

Title:	Update on the Shared Approach to Prevention
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Purpose of this report:

At the last Health and Wellbeing Board meeting, Board Members endorsed the shared approach to prevention and focus on social isolation.

<https://democracy.buckscc.gov.uk/documents/s132205/HWB%20Shared%20Approach%20to%20Prevention%20March%202019.pdf>

This report provides members with an update on developing a co-designed approach across partners to social isolation in Buckinghamshire.

It also includes as an appendix the 2019/20 work programme priorities of the Healthy Communities Partnership for noting.

Summary of main issues:

- 1. Social Isolation Project:** A project is being developed to look at how we can work together as a system to tackle **social isolation**. To take this work forward we are working with the [Design Council](#) who bring a wealth of expertise in both the public and private sector in identifying and implementing high impact changes. They will be supporting key stakeholders to collaborate and explore the challenges and opportunities in Buckinghamshire. This report updates the board on the process.
- 2. Healthy Communities Partnership Board (HCP):** As part of the 2018 governance review, the board agreed to strengthen the relationship with the HCP and to utilise this group to deliver the prevention priorities of the Joint Health and Wellbeing Strategy. The HCP will update the HWB on its work programme at least once a year.

1 Background: The complex challenges of Social Isolation

The 2018 Director of Public Health Annual Report: Healthy Places, Healthy Futures Growing Great Communities, outlined the health impact of social isolation reporting:

'It affects both physical and mental health. Individuals who are socially isolated are more than three times as likely to suffer from depression and anxiety and nearly twice as likely to develop dementia. Social isolation and loneliness have also been shown to make an individual two to three times more likely to be physically inactive and have been linked to higher blood pressure and an increased risk of heart disease and stroke '

Social isolation and loneliness are often used interchangeably but are different things. Social isolation is an objective state where someone does not have enough social contact. Loneliness is a subjective experience from a sense of not having enough social contacts or relationships or the quality of contact. Both states can have negative health consequences. There are overlaps between the actions required to address social isolation and loneliness. However as loneliness is a personal perception, some socially isolated people will not feel lonely and some people with social connections will feel lonely. Loneliness is a more complex issue and although work to address social isolation will reduce loneliness for some people, more work is required to identify what interventions could effectively address some of the more subjective elements of loneliness.

More is known about the types of actions which can reduce social isolation. Appendix 1 provides an overview of the factors which can affect social isolation and the potential actions to create an environment with the potential to reduce loneliness and specific interventions which can be targeted at those at greatest risk.

The overview in Appendix 1 supports that this is a system wide challenge with potential contributions from a wide range of local partners. The project being developed will focus on a specific challenge related to social isolation in Buckinghamshire and work has already started work with partners to identify this.

The Proposed Approach for taking the project forward:

1.1 The proposed approach aims to:

- Consider new ways to use existing resources and so not require new investment
- Identify and look to build on existing activity
- Identify an agreed system wide challenge and then look to develop plans to deliver 1 or 2 high impact changes
- Utilise a number of design tools and processes which will be generally applicable to the work of organisations so that engagement in the process delivers a wider benefit to individuals and organisations who participate

The work will be delivered in two phases.

Phase 1 is currently underway and being led by the public health team. Between now and August, we will be:

- Identifying evidence based practice and examples of good practice locally and nationally
- A summary of the data and intelligence available about social isolation in Bucks
- Engagement with partners to identify a 'Challenge Statement' which will set the scope for more detailed design work

Phase 2 will take partners through a co-design process to explore the agreed challenge from a range of perspectives, create ideas and develop actionable solutions. The Design Council have been commissioned to support this phase.

The process will consist of:

- A mapping exercise to identify local action which relates to the challenge statement
- A two day workshop for 30 stakeholders
- Establishment of a small number (potentially 1 – 3) of task and finish groups to co-design solutions to the priorities identified in the workshop
- A 'Show and Tell' approach where progress from the task and finish groups is shared with a wider group of stakeholders at key stages.

Recommendation for the Health and Wellbeing Board:

- To consider the report and proposed approach to the Social Isolation Project and advise on how to ensure engagement across the system.
- To note the Healthy Communities Partnership work programme priorities in appendix 2.

APPENDIX 1 – TACKLING SOCIAL ISOLATION

The factors that affect social isolation

Individual Factors	Community Factors	Societal Factors	Lifecourse Factors
<ul style="list-style-type: none"> • Age • Gender • Sexuality • Personal resilience • Proficiency in English • Educational and employment status 	<ul style="list-style-type: none"> • Access to transport • Safe neighbourhoods • Access to local facilities • Access to quality local environment, including green space • Access to wider community assets • Social networks • Local economy and access to work 	<ul style="list-style-type: none"> • Demographic changes – people living longer, living alone, family mobility • Wider economy • Planning and transport policies • Media influences e.g. stereotypes, negative images, creating fear of crime • Increasing automation which reduces personal interaction 	<ul style="list-style-type: none"> • Early home experiences • Bullying • Relationship breakdown • Developing a long term condition (including mental health problems) • Disability • Leaving education • Changes in employment, including retirement • Moving to a new area • Being a single parent • Being a carer and ceasing to be a carer • Living alone • Homelessness

There are a number of areas of potential action to reduce social isolation in Buckinghamshire;

- All agencies to identify individuals at risk of social isolation, including consideration of the key trigger points and signpost into relevant support
- Develop a robust mechanism for social prescribing to enable at risk individuals to be linked with community assets and support

Appendix 2:

2019/20 Work Programme for the Healthy Communities Partnership

Background

The Healthy Communities Partnership (HCP) has been tasked by the Health and Wellbeing Board to oversee the public health priorities in the Buckinghamshire Health and Wellbeing Strategy. The two priorities with most relevance to the Healthy Communities Partnership are:

- Keep people healthier for longer and reduce the impact of long term conditions.
- Support communities to enable people to achieve their potential and ensure Buckinghamshire is a great place to live.

These priorities encompass a range of programmes and projects to improve physical and mental wellbeing and the wider factors which impact on health.

Since the development of the Health and Wellbeing Strategy local partners have worked together to agree a shared model for prevention and to agree a system wide priority to tackle social isolation.

This creates a more robust work programme for the HCP. For 2019/20 the HCP needs to:

- Identify organisational contributions to the shared approach to prevention
 - Ensure the development and delivery of a system wide action plan to address social isolation
 - Implement a shared priority to train key front line staff in 'healthy conversations' to combine a strengths based approach to wider health and social issues, promotion of behaviour change and signposting to preventive services/assets
- Ensure the development and delivery of an action plan to tackle Childhood Obesity (this request was formally put to the HCP following a Health and Adult Social Care Select Committee)
- Monitor and facilitate the multi-agency delivery of the following action plans:
 - Substance Misuse
 - Suicide Prevention
 - Adult Mental Wellbeing
- Support the creation/review and implementation of multi-agency action plans on:
 - Physical Activity
 - Smoking and Tobacco Control
 - Healthy Eating
- Identify areas to share intelligence in order to understand the needs in specific population groups