within mandated primary-care checks or triggered by a response to register important life events such as widowhood. A coordinated approach across health care, social care, and the community is required.

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