

<h1>BRIEFING</h1>	<b>TO:</b>	Rotherham Health and Wellbeing Board
	<b>DATE:</b>	1 <sup>st</sup> April 2026
	<b>LEAD OFFICERS:</b>	Ruth Fletcher-Brown, Public Health Specialist Rachel Copley, Public Health Practitioner  Adult Care, Housing and Public Health
	<b>TITLE:</b>	Loneliness Action Plan Refresh
<b>1. Background</b>		
<b>1.1</b>	Loneliness is not a new issue, but it is recognised as a major public health issue. Loneliness has been linked to numerous health issues like coronary heart disease, stroke, depression, cognitive decline, and an increased risk of Alzheimer’s. Feeling connected to others can reduce the risk of mortality or developing certain diseases.	
<b>1.2</b>	There is some evidence to suggest that people who are lonely are more likely to place a higher demand on public services, for example visiting their GP and A&E more often.	
<b>1.3</b>	Loneliness can fluctuate over the life course and most people at some point in their life will experience loneliness. It is difficult to say what exactly causes loneliness but there are some known trigger factors which can be seen at an individual, community, and societal level.	
<b>1.4</b>	Loneliness sits within the new Aim 3 of the Health and Wellbeing Board which focuses on ensuring our Rotherham residents have access to the services and resources they need all the way through their lives to stay mentally healthy. However, loneliness is a cross-cutting theme as it has impacts across the life course and to our mental and physical health.	
<b>1.5</b>	Rotherham’s first Loneliness Action Plan was developed in 2020 having had input from Health and Wellbeing Board partners. This plan was refreshed in 2023 for a further 3 years.	
<b>1.6</b>	With the current plan ending in 2025, work commenced with partner organisations to reflect on the work that had been achieved in this plan and to shape the future priorities.	
<b>1.7</b>	A stakeholder event, representative of Health and Wellbeing Board Partners, took place on 4 <sup>th</sup> November 2025. The Stakeholder workshop explored, what was working well and what we are worried about before focusing on the new priorities.	
<b>2. Key Issues</b>		
<b>2.1</b>	Loneliness affects people across the life course and has profound effects on both our mental and physical health as well as impacts across our communities. Worldwide studies conducted on loneliness and social connection shows that the health impacts of loneliness can be statistically similar to smoking fifteen cigarettes per day. People who	

	are lonely have significantly higher risks of cardiovascular disease and stroke. They are also more prone to cognitive decline and Alzheimer's.
<b>2.2</b>	In Rotherham 7.4% of adults state they are lonely all or most of the time (2021/2022-2022/2023). The latest school survey found the 16.6% of Year 7 students and 19.8% of Year 10 students, reported that they experienced chronic loneliness.
<b>2.3</b>	Focus group discussions with groups in Rotherham on their experience of loneliness and the impact highlighted; declines in self-care, suicidal thoughts and impacted sleep. During the focus groups there was discussion about loneliness leading to increased risk-taking behaviour such as drinking, smoking, and gambling.
<b>2.4</b>	Loneliness impacts on the public sector, with higher rates of calls made to emergency and front-line services. There is also a revolving door effect, as people who are lonely are less likely to want to be discharged from services and in relation to acute hospitals, they are more likely to end up back in hospital once they are discharged.
<b>2.5</b>	Additionally, there is a heightened risk of safeguarding concerns for people who are lonely as they can be targeted by criminals in terms of frauds, cuckooing and exploitation.
<b>2.6</b>	Loneliness has been a priority of the Health and Wellbeing Board since 2020 and there have been great achievements which include: <ul style="list-style-type: none"> <li>• Making Every Contact Count (MECC) training for staff on loneliness</li> <li>• Activity at Ward level</li> <li>• Chapter on loneliness with the Joint Strategic Needs Assessment</li> <li>• Focus group discussions with inclusion groups</li> <li>• Early Intervention and Prevention Fund- 13 grants allocated to Voluntary and Community Sector (VCS)</li> <li>• VCS Befriending Providers Forum</li> <li>• Comms messaging using the Five Ways to Wellbeing messages</li> <li>• Strengths-based approaches – e-learning for council staff Early Intervention and Prevention Small Grants scheme</li> </ul>
<b>2.7</b>	In addition, Public Health colleagues conducted focus groups in Rotherham on loneliness and mental health and these have informed both the MECC training and the refreshed action plan.
<b>2.8</b>	The workshop with stakeholders in November 2025 also heard from some of the recipients from the Early Intervention and Prevention Small Grants scheme, highlighting the need for actions to mitigate against loneliness and promote connectedness.
<b>2.9</b>	The Action plan will address loneliness across the life course and will be implemented 2026 to 2030. It addresses the cause of loneliness, the effects and impacts and highlights national and local data.
<b>2.10</b>	There are three key aims, with proposed actions under each aim: <ul style="list-style-type: none"> <li>• Make loneliness everyone's responsibility</li> <li>• Strengthen support systems and raise awareness</li> <li>• Expand local intelligence to guide evidence-based action</li> </ul>
<b>2.11</b>	Implementation will be overseen by the Better Mental Health for All Group, which is representative of Health and Wellbeing Board Partners.

<b>3. Key Actions and Timelines</b>	
<b>3.1</b>	A stakeholder event was held in the Autumn to look at refreshing the Loneliness Action Plan (November (2025)).
<b>3.2</b>	The resulting Action Plan was shared with the Better Mental Health for All Group (January 2026)
<b>3.3</b>	This will be presented to the Health and Wellbeing Board for sign off in April 2026.
<b>3.4</b>	The Better Mental Health for All Group will work to deliver key actions for delivery over a 2-year period (commencing April 2026).
<b>3.5</b>	The Better Mental Health for All Group will oversee the implementation (April onwards 2026).
<b>3.6</b>	Annual updates will be reported to the HWB.
<b>4. Implications for Health Inequalities</b>	
<b>4.1</b>	The workshop drew upon the living experience of some of the inclusion groups in Rotherham and this helped shaped actions for the refreshed action plan. This living experience will be a focus in shaping the actions proposed to promote connectedness and reduce loneliness.
<b>4.2</b>	Further opportunities will be explored to look at including the voice of other inclusion groups.
<b>4.3</b>	A standing item on the Better Mental Health for All Group agenda is Voice and Influence, giving all Partners an opportunity to share and shape future work.
<b>4.4</b>	The actions will be informed by public health data to identify communities and areas of concern where action needs to be prioritised. There are many causes of loneliness which include life events, chronic illness, financial worries, environmental and living conditions. For many people, these factors may converge increasing the risk.
<b>5. Recommendations</b>	
<b>5.1</b>	HWB to support the vision and delivery mechanisms addressing loneliness and promoting connectedness across the Rotherham.
<b>5.2</b>	HWB Partners to attend and contribute to the Better Mental Health for All Group which will oversee the delivery of actions within the Loneliness Action Plan.
<b>5.3</b>	HWB to receive annual updates on progress.