Ignoring the health risks?

A review of health and wellbeing boards

Previous research shows that loneliness is harmful for our physical and mental health. As a risk factor in contributing to early death it is equivalent to smoking 15 cigarettes a day and it increases our likelihood of suffering from depression, hypertension and dementia.[i] The Campaign to End Loneliness has been drawing attention to these statistics for more than two years.

Following the establishment of 152 health and wellbeing boards across England in April 2012, we launched *Loneliness Harms Health*, a campaign that supports people to lobby their local board to commit to tackling loneliness through their Joint Health and Wellbeing Strategy (JHWS). At the same time, we developed an online toolkit which helps boards understand, measure and commission for the issue of loneliness in older age.

The Campaign has reviewed 128 JHWSs to assess the impact of *Loneliness Harms Health* and identify any early progress made by health and wellbeing boards in tackling the problems of loneliness and isolation in their area. The results, summarised here, are published in a new research: *Health and wellbeing boards' uptake of Campaign messages*.

Summary of the main findings from Charities Evaluation Services' (CES) research:

- 128 out of 152 health and wellbeing boards had published a Joint Health and Wellbeing Strategy (JHWS), or draft strategy, by April 2013
- 61 of the 128 Joint Health and Wellbeing Strategies had at least acknowledged loneliness and/or isolation as serious issues that needed to be addressed locally
- 28 of these 61 JHWSs can be described as reaching a **BRONZE** standard - Loneliness is acknowledged as being a serious issue although no targets or actions have been identified, or there is a commitment to improving social connections, relationships or networks
- 25 of these 61 JHWSs can be described as reaching a **SILVER** standard - There is a commitment to learning more about loneliness in a local area, or have established measurable targets on social isolation or improving social connections, relationships or networks
- 8 of these 61 JHWSs can be described as reaching a **GOLD** standard - These strategies commit to measurable actions and/or targets to address loneliness in older age or for all ages.
- However, over half of all health and wellbeing boards with published strategies (53%) have not recognised that loneliness and/or isolation are issues that need addressing

Local groups can learn more about how others campaigned on this issue with our case studies:

Loneliness Harms Health: One Year On

Local authorities can find more details about the evaluation of JHWSs in a research from CES:

Health and wellbeing boards' uptake of Campaign messages

Case Studies from the Campaign in 'One Year On':

These case studies explain how different sectors and groups have worked together to get loneliness onto the local health agenda in three of the gold-standard health and wellbeing board areas.

Blackburn with Darwen

Action taken: Blackburn with Darwen 50+ Partnership, a network of organisations working to improve quality of life in older age, wanted loneliness to be included in their JHWS. They held a series of community meetings to collect stories of loneliness and discuss how to address the issue. The Campaign to End Loneliness spoke at one event. Recommendations were drawn up and presented to the health and wellbeing board.

HWB response: The JHWS recognises that loneliness is harmful to health and older people are a high risk group. It specifies that loneliness and isolation will be a "priority topic" in the Integrated Strategic Needs Assessment. The board commits to commissioning initiatives that create opportunities for older people to engage with social networks. Success will be an "increased number of older people engaged in Good Neighbour schemes".

Thurrock

Action taken: A Commissioning Officer for Older People at Thurrock Borough Council was aware that loneliness had become a growing problem in the area. She heard about the *Loneliness Harms Health* campaign in neighbouring Essex and used the Campaign's online toolkit for health and wellbeing boards to draft a paper to present to the Thurrock board arguing for the issue of loneliness to be included in the JHWS.

HWB response: The Thurrock JHWS now recognises that loneliness is a key issue for older people and impacts on health and social care service use. The strategy identifies a number of ways in which the board will address the issue, including making it part of a separate Emotional Wellbeing Plan and ensuring that tackling isolation is part of a reform of Adult Services. One measure of success will be "less people are feeling lonely".

York

Action taken: The negative impact of loneliness on health was raised as an issue by local campaign groups during the York Health and Wellbeing Board consultation. A local councillor has also been campaigning on the issue of loneliness since 2011. In October 2012, council employees attended a Campaign-run workshop on tackling loneliness in older age.

HWB response: Addressing loneliness and isolation is now a guiding principle for the board. The JHWS recognises the detrimental impact of loneliness on health and commits to investing in services that help isolated older people participate in existing social groups. The board will investigate how to establish a 'social prescribing scheme' and will help York CVS coordinate the voluntary sector to provide community-based solutions.

More case studies can be found in *Loneliness Harms Health: One Year On*.

Next Steps:

The nationwide *Loneliness Harms Health* campaign has achieved very encouraging results in the first year: 61 health and wellbeing boards – leaders of our local health and care systems – have at least recognised the need to address loneliness and/or isolation in older age.

Despite this, over half of all health and wellbeing boards with publically available Joint Health and Wellbeing Strategies have not yet recognised that loneliness could be an issue for their population.

Furthermore, those currently identified as 'bronze standard' still have a considerable amount of work to do if we are to see significant change in communities.

There are two things that can be done now, by local people or groups and by those working within or alongside a health and wellbeing board.

If you are a local group that has signed up to support the Campaign…

- Get help if you plan to lobby your local health and care leaders on loneliness: see our recently updated *Loneliness Harms Health Action Pack* [ii]
- Ask for advice: if you are starting a campaign group, get in touch at info@campaigntoendloneliness.org.uk
- Read our soon-to-be-published study into how services can measure and evaluate their impact on loneliness

Interested in influencing your local health decision-makers? Read our case studies in:

Loneliness Harms Health: One Year On

If you are a member of, or work alongside, a health and wellbeing board…

- Receive the latest research, resources and case studies through quarterly updates of our online loneliness toolkit [iii] – if you are not already receiving these, contact us at info@campaigntoendloneliness.org.uk
- Request a presentation or workshop from the Campaign to End Loneliness on addressing loneliness
- Read our forthcoming study looking at the financial costs of loneliness and isolation

Want to learn more about what local authorities are doing? Read CES' research:

Health and wellbeing boards' uptake of Campaign messages

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[i] References for these facts can be found on our website: www.campaigntoendloneliness.org.uk

[ii] www.campaigntoendloneliness.org.uk/campaigns/loneliness-harms-health/

[iii] www.campaigntoendloneliness.org.uk/toolkit/