MEETING	B&NES HEALTH AND WELLBEING BOARD
DATE	16/07/2014
TYPE	An open public item

Report summary table	
Report title	Increasing the resilience of people and communities including action on loneliness - a multi-agency conversation
Report author	Andy Thomas (01225 394322)
List of attachments	• Appendix One - Examples of local projects which contribute to this theme • Appendix Two - Examples of innovation nationally • Appendix Three - Campaign to End Loneliness – Toolkit
Background papers	None
Summary	This report sets out local context and information in regard to this priority. It does not aim to provide an exhaustive account of all the activities across our area which contribute to the theme, but instead sets the basis for a conversation about how Health and Wellbeing Board agencies can work more closely together to deliver it. Examples of local innovation are cited along with a series of questions designed to stimulate discussion.
Recommendations	The Board is asked to agree that: 1. It note the report and appendices 2. It receive a report on the outcomes of the Health and Wellbeing Network session on this issue 3. It receive a presentation on the national context for this issue from Jolanthe de Koning, Department for Health at the University of Bath. 4. It consider its response in the light of these reports and updates 5. It establish a working group to examine longer-term options for joint commissioning against loneliness and isolation outcomes, to comprise representatives from partner agencies and the voluntary and community sector, to report back to the Board in 6 months
Rationale for recommendations	The recommendations are based on the Board's role in delivering its priority as agreed in the Joint Health and Wellbeing Strategy.
Resource implications	None in this report. There is the potential for agencies to work more closely together to align commissioning budgets to deliver outcomes relating to this issue. There are also opportunities for attracting external funding to deliver these outcomes.

Statutory considerations and basis for proposal	Relevant considerations include equalities, human rights and public health. The reports aims to deliver the Joint Health and Wellbeing Strategy which is a statutory document,
Consultation	Consultation was undertaken with the Strategic Director, Chair of the Board, and nominated representatives of the Chief Financial Officer and the Monitoring Officer Vernon Hitchman
Risk management	A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

THE REPORT

1.1 Bath and North East Somerset's Joint Health and Wellbeing Strategy sets out the Board's priority to "increase the resilience of people and communities including action on loneliness". This reflects national research which suggests that loneliness can have significant impacts on key health and care outcomes. In addition, demographic and social changes which can contribute to loneliness - such as people living further away from relatives than previously - will place increasing pressure on informal care. The IPPR estimates that by 2030 there will be more than 2 million people aged over 65 with no child living nearby to give care if needed.

1.2 There are many strengths locally in relation to this theme, particularly within our local voluntary organisations and community networks. No attempt has been made to produce an exhaustive list of relevant work but Appendix One contains some examples of local schemes and projects and the Health and Wellbeing Network session will help build this picture.

1.3 The Campaign to End Loneliness has awarded Bath & North East Somerset its "Gold" standard for our Joint Health and Wellbeing Strategy. However, with an estimated 3,000 additional residents aged over 75 living in our area by 2021, there is now an opportunity for the Board to further develop its approach to meet emerging challenges. The Board will wish to:

(1) Base decisions on evidence of need. The Campaign to End Loneliness identifies some specific risk factors for social isolation in older age including bereavement, disability and mobility and has developed a "toolkit" (see Appendix Three). In addition, our JSNA identifies a number of factors as potentially leading to social isolation which are not related to age. For example, audits of deaths from suicide have identified a need for better ways to reach isolated men and offer opportunities to improve their wellbeing. The Health and Wellbeing Network session on this topic is asking:

- What do we know about the impact of loneliness and isolation on health?

- What factors can contribute to people becoming lonely and isolated

(2) Understand our local strengths. With one of the highest rates of volunteering in the country, there are many local projects which build resilience and address loneliness and isolation. These include lunch clubs, befriending schemes, community transport schemes and village agents. The Health and Wellbeing Network is seeking to identify:

- What contribution local projects, including local community development projects, make in helping to reduce loneliness and isolation

- What the gaps are in support that we know about

(3) Use partner community and voluntary resources available to us in as innovative a way as possible. The CCG is further developing community services built around its 5 Community Cluster Team model and there may be opportunities to build on this approach to strengthen community ties and better target services. Age UK has established a pilot hub based at the Stoke Inn, Chew Stoke which it is using as a base for its "Finding the lost voice of older people' pilot project. Digital Unite's research has shown that 86% of older people who use the internet say it has had improved their lives; 72% say going online had reduced their sense of isolation. However, 5m over 65s in the UK do not using the internet. The Health and Wellbeing Network will also be identifying the barriers to people being able to provide support and how they are overcome

(4) Appendix Two sets out some examples of innovation in this theme. The Bath Social Innovation Programme, based at the University of Bath, provides help and support for innovation in the healthcare and wellbeing sectors.

1.4 In order to maximise opportunities from these and other approaches, it is proposed to establish a working group of the Board to examine in more detail this issue. This would review local need and current service provision in this field and examine the potential for further innovation and joint commissioning.

Appendix One - Examples of local projects which contribute to this theme

- Age UK Bath and North East Somerset provides a wide range of services to support older people to remain active, healthy and independent. Services include information and advice (including at the Council's one-stop shop), a befriending service (with over 150 volunteers), "Fit as a Fiddle" clubs and activities, day services and lunch clubs.

- Our Village Agents provide direct help and support to people across 20 parishes in Bath and North East Somerset. As well as home visits, Village Agent "Roadshows" are held at local village halls and have covered subjects such as "healthy happy feet" and falls prevention. The Norton Malreward Roadshow saw a "myth busting" quiz to publicise the many free services available.

- The latest Bath & North East Somerset's Community Challenge days saw over 250 volunteers from partner organisations (including 7 local employers) take part in activities designed to bring communities together. These ranged from garden maintenance at St Martin's Hospital to a Quiz Session at the Leonard Cheshire Home in Timsbury.

- The Council's Supporting People service have identified over 80 contracts which contribute to this theme, ranging from community meals to independent advocacy services. There is also a clear crossover with the delivery of the Strategy's priority to improve services for older people which support and encourage independent living, to which many local providers contribute.

Appendix Two - Some examples of innovation in this theme nationally

- "The Good Gym" connects runners with tasks that benefit the community whilst keeping people fit. This can include working on community projects, "one off" support for vulnerable people or a longer term commitment to visiting an isolated older person.

- Innovative uses have been made of the internet to encourage and build social networks and to make life easier for carers. A number of these are highlighted in the NESTA report "Who cares?: The Role that Entrepreneurs and Technology can Play inn Improving Informal Care in the UK". and include:

  (1) "Jointly" is a simple app developed by Carers UK to help take the stress out of caring. It enables multiple carers to share a calendar, task lists and group messaging, and it stores information for example, on medication.

  (2) "Hometouch" is a digital service with a tablet–based interface for care recipients. It offers simple communication tools such as messaging and video call, and a care dashboard for carers including a shared calendar, medication reminders, mood and activity tracking, access to specialist advice and emergency carer call.

  (3) "Casserole"- Casserole is a digital tool that connect older people with their neighbours. Participants share portions of home cooked food with older people who are not able to cook for themselves.

(4) "Breezie" is a simple tablet–based interface that makes it easy for people to get online and stay connected with family and friends. It responds to the user's level of ability. By using simple icons and prompts, it makes social media accessible to older adults who are not familiar with technology.

Appendix Three - Campaign to End Loneliness Toolkit

http://campaigntoendloneliness.org/toolkit/

Please contact the report author if you need to access this report in an alternative format