Health and Wellbeing Board **20 November 2024**

Report of the Director of Public Health

Update on Goal 10 of the Joint Local Health and Wellbeing Strategy 2022-2032

Summary

1. This paper provides the Health and Wellbeing Board (HWBB) with an update on the implementation and delivery of one of the ten big goals within the Local Joint Health and Wellbeing Strategy 2022-2032. It also includes information on performance monitoring.

2. The Board are asked to note the report.

Background

3. At the January 2023 meeting of the Health and Wellbeing Board (HWBB) members of the Board agreed a framework for an action plan and a Population Health Outcomes Monitor for the Joint Health and Wellbeing Strategy 2022-2032. This was followed by agreement at the March 2023 meeting of a populated action plan and a Population Health Outcomes Monitor. Over the last 12 to 18 months updates have been presented on **Goals 1 to 9** of the strategy and their associated actions.

4. Today's report provides an update on a further goal:

   Goal 10: Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population

5. This report also provides information on the **4** associated actions for the goal along with updates on the agreed key performance indicators associated with the goals.

6. The agreed actions cover the first 24 months of the strategy's 10-year life span.

Goal 10: Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population

7. **Action A25**: Support more people in the city to increase social connection through social prescribing and local area coordination thereby reducing or preventing illness.

8. Progress: Local Area Coordination (LAC) and Social Prescribing are recognised as strength-based programmes that apply person centred approaches, supporting people to achieve more healthy, happy and connected lives. Loneliness is one of the primary reasons why people are referred to both teams. Introduced alongside one another in 2016/17 as integral parts of the Health and Adult Social care community operating model and recognising the need to invest more in early intervention, prevention and asset based community development, the teams have actively collaborated to enable added value, whilst respecting their unique offers.

9. Both teams have built up trusted relationships with the people they have been referred to and a deep appreciation of neighbourhood assets focusing on people's goals and resources rather than their problems, enabling people to build their family and community networks to overcome loneliness.

   Local Area Coordination

10. LAC is an internationally recognised approach to creating networks of support around people to increase independence and reduce dependence on statutory services. Often referred to as 'a bridge from loneliness and social isolation to active citizenship' It is an evidence-based approach to supporting people as valued citizens in their communities. It enables people to pursue their vision for a good life and to stay safe, strong, healthy, connected and in control. As well as building the skills, knowledge and confidence of people and the community, Local Area Coordination is an integral part of system transformation. It simplifies the system and provides a single accessible point of contact for people in their local community. The York programme is a member of the national LAC Network which host a bank of evidence from across the country. https://www.communitycatalysts.co.uk/lacnetwork/

Key metrics and citizens stories addressing loneliness:

11. Quarterly Local Area Coordination performance reports are produced by the York LAC team, which capture many of the stories of people the team 'walk alongside'. The LAC team has supported over 6,000 people since the inception of the programme. Of the 745 live cases currently, there have been 313 positive outcomes achieved that have related to reduced loneliness and isolation. Over 90% of people introduced to the team also reported feeling less socially isolated and more connected to their community.

12. The main reasons people get in touch or are introduced to a LAC are related to Poverty and Financial concerns, Mental Health, Loneliness & Isolation, and Housing issues. These issues are often interlinked and loneliness is a common factor across the majority of presenting issues.

13. The York team have also collaborated with the national Local Area Coordination Network to capture the digital stories of citizens. The story of Glynn is a good example of how LAC can help address loneliness and isolation and how our early intervention and prevention services have enabled Glynn to realise a good life through LAC, the Health Trainers Service and Move Mates all collaborating to build Glynn's wellbeing, social connection and networks. This followed an initial introduction to the Westfield Local Area Coordinator from a local Councillor. The story is attached as Annex 1 and a film of Glynn's story is here https://www.youtube.com/watch?v=ikfQy2Br4Tw

14. The Network has also produced an animation of the story of Dee, a disabled citizen who has been supported by one of the LACs. Following a life changing operation, Dee was supported to reconnect with her community, overcoming loneliness and social isolation. This has recently been captured as an interactive story that highlights, in Dee's own words, her journey from loneliness and isolation to active citizenship and helping others. Dee has become one of the council's volunteer Community Health Champions, is now a qualified chair based fitness instructor and has shared her story at the LAC national conference.
    Read Dee's Story here

15. An in-depth evaluation of York's work can be found in the paper 'Bridging the Gaps in Evidencing Prevention; key findings from a Multi-site Study of Local Area Coordination" – see background papers. The research was led by the Universities of Sheffield, Hull and York and funded by the National Institute for Health Research. A subsequent roundtable workshop has taken place with the Department for Health and Social Care, to help build the learning from LAC into national social care policy development.

    Key findings from the report identify individual level impacts:

    "Outcomes and impact data at individual level highlights a strengths-based approach and the benefits it brings. Two key outcomes identified were 'feeling accompanied and reduced isolation' and 'fostering confidence and independence'. Participant data provided strong evidence that this enabled them to better cope with challenges, reduce their stress and anxiety and reduce their risk of falling into crisis."

    Social Prescribing

16. In 2022-23 York CVS's Social Prescribing teams worked with 3,979 people. This number increased to 4,416 in 2023-24. Loneliness was a primary issue for many individuals referred into the social prescribing teams.

17. In 2023-23 91% of those supported by the Ways to Wellbeing team reported that they were less socially isolated and / or more connected to their community since working with their social prescriber. In 2023-24 this number increased to 96%.

18. 94% of people supported by the Primary Care Link Worker team in 2023-24 reported an increase in how satisfied they were with their lives following input from their social prescriber. For further information please see Annex 2

19. **Action A26**: Support the development of thriving people and communities through asset-based community development (ABCD), neighbourhood action plans and community hubs which prioritise addressing loneliness.

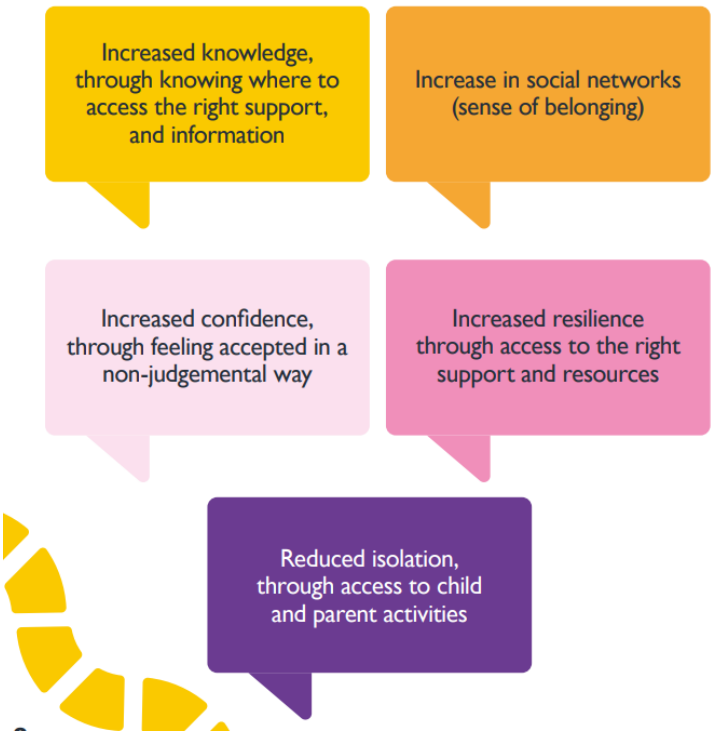
20. The council's Communities team have been developing neighbourhood action plans to complement ward working and the delivery of local priorities. Reflecting an ABCD approach the team have been working through a community asset mapping process that maps assets, connections and associations helping to build the social connections between citizens. The action planning process has included a variety of networking and engagement opportunities and review of ward priorities, that enables us to find out what people living in a community care enough about to work on together to change, develop or sustain. Ward funding is then available to support the development of community action projects that respond to locally agreed priorities. Currently 17 of the 21 wards have prioritised addressing loneliness as one of their local priorities and all wards have funded local projects to address this.

21. Ward Committee funding has supported community capacity building and activity in the city for over 30 years. In respect to combatting social isolation, the funding has supported the development of community hubs, lunch clubs, trips, social activities and support services and more. An analysis of the ward funded schemes in the financial year 2023/24 shows that just over 50% of the total value invested in ward committee grants and schemes over this period contributed either directly or indirectly to combatting social isolation in adults and supporting citizens to lead their best lives.

22. The network of community hubs in the city continue to evolve and are connected through the Good Place Network, which brings Community Leaders from the hubs together to explore issues in the city including food poverty, financial inclusion, warm places, loneliness and social isolation. A warm places grants programme was provided last year and will be repeated, providing grants to community hubs to ensure that people are able to connect with their neighbours in local settings, building a sense of belonging and helping to overcome feelings of loneliness and social isolation. National research has identified the importance of warm space hubs in providing a sense of belonging and tackling loneliness. https://www.theguardian.com/society/2023/apr/26/warm-rooms-winter-loneliness Last year, the £40,000 'Good Place Warm Place Grants' Programme supported a total of 28 projects forming a network of warm places across the city. The warm place grants have also been made available for a further year and are currently live.

23. In July 2023 Family Hubs were introduced to York as part of a successful Transformation Grant through the Department for Education. These were established in areas of greatest poverty (Westfield, Tang Hall & Clifton) and facilitated through the Children Centres and Libraries in these wards. This brought families together through activities for their children and a warm welcome. There were 5097 unique users of the Family Hubs during the year. Evidence suggests Hubs were providing a facility for parents who do not have a support network in York, including parents who were new to the area and/or don't have English as a first language, suggesting Family Hubs were providing a vehicle to help reduce loneliness and isolation and develop social networks. Developing this community-based approach has also enabled the opportunity to also recruit and train 14 Parent Champions.

24. The outcomes the Family Hub initiative identified through working with families and young people had a strong emphasis on social isolation and community connections.



25. The Community Health Champions programme recruits local volunteers with a passion for promoting positive health and wellbeing across their communities. Community Health Champions are people who, with training and support, voluntarily offer their skills and passion and make use of their community links to transform Health

and Wellbeing in their neighbourhood. A number of people who have been supported by Local Area Coordination have gone on to become Community Health Champions. Further information is provided at Annex 4.

26. Move Mates https://www.movethemasses.org.uk/move-mates/ run by the charity Move the Masses, is an opportunity for someone who struggles with their physicality to be matched with a volunteer to go for a walk, improving physical health, reducing isolation and feeling happier! In 2023-24 there were 112 active pairings throughout every month of the year. In addition to the physical and mental wellbeing benefits, this also helps to reduce loneliness and social isolation. Move Mates has received funding from Ward Committees and the Better Care Fund.

"I feel mentally a lot better for walking with [my volunteer]. It is the one thing I look forward to all week."

"I look forward to it and it is nice to have company because I don't get out on my own."

Case Study:

Nick
47-year-old Nick was referred to Move Mates in November 2023 by his Local Area Coordinator. Nick is blind and has mild learning difficulties. He wanted to walk with a Move Mate to help manage his weight and to get out and about more regularly, addressing loneliness.

Nick is a people person who enjoys chatting. He is a great lover of walking, but he needs one to one support to do this due to his blindness. In January 2024 Nick was paired with a volunteer, Peter. We felt that they would be a good match due to their personalities and senses of humour - both enjoying a good joke and chat.

Due to Nick needing a sighted guide, we arranged for Peter to attend Sighted Guiding training. They walk together weekly using Nick's ramble tag. After previously struggling with obesity, over the last six months of walking with Peter, Nick has managed to lose some weight. They get along wonderfully, and Nick gets a lot of enjoyment from Peter's company and the walking. Nick has now also joined the 'Let's Walk' walking group which Move Mates runs in collaboration with the CYC

Health Champions. The walk is another chance for Nick to exercise and socialise.

The one-to-one walks Nick has weekly with Peter enable him to walk at a faster pace which has been instrumental in his weight loss achievements, as well as providing him with the opportunity to go to different places and have agency over the routes chosen. The monthly group walks provide him with an extra opportunity to walk and to socialise with a wider group of people.

27. **Action A27**: Support the development of relational centred practice including intergenerational approaches to addressing loneliness through Age Friendly York and our social connections programme.

28. York has actively taken part in the work of the Relationships Project https://relationshipsproject.org/ over the last two years, helping to contribute to growing the field of relational centred practice through publications including the Case Maker https://relationshipsproject.org/case-maker/ , recognising when we put relationships first, everything is better. Relational centred practice will become a key principle within the introduction of Integrated Neighbourhood Teams and the development of the new Neighbourhood model for York.

29. The Age Friendly York model continues to provide the opportunity for citizens, providers and organisations to get together to develop a shared approach to solving solutions that impact older people. These include Age Friendly York sessions that create a relational centred approach to problem solving. One of the five Age Friendly York domains is Your Time which had a strong focus on social isolation through the Baseline Assessment.

30. Practical initiatives have been codesigned with Age Friendly York, including Happy to Chat benches across the city, which provide permission and opportunity for people to talk to each other, often bringing older and younger people together.

31. The ‘Take a Seat’ initiative was also launched to ensure older people felt confident in accessing the city by widening the opportunity to rest their legs or use businesses facilities in an inclusive way. Therefore enabling older people to remain connected to their city and the people in it.

32. Learning from the evidence-based Cares Family https://www.thecaresfamily.org.uk/ model of intergenerational approaches to addressing loneliness, York Cares have led a partnership approach to the development of social clubs in the city. The clubs bring younger and older neighbours together to build mutually beneficial friendships and relationships, helping to reduce loneliness. The partnership made up of York Cares, York CVS, York Neighbours, Students Unions from both Universities, One Voice York and the council have collaborated to deliver the social clubs programme. Over the last year 90 older people and 158 younger people have connected through the social clubs. The activities have helped bridge the intergenerational divide, reducing loneliness and social isolation. Building on assets in the community, monthly Social Club Coffee mornings are now taking place at the Spurriergate Centre and York Community Furniture Store, alongside a programme of social clubs around the city that have connected younger and older neighbours to the cities' cultural and environmental assets.

A York St John student has undertaken their dissertation on the impact of the social clubs. It concluded

"Promoting intergenerational exchange and bringing together all ages of the community, has increased community values, created meaningful moments and has enriched the lives of participants, boosting overall wellbeing, which is in line with York Cares aims of promoting wellbeing amongst neighbours"

One younger neighbour commented

"There's a massive wealth of stories to be told and experiences in the room. It's like one big, massive wisdom share. One couple who I got their whole life story off, probably in their 80's, she had so much va va voom in her. I thought she was so inspiring"

An older neighbour commented

"The social club concept is a sort of extension of your next-door neighbour. I remember thinking this is what Christmas is about bringing together the Christmas spirit in the community"

33. **Action A28**: To identify gaps in provision for those at greatest risk of loneliness and lead partnership action to fill gaps.

34. In collaboration with the Curiosity Partnership, (which brings local authorities and universities together to build research capacity in social care, helping to inform local priorities) https://www.curiositypartnership.org.uk/about/ York CVS and the Council hosted a loneliness workshop at the Guildhall in April, exploring 'York's Loneliness puzzle'. This combined showcasing a range of approaches in the city, including local area coordination, social prescribing, Homeshare, Musical Connections and York Cares, that are utilised to help reduce loneliness as well as discussion groups to try to get a clearer understanding of the challenges in York and the potential ways forward. Presentations were delivered by the Director of Public Health on loneliness data in York, alongside a key note address from Dr Kalpa Kharicha, Kings College London and research lead at the Campaign to End Loneliness. Dr. Jon Burchell from the University of Sheffield also presented the research findings on a two year multi site study of local area coordination, a summary of the research and blog has been produced by the National Local Area Coordination Network here a blog

35. There is an opportunity to undertake further research work with the Curiosity Partnership to understand the impact of loneliness, those that might be of greatest risk of loneliness and how strength based approaches might be utilised to address this. A copy of the Loneliness Showcase event report is attached as Annex 3.

36. Through the RAISE York Family Hubs Network, we have identified that there is a risk of loneliness with parents and guardians that provide Elective Home Education. The parents have already set up social groups to address this, however we want to ensure that these groups have access to the holistic needs of the family that they may otherwise miss out on from not being at school. The Family Information Service are supporting health colleagues to ensure these opportunities can be offered without impact on what they have facilitated.

37. The Family Information Service, as part of the Family Hub Network, have also introduced sessions at Stay City for families that are asylum seekers. The team are able to signpost, amongst other things, opportunity for social activities to reduce isolation and feel more part of the community.

38. Whilst older people are identified as at greatest risk of social isolation, the York Older People's Assembly, are a fantastic example of recognising older people as active citizens and are integral to the running of the annual '50Plus Festival'. Now in its nineteenth year, in September the Festival provided the opportunity for over 130 taster opportunities with a wide range of activities, 58 of these including a sport and physical activity offer. York's U3A movement continues to thrive with over 130 groups running. Further details are here https://york.u3asite.uk/groups/

39. A common challenge however is not the availability of social activities but often the means to get there. In response to this, Age Friendly York facilitated two community transport meetings in 2024 with citizens, Elected Members, the Transport team and providers to try to seek a suitable solution. The group identified that the biggest challenge was for people who use a wheelchair, as it is very difficult to book a suitable taxi in advance.

40. In addition, in 2023 it was identified that only 60% of people that have a concessionary bus pass use the bus in comparison to pre-COVID. The survey was carried out by the York Older People Assembly. Those that were identified indicated that they still do not feel safe in an enclosed space or that they do things more locally, reducing the need to catch a bus. There were further checks on this statistic and the percentage had only increased by about 5% in six months. This further reflects the importance of providing social engagement opportunities locally within neighbourhoods.

41. As set out earlier in the report, the wide range of asset based models and approaches we have described is not an exhaustive list. As ultimately all services can be offered in ways which aim to help people to build and maintain family, social connections and relationships, all helping to address loneliness, whilst also building confidence, knowledge and resilience

42. The Joint Local Health and Wellbeing Strategy reinforces this message, through our strategic approach to be a health generating city, where all citizens are supported to be the producers of their own health and wellbeing outcomes.

43. **Population Health Outcomes Monitor**: this is linked to the ten big goals and is designed to provide board members with a holistic view

of whether the strategy is making a difference to the health and wellbeing of York's population, using outcome data rather than data on what health and care services are 'doing'. Today's updates are at **Annexes 5 and 6** to this report and provide further information on **Goal 10 of** the strategy.

Consultation and Engagement

44. As a high-level document setting out the strategic vision for health and wellbeing in the city, the new Local Joint Health and Wellbeing Strategy capitalised on existing consultation and engagement work undertaken on deeper and more specific projects in the city. Co-production is a principle that has been endorsed by the HWBB and will form a key part of the delivery, implementation, and evaluation of the strategy.

45. The actions in the action plan have been identified in consultation with HWBB member organisations and those leading on specific workstreams that impact the ten big goals.

46. The performance management framework has been developed by public health experts in conjunction with the Business Intelligence Team within the City of York Council.

Options

47. There are no specific options for the HWBB in relation to this report. HWBB members are asked to note the update and provide comment on the progress made.

Implications

48. It is important that the priorities in relation to the new Local Joint Health and Wellbeing Strategy are delivered. Members need to be assured that appropriate mechanisms are in place for delivery.

Recommendations

49. Health and Wellbeing Board are asked to note and comment on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to deliver on their Joint Local Health and Wellbeing Strategy 2022-2032.

Contact Details

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Report Approved √ **Date** 06.11.2024

Background papers

- Bridging the Gaps In Evidencing Prevention: Key Findings from a Multi-site Study of Local Area Coordination, April 2024, https://www.communitycatalysts.co.uk/lacnetwork/wp-content/uploads/sites/3/2024/05/Bridging-the-gaps-in-evidencing-prevention.pdf

Specialist Implications Officer(s)
None

Wards Affected: **All** ✓

For further information please contact the author of the report

Annexes:

Annex 1 Glynn's story

Annex 2 York CVS Social Prescribing teams and loneliness

Annex 3 Curiosity Partnership Loneliness workshop report

Annex 4 CYC Community Health Champions

Annex 5 HWBB Key Performance Indicators Goal 10

Annex 6 HWBB Goal 10 Key Performance Indicator Trends