

<b>Title</b>	Proposal for an Approach to a System Wide Response to Social Isolation
<b>Date</b>	5 December 2019
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### **Purpose of this report:**

The partner organisations who developed the 'Shared Approach to Prevention' selected social isolation as the system wide priority which would enable them to work together on an issue which was significant to the health and wellbeing of the residents of Buckinghamshire.

This paper provides an update on the outcomes of a multi-agency 2 day workshop and proposals for the next steps.

### **Summary of main issues:**

1. Social isolation is a state of having inadequate social relationships, both in terms of the quality and quantity of these interactions. Social isolation and loneliness can affect people at any age through a range of circumstances related to the individual and the local community. Social isolation and loneliness are linked as increasing social connections can reduce loneliness, however loneliness is a subjective state and may be influenced by other factors, meaning that some people with social connections can experience loneliness, particularly if the actual social connections they have are not the one's they desire. The system wide social isolation project has focussed on social connections as these are more easily influenced and can be objectively measured. For individuals where social connections are the source of their loneliness, this will also reduce loneliness.
2. Social isolation has a significant impact on the health of the local population. People experiencing social isolation are:
  - More than three times more likely to suffer from depression and anxiety
  - Two to three times more likely to be physically inactive
  - More likely to have high blood pressure and increased risk of stroke
  - Nearly twice as likely to develop dementia
  - Three and a half times more likely to enter local authority funded residential care
  - More likely to attend their GP and Accident and Emergency
3. The personal and wider impacts of social isolation are one reason why this was selected as a system wide priority as part of the local 'Shared Approach to

Prevention'. It is a complex and wide ranging issue. As a way to begin to address this as a priority, a workshop was planned to be facilitated by the [Design Council](#). The initial stage of the project was to identify two key social isolation challenges in Buckinghamshire, which would narrow the focus and ensure that all partners could make a contribution. After consultation with partners the following challenge statements were agreed:

How might we support and develop the assets and strengths of individuals and communities:

- To prevent social isolation at key life events?
- To prevent social isolation in those with limiting health conditions and disabilities?

4. A two day workshop was held in September and facilitated by the Design Council, with 30 representatives from Local Authorities, NHS Organisations, Fire and Rescue, Police and the Voluntary Sector. The workshop was based on the Design Council's 'Double Diamond' approach to design (figure 1). This approach ensures more effective solutions to problems by understanding the problem in more detail and using this insight to develop more defined areas of focus (Discover and Define). Building solutions based on a better analysis of the problem ensures the creation of more effective solutions (Develop and Deliver). The workshop focused on Discover and Define phases. The workshop also provided participants with a set of tools which could be applied to other challenges and projects in their work areas.

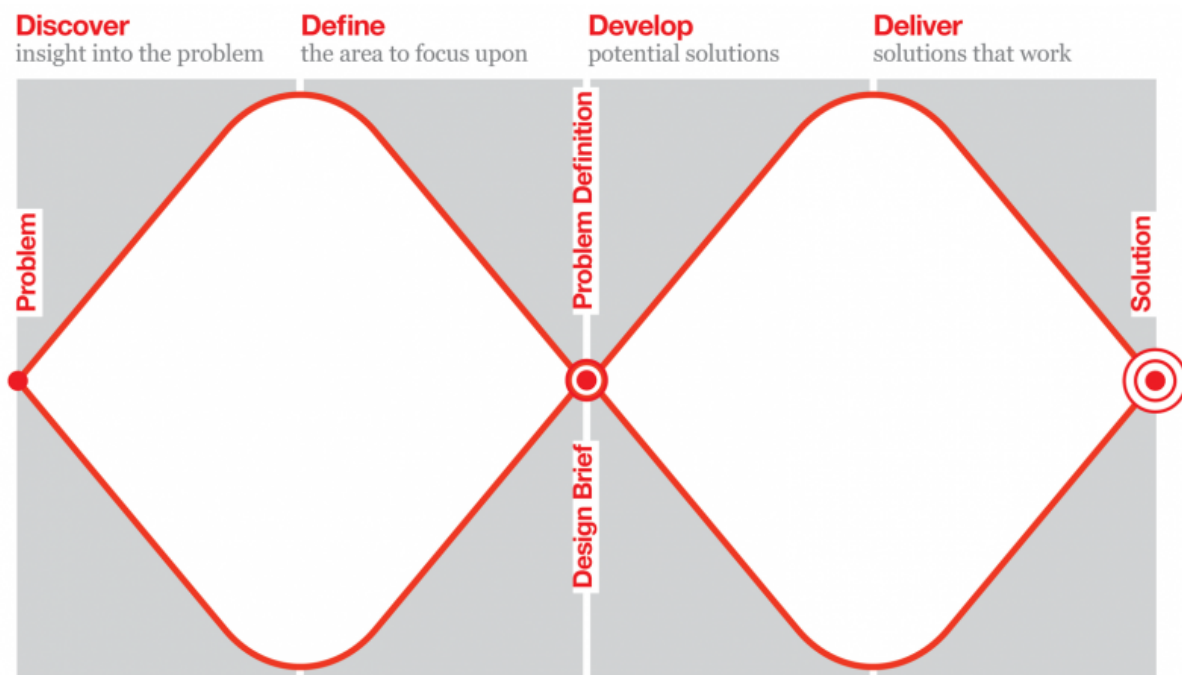


Figure 1.

5. As part of the day, participants shared how social isolation impacted on their services. Every organisation experienced an impact. Common impacts on local services included that socially isolated individuals were:

- More likely to have poor health
- Less likely to be able to attend scheduled appointments
- More likely to create increased demand on services due to increased need, but also use of services as a way to have social contact
- More likely to be admitted or be in hospital for longer
- More likely to be more vulnerable to being a victim of crime or being drawn into crime
- Less likely to engage with opportunities. This includes community opportunities which could address the social isolation, such as volunteering

Specific impacts were also identified for children of socially isolated parents, people with mental health problems and people with learning disabilities

6. The group work identified 5 key areas of focus to progress a system wide approach:

- Sharing information and building insight to inform the development of future projects on social isolation
- Development of early identification processes and pathways to prevent social isolation
- Increasing access for professionals to information on community assets and other forms of support through the development and maintenance of a local directory of services
- Better multi-agency co-ordination, particularly for residents who are already socially isolated and are known to a number of services
- Mobilising communities to develop community assets to prevent social isolation.

7. The workshop highlighted that while there is value from services taking a more co-ordinated approach to supporting people who are or are at risk of social isolation, the real solution to the problem is based in communities through social connections and community assets. The programme for the workshop included a presentation on Street Associations, which is a good example of a project to connect people at a local level.

8. The workshop generated a number of ideas to address the 5 identified themes. These include potential quick wins and work that can build on existing multi-agency working:

Quick wins – these projects can be implemented within existing resources

- Promotion and use of the Bucks Online Directory of community assets and services

- A co-ordinated communications campaign to raise awareness of social isolation, promoting existing programmes such as Street Associations and promoting engagement with community assets
- Incorporating 'Tackling Social Isolation' as a screening question for all new strategies and policies
- Exploring how other strategies and action plans can contribute to reducing social isolation, for example the new Community Boards and the Buckinghamshire Cultural Strategy
- Growing social assets through other workstreams (for example sports and physical activity)
- Building on the existing joint work between Buckinghamshire Healthcare Trust, South Central Ambulance Service and Thames Valley Police on frequent contacts and other initiatives which have a focus on people who are socially isolated. These initiatives will have valuable local intelligence on social isolation in Buckinghamshire and may be able to reach out to and support wider partners
- Engaging wider partners in the Connected Places Catapult project (this is a national innovation programme) being led by Buckinghamshire County Council to develop a methodology for producing estimates for people who are socially isolated in Bucks, including identifying risk factors and mapping these across the County
- Exploring the potential for joint training on social isolation for target frontline staff
- Developing a joint process to identify community assets and maintain an online directory
- Expanding existing partnership (such as the Healthy Communities Partnership) to include other partners impacted by this agenda and who can contribute (for example schools, colleges and universities).

The above projects can be delivered within existing resources and link to existing initiatives or priority work.

9. Two ideas from the workshop will require more resource in terms of time for staff to engage with the projects. However these are high value/transformation projects with potential to reduce social isolation:

- The workshop discussions concluded that preventing people from becoming socially isolated in the first place is the best option for the individual and the least resource intensive for the system. Across the partners there are many opportunities to identify people at points in their lives where the risk of becoming socially isolated is increased (for example redundancy, retirement, bereavement, becoming or stopping being a carer, moving to a new area).

There is currently no screening tool for assessing risk of social isolation. This project would look at developing or sourcing a screening tool and

then developing and implementing across partners a pathway for those 'at risk' of social isolation.

- It is anticipated some of the risk factors for social isolation will be clustered in certain communities and that there will be areas which experience more issues around social isolation. This project would identify joint hot spots across organisations and then pilot work in small geographical areas to get greater local insight into the problem and then to co-design solutions with local communities.

There was also discussion around projects in specific settings (for example District Nurses visiting the elderly) or with specific target groups (for example teenage mums). More work will be required to see if these should be developed into specific projects.

10. If there is support to progress the above projects, members of the Public Health Team have been identified to provide capacity to two task and finish groups and the Design Council will continue to provide advice and additional design tools for these projects. Some capacity will be required from partner agencies to participate in the Task and Finish Groups.
11. There are examples nationally of organisations and communities coming together to support each other through recognising a need to prevent social isolation. At the start of the Buckinghamshire project, contact was made with Stockport and Bexley who had carried out work with the Design Council on Social Isolation as part of the [Local Government Association and Design Council – Design in the Public Sector Programme](#). The Public Health team have also been sharing learning with colleagues in Hertfordshire and Essex who have experience of implementing asset based community approaches on social isolation. A cross county forum is in development to continue to share best practice and opportunities.
12. It is proposed that the Healthy Communities Partnership is tasked with developing and overseeing the delivery of a system wide multi-agency action plan, based on the above areas of focus. Healthy Communities Partnership will assess the capacity and interest of organisations to deliver the above proposals and then select a priority list to include in the action plan.

### **Recommendation for the Health and Wellbeing Board:**

The Health and Wellbeing Board are asked to:

- Note the outcomes of the workshop.
- Comment on the potential projects.
- Confirm support for the progression of the two transformation projects.
- Approve the proposal for the Healthy Communities Partnership to develop and oversee the implementation of a system wide social isolation action plan and ensure organisational contributions to the plan.

**Background documents:**

Workshop pre-reading (appendix)