

# Still ignoring the health risks?

## An interim review of health and wellbeing boards



In June 2013, the Campaign to End Loneliness produced a report, [\*Ignoring the Health Risks?\*](#), tracking whether newly established health and wellbeing boards (HWBs) across England had prioritised the public health issues of loneliness and isolation. The report focused on published Joint Health and Wellbeing Strategies (JHWSs), reviewing them for any reference to loneliness and/or isolation and, looking at what measures or targets were put in place to tackle the problem. The report ranked the boards as Gold, Silver or Bronze according to the quality of their response to the issue. Those who did not include loneliness were left unplaced.

The initial report found that of the 152 boards, 128 had published a final or draft JHWS by April 2013. Of the 128 published strategies, 61 had acknowledged loneliness and/or isolation as a serious local issue but just over half (53 per cent) had failed to include loneliness as a priority.

In this interim update of the *Ignoring the Health Risks?* report, the Campaign has revised our results to include the boards that have published a JHWS since April 2013. We have not attempted a comprehensive re-evaluation of all strategies but where boards have taken time to contact us to highlight changes between their draft and final strategy; we have taken this into account.

### Summary of the updated findings

- 147 out of 152 (97 per cent) of health and wellbeing boards had published a Joint Health and Wellbeing Strategy by October 2013. *Up 19 since the last report.*
- 76 of the 147 (51 per cent) of published JHWSs have at least acknowledged loneliness and/or isolation as serious issues. *Up 14 since the last report.*
- 11 JHWSs can be described as reaching a **GOLD** standard. *Up two since the last report.*
- 33 JHWSs can be described as reaching a **SILVER** standard. *Up eight since the last report.*
- 32 JHWSs can be described as reaching a **BRONZE** standard. *Up four since the last report.*
- Encouragingly, the number of health and wellbeing boards that are yet to recognise that loneliness and/or isolation are issues has fallen to 49 per cent from 53 per cent: a four per cent improvement since the last report.

## Acknowledging success and good practice

For the purposes of both the initial report and this interim update we restricted our assessment to the Joint Health and Wellbeing Strategy content. This can result in areas that are otherwise making progress in tackling loneliness being rated lower than they might have expected. A full list of HWB rankings can be found in Appendix One.

The Campaign is convinced that including loneliness in a JHWS is the best way to achieve and maintain the joined-up action needed to address such a critical public health issue. However, in this report we also provide examples of some of the actions being taken by authorities who have not included loneliness in their strategies. These demonstrate some steps that local areas whose boards have already published their strategies can take to improve their impact on loneliness.

In our future annual reviews of HWB progress, we will continue to rank boards, but will also offer a broader assessment to better capture other areas of progress on tackling loneliness and isolation.

## Recap of Rankings

A full explanation of the review process and ranking can be found on page five of the [report](#), written by the Charities Evaluation Service (CES).

**GOLD** - the strategy contained measurable actions and/or targets on loneliness (in older age or for the whole population).

**SILVER** - there was a stated commitment in the strategy to learning more about loneliness in a local area (for example mapping needs, designing interventions, identifying existing services that help), or measurable actions/targets on social isolation, improving social connections, networks or relationships.

**BRONZE** - loneliness was acknowledged as a serious issue in the strategy but no targets or actions were identified, or there was a commitment to learning more about or improving social connections, social relationships or social networks.

**UNPLACED** – there was no significant mention of isolation or loneliness in the JHWS. This does not mean that no work on loneliness is taking place, but by not including it in the JHWS there is a concern this work will not be sustained or properly joined up across the area.

## Beyond the Joint Health and Wellbeing Strategy

The following case studies demonstrate some of the good work being done to address loneliness, taking place in parallel to Joint Health and Wellbeing Strategies.

### Silver strategies:

#### Hampshire Health and Wellbeing Board

Hampshire Health and Wellbeing Board have been rated 'Silver' in our interim update. However, we found information in the board's Joint Strategic Needs Assessment (JSNA) which demonstrates the authority's clear commitment to tackling loneliness. The Board makes it clear how it plans to track and tackle loneliness, with a clear set of recommendations for action. These include:

- Prioritising the resourcing and development of the existing community based network of activities and opportunities that help to prevent or alleviate loneliness in older age;
- Embedding the benefits of tackling loneliness and isolation within all other health and social care assessments and initiatives;
- Making every contact with an older person a potential opportunity to share appropriate and relevant information to assist with re-engagement with their community and access assistance;
- Developing 'Tackling Loneliness and Isolation Champions/Coordinators' across the county and evaluating their effectiveness;
- And establishing clear processes for health and social care to access the relevant services and information sources.

#### Ealing Health and Wellbeing Board

Originally unplaced in our first report, Ealing contacted the Campaign to highlight an update to their strategy. Their JHWS now includes extensive references to social isolation, states how it can negatively affect health, and the steps they will take to address it. Consequently, the Strategy is now ranked as "silver".

Under the strategic theme 'Healthy Lives', the Board commits to:

*"Promoting well-being by improving access to a range of health promotion services, which focus on both physical and mental health and reduce health inequalities and social isolation."*

## **Bronze strategies:**

### **Stockton-On-Tees Health and Wellbeing Board**

Stockton-On-Tees Health and Wellbeing Board is currently rated as 'Bronze' but has recently completed some commendable scoping work to track and map loneliness in their communities.

Aware that loneliness is a significant public health issue, the council asked their Over 50's Assembly to investigate it locally. The Assembly already works to prevent loneliness and find ways to reduce its impact on individuals.

Working with a research specialist, the Over 50's Assembly surveyed 600 older people using the UCLA Loneliness scale and created a 'profile' of a typical lonely person to help the Council plan how to prevent the development of loneliness, and find ways to reduce its impact. The survey identified that divorce and unemployment were locally-specific triggers of loneliness. The survey was then used to highlight where the gaps were in service provision and make recommendations for improvements.

### **Halton Health and Wellbeing Board**

Currently ranked as 'Bronze', Halton Health and Wellbeing Board has already started to turn the commitment in their JHWS into measurable actions and targets. After identifying loneliness and isolation as an important health issues in their strategy, Halton produced a supplementary 'Loneliness Prevention Scoping Document'. This document makes a root and branch review of why loneliness is a problem, how it can be measured, existing assets, and further action needed. This strategy will provide a solid base on which future action to address loneliness in the area can be directed and evaluated, including identifying any cost savings made by preventing the need for more acute services.

## Unplaced or Unpublished strategies:

### **West Sussex Health and Wellbeing Board**

Although currently unplaced, we are aware that West Sussex Health and Wellbeing Board will be reviewing its Joint Health and Wellbeing Strategy later in the year and there are plans to include tackling loneliness and social isolation in the refreshed version.

The County Council has already started to take action on the issue by commissioning the Royal Voluntary Service to provide a service to support vulnerable residents who are at risk of loneliness and isolation. This service will include helping them to join activities in their local area, directing them to appropriate services, arranging for regular visits from a volunteer and also carrying out 'safe and well' checks during all home visits to monitor any change in a person's health, wellbeing or home surroundings.

The County Council's Public Health team has recently carried out a survey of older people to help them to understand how many people are experiencing loneliness, and to identify some of the factors associated with loneliness and social isolation, to help services address people's needs more effectively.

## Next Steps:

The progress made so far by health and wellbeing boards is encouraging: 75 boards – leaders of our local health and care systems – have now at least recognised the need to address loneliness and/or isolation. However, just under half of all health and wellbeing boards with publically available Joint Health and Wellbeing Strategies have not yet acknowledged that loneliness could be an issue for their population.

Furthermore, those currently identified as ‘Bronze’ still have a considerable amount of work to do if we are to see significant change in their communities. There are a number of 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, you can...

- Get help with lobbying your local health and care leaders on loneliness: see our recently updated *Loneliness Harms Health Action Pack* <sup>ii</sup>
- Ask for advice: if you are starting a campaign group, get in touch at [info@campaigntoendloneliness.org.uk](mailto:info@campaigntoendloneliness.org.uk)
- Sign-up [HYPERLINK] to receive our updates and information on 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, you can...

- Receive the latest research, resources and case studies through quarterly updates of our online loneliness toolkit <sup>iii</sup> – if you are not already receiving these, contact us at [info@campaigntoendloneliness.org.uk](mailto:info@campaigntoendloneliness.org.uk)
- Request a presentation or workshop from the Campaign to End Loneliness on addressing loneliness
- Read our [online toolkit](#) specifically designed to help health and wellbeing boards tackle loneliness

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

### [Health and wellbeing boards' uptake of Campaign messages](#)

## Appendix one

### Health and Wellbeing Board Joint Strategy Rankings

The Campaign has made a concerted effort to find and assess all published strategies. If we could not find a published final strategy, we used published draft strategies as an alternative. If you feel you have been ranked incorrectly, or we have failed to find your latest strategy despite its publication, please contact us at [info@campaigntoendloneliness.org.uk](mailto:info@campaigntoendloneliness.org.uk).

#### Rated Gold

- Bath and North East Somerset Health and Wellbeing
- Blackburn with Darwen Health and Wellbeing Board
- Manchester Health and Wellbeing Board
- North Lincolnshire Health and Wellbeing Board
- North Yorkshire Health and Wellbeing Board
- Sheffield Health and Wellbeing Board
- Shropshire Health and Wellbeing Board
- Sutton Health and Wellbeing Board
- Thurrock Health and Wellbeing Board
- York Health and Wellbeing Board
- Sefton Health and Wellbeing Board

#### Rated Silver

- Bournemouth and Poole Health and Wellbeing Board
- Buckinghamshire Health and Wellbeing Board
- City of London Health and Wellbeing Board
- Cornwall Health and Wellbeing Board
- Devon Health and Wellbeing Board
- Ealing Health and Wellbeing Board
- Essex Health and Wellbeing Board
- Gateshead Health and Wellbeing Board
- Hull City Council Health and Wellbeing Board
- Isles of Scilly Health and Wellbeing Board
- Knowsley Health and Wellbeing Board
- Lancashire Health and Wellbeing Board
- Liverpool Health and Wellbeing Board
- Medway Health and Wellbeing Board
- Merton Health and Wellbeing Board
- Milton Keynes Health and Wellbeing Board
- Redbridge Health and Wellbeing Board

- Redcar & Cleveland Health and Wellbeing Board
- Rotherham Health and Wellbeing Board
- Sandwell Health and Wellbeing Board
- Solihull Health and Wellbeing Board
- South Gloucestershire Health and Wellbeing Board
- South Tyneside Health and Wellbeing Board
- Stockport Health and Wellbeing Board
- Stoke-On-Trent Health and Wellbeing Board
- Tameside Health and Wellbeing Board
- Warrington Health and Wellbeing Board
- Warwickshire Health and Wellbeing Board
- West Berkshire Health and Wellbeing Board
- Westminster Health and Wellbeing Board
- Wirral Health and Wellbeing Board
- Wokingham Health and Wellbeing board

#### Rated Bronze

- Barking and Dagenham Health and Wellbeing Board
- Barnet Health and Wellbeing Board
- Bristol Health and Wellbeing Board
- Cambridgeshire Health and Wellbeing Board
- Central Bedfordshire Council
- Croydon Health and Wellbeing Board
- Derby City Health and Wellbeing Board
- Derbyshire Health and Wellbeing Board
- Greenwich Health and Wellbeing Board
- Hampshire Health and Wellbeing Board
- Harrow Health and Wellbeing Board
- Havering Health and Wellbeing Board
- Kent Health and Wellbeing Board
- Kingston Health and Wellbeing Board
- Lewisham Health and Wellbeing Board
- Norfolk Health and Wellbeing Board
- Nottingham city Health and Wellbeing board
- Nottinghamshire Health and Wellbeing Board
- Oldham Health and Wellbeing Board
- Oxfordshire Health and Wellbeing Board
- Plymouth Health and Wellbeing Board
- Reading Health and Wellbeing board



- Rutland Health and Wellbeing board
- Southend on Sea Health and Wellbeing Board
- St Helens Health and Wellbeing Board
- Stockton-on-Tees Health and Wellbeing Board
- Suffolk Health and Wellbeing Board
- Tower Hamlets Health and Wellbeing Board
- Trafford Health and Wellbeing Board
- Waltham Forest Health and Wellbeing Board
- Wandsworth Health and Wellbeing Board
- Worcestershire Health and Wellbeing Board

#### Currently Unplaced

- Barnsley Health and Wellbeing Board
- Bedford Health and Wellbeing Board
- Bexley Health and Wellbeing Board
- Birmingham Health and Wellbeing Board
- Blackpool Health and Wellbeing Board
- Bolton Health and Wellbeing Boards
- Bracknell Forest Health and Wellbeing Board
- Bradford Health and Wellbeing Board
- Brent Health and Wellbeing Board
- Brighton and Hove Health and Wellbeing Board
- Bromley Health and Wellbeing Board
- Bury Health and Wellbeing Board
- Calderdale Health and Wellbeing Board
- Camden Health and Wellbeing Board
- Cheshire East Health and Wellbeing Board
- Cheshire West and Chester Health and Wellbeing Board
- Coventry Health and Wellbeing Board
- Cumbria Health and Wellbeing Board
- Darlington Health and Wellbeing Board
- Doncaster Health and Wellbeing Board
- Dorset Health and Wellbeing Board
- Dudley Health and Wellbeing Board
- Durham Health and Wellbeing Board
- East Riding Of Yorkshire Health and Wellbeing Board
- East Sussex Health and Wellbeing Board
- Gloucestershire Health and Wellbeing Board
- Hackney Health and Wellbeing Board

- Halton Health and Wellbeing Board
- Haringey Health and Wellbeing Board
- Hartlepool Health and Wellbeing Board
- Hertfordshire Health and Wellbeing Board
- Hillingdon Health and Wellbeing Board
- Hounslow Health and Wellbeing Board
- Isle Of Wight Health and Wellbeing Board
- Islington Health and Wellbeing Board
- Kensington and Chelsea Health and Wellbeing Board
- Kirklees Health and Wellbeing Board
- Lambeth Health and Wellbeing Board
- Leeds Health and Wellbeing Board
- Leicester City Health and Wellbeing Board
- Leicestershire Health and Wellbeing Board
- Lincolnshire Health and Wellbeing Board
- Luton Health and Wellbeing Board
- Middlesbrough Health and Wellbeing Board
- Newcastle Health and Wellbeing Board
- Newham Health and Wellbeing Board
- North East Lincolnshire
- North Somerset Health and Wellbeing Board
- North Tyneside Health and Wellbeing Board
- Northamptonshire Health and Wellbeing Board
- Northumberland Health and Wellbeing Board
- Peterborough Health and Wellbeing Board
- Portsmouth Health and Wellbeing Board
- Richmond Health and Wellbeing Board
- Rochdale Health and Wellbeing Board
- Salford Health and Wellbeing Board
- Slough Health and Wellbeing Board
- Somerset Health and Wellbeing Board
- Southampton Health and Wellbeing Board
- Southwark Health and Wellbeing Board
- Sunderland Health and Wellbeing Board
- Surrey Health and Wellbeing Board
- Swindon Health and Wellbeing Board
- Telford & Wrekin Health and Wellbeing Board
- Torbay Health and Wellbeing Board
- Wakefield Health and Wellbeing Board

- Walsall Health and Wellbeing Board
- West Sussex Health and Wellbeing Board
- Wigan Health and Wellbeing Board
- Wiltshire Health and Wellbeing Board
- Windsor and Maidenhead Health and Wellbeing Board
- Wolverhampton Health and Wellbeing Board

**Strategy not yet published\***

- Dover and Shepway Health and Wellbeing Board
- Enfield Health and Wellbeing Board
- Hammersmith and Fulham Health and Wellbeing Board
- Herefordshire Health and Wellbeing Board
- Staffordshire Health and Wellbeing Board