LONDON BOROUGH OF CAMDEN	**WARDS:** All
REPORT TITLE Health and Wellbeing Strategy Implementation: Community Connectedness and Friendships	
REPORT OF Director of Health and Wellbeing	
FOR SUBMISSION TO The Health and Wellbeing Board	**DATE** 20th December 2023

SUMMARY OF REPORT

The report updates on progress for the implementation of the community connectedness and friendships short-term priority within the Camden Health and Wellbeing Strategy 2022-30. This includes how the Camden population health approach has been applied to different issues and population groups to bring partners together from across the system to identify and prioritise opportunities for collective action and intervention.

This report describes how the process has been applied in the context of the Community Connectedness and Friendships short-term priority, including work that has been undertaken to transition to delivery.

Local Government Act 1972 – Access to Information

No documents that require listing have been used in the preparation of this report.

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RECOMMENDATIONS
The Health and Wellbeing Board to note the ongoing work under the Community Connectedness and Friendships priority.

Signed:

Jess McGregor

Executive Director of Adults & Health
Date: 8th December 2023

1. Purpose of Report

1.1. Reducing loneliness and social isolation through effective promotion of community connectedness and friendships is a strategic priority for the Camden Health and Wellbeing Board and Camden Borough Partnership. It is one of the three stated short-term priorities within Camden's Health and Wellbeing Strategy (2022-30)[1]. This priority recognises loneliness as a significant driver of poor health outcomes in Camden and calls for a united response from partners. The purpose of this report is to update the Board on how a population health approach has been applied to take work forward and to prompt discussion through questions that are included in section 5.

2. Strategic Context

2.1. Camden's Health and Wellbeing Strategy was approved by the Camden Health and Wellbeing Board (HWB) on 16 March 2022. This is an eight-year strategy (2022-30) recognising the complexity of health and wellbeing challenges in Camden and the need to maintain efforts over the long-term to realise progress.

2.2. The strategy recognises that many of the main drivers of health and wellbeing outcomes fall outside of our health and care services. Therefore, to implement a population health approach means taking collective action to engage the full range of health determinants. Only by coupling our integration efforts with action on the social determinants, lifestyles and behaviours and the places and communities we live in, can we hope to reduce inequalities and improve health outcomes across Camden's population.

2.3. The strategy sets a long-term vision to put health equity at the heart of all policies and ensure Camden residents can start well, live well and age well. It then proposes three short-term priorities to focus system attention across the initial 2-3 years of the strategy. These short-term priorities were agreed by the HWB in response to analysis of local need but also because they represent ripe opportunities where partnership action can be used to shift the dial on key population health trends. One of the three priorities is Community Connectedness and Friendships.

3. How to take a population health approach

3.1. A population health approach takes into consideration not only the health outcomes of an entire population, but also the distribution of those outcomes within that population, highlighting where there are inequalities between

[1] https://www.camden.gov.uk/documents/20142/1195356/Camden+HWB+Executive+Summary+UPDATE.pdf

groups of people. Interventions should therefore seek to focus on both elements in order to reduce health inequalities.

3.2. Evidence is clear that the key risk factors for the main causes of illness and death are smoking, diet, physical inactivity and alcohol, which are usually outside of the domain of health and care services. As a result, improving diagnosis and treatment alone will only have limited impact, and improvements in healthcare services do not necessarily reduce health inequalities.

3.3. Embedding a population health approach at Camden means understanding health in the round and taking collective action across all four pillars (figure 1) in order to reduce inequalities and improve population health.

3.4. This requires collaboration from system partners across all four pillars around a particular health issue. Although this is not a new concept, activity across the four population health pillars is often imbalanced in that the current breadth of activity does not reflect the full breadth of challenges.

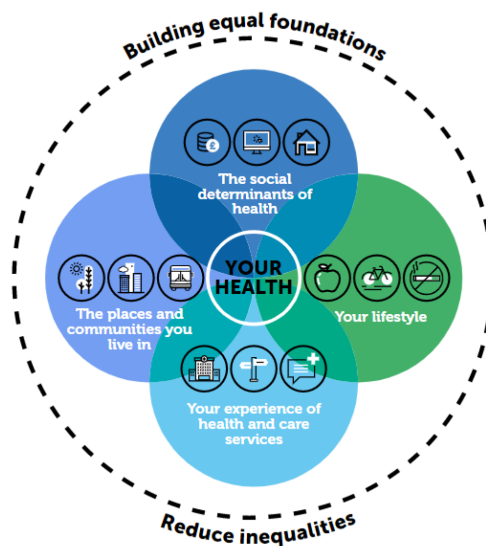

Figure 1

3.5. The following steps can be taken to apply a population health approach to a particular issue:

Figure 2

3.6. A core element of this implementation approach is to ensure that partnership activity reflects the breadth of challenges relevant to each issue. This can be facilitated by using the four pillars population health framework to map the relevant challenges, overlay current activity and identify gaps to drive out additional activity.

3.7. Benefits of a population health approach include:

- Encouraging a breadth of activity across the four pillars of population health
- Facilitating synergies of effort to maximise opportunities
- Enabling system-wide activity to achieve population health benefits

3.8. Successfully implementing the HWB Strategy means shifting the dial on the three short-term priorities. It also means that additional activity, intervention or focus on the priority areas is transitioned into 'business as usual' so that progress can be sustained over the long-term.

4. Applying a population health approach to community connectedness and friendships

4.1. The update presented to the Board in December 2022 outlined how a population health approach had been applied to the first three steps defined in figure 2.

4.2. Progress included developing an in-depth health needs assessment (HNA) of social isolation, loneliness and community connectedness which helped support stakeholder understanding of the needs of different population groups, the work being carried out locally and evidence-based opportunities to tackle the issue.

4.3. The needs assessment highlighted the impacts of loneliness and isolation on health and wellbeing, finding that it can have an equivalent health-harming effect as obesity and physical inactivity, and can lead to a 25-30% increased risk of early death. The needs assessment also found that social isolation and loneliness is linked to increased use of primary and secondary care, leading to additional pressures on the system for need that could be better met in the community. We found that in Camden, our residents are more likely to identify

themselves as being lonely some of the time (33%), compared with London (21%) and England (20%), and that social isolation and loneliness spans the lifecourse – although social isolation is highest among older people and increases with age, people aged 16-24 are the most likely to be lonely. The needs assessment also found that people from black, or other ethnic groups, as well as those on lower incomes, are more likely to experience loneliness and social isolation. More information on the findings of the needs assessment is provided in appendix A.

4.4. Key stakeholders that spanned the four pillars of population health were then identified and partook in a multi-disciplinary workshop, where attendees identified potential gaps in local provision and opportunities for intervention and mobilisation.

4.5. Following the workshop, the Community Connectedness and Friendships Working Group (CCFWG) was established. As a population health approach can only be effectively maintained if the membership of the working group extends beyond those who work within traditional health and care services, we ensured the group's membership was representative of the four pillars of population health. Recognising the key role of the voluntary and community sector in enabling residents to feel connected to communities, Keith Morgan, CEO of Voluntary Action Camden was appointed co-Chair, alongside Sue Hogarth from Camden's Health and Wellbeing Department.

4.6. Over the past year, the working group has met monthly, with the initial task to review and prioritise the opportunities for partnership action identified in the multi-stakeholder workshop, which also formed the recommendations in the health needs assessment. A vast amount of work already exists among partners to help residents connect to their communities, a key role of the group is therefore to connect the system and enhance existing approaches, rather than creating new pieces of work.

4.7. After in-depth discussions, the working group refined the recommendations and agreed to focus partnership action on the following:

- Improve identification and engagement of people who are chronically lonely and isolated.
- Explore service area specific opportunities to help reduce social isolation and loneliness.
- Undertake a borough wide communications campaign to increase awareness and reduce stigma.

4.8. The working group developed a theory of change to support the identification of evaluation metrics for the first two recommendations and have a draft theory of change for the communications campaign. The theories of change can be found in the slide deck at appendix A. Although the main focus of the

working group over the past year has been to develop the theories of change, lots of activity has been undertaken alongside this process by working group members to improve community connectedness, several examples are provided in the slide deck.

4.9. Appendix A also includes deep dives into pieces of work that have been undertaken to progress actions within the theories of change, these cover social prescribing and plans for a communications campaign to increase awareness and reduce stigma.

5. Questions for the board

1. If your organisation or service area is not represented on the working group (membership set out in appendix A), could you identify a lead?
2. How can your organisation or service, better support with identifying people who are experiencing loneliness?

6. Finance Comments of the Executive Director Corporate Services

6.1. The Director of Finance has been consulted on the content of this report and has no comment to make.

7. Legal Comments of the Borough Solicitor

7.1. The Borough Solicitor has been consulted on the content of this report and has no comment to make.

8. Environmental Implications

8.1. This report has no environmental implications.

9. Appendices

Appendix A – Applying a population health approach to Community Connectedness and Friendships

REPORT ENDS