Health and Wellbeing Strategy short term priority update: Community Connectedness and Friendships

January 2024

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Camden Health and Wellbeing Strategy on a slide

Long-term strategic ambitions to 2030

Start Well
All Children and Young people have a chance to succeed and no one gets left behind

Live Well
People live in connected, prosperous and sustainable communities

Age Well
People live healthier and more independent lives for longer

Link to:
[Full strategy]
[Executive summary]

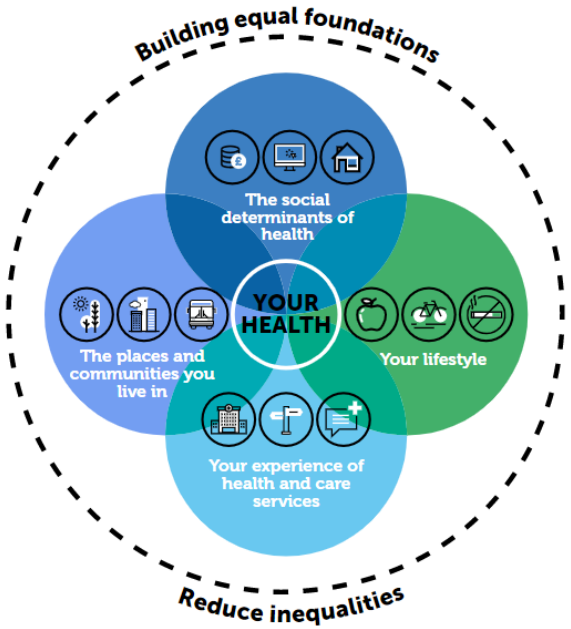
Short-term priorities

Healthy and ready for school

Good work and employment

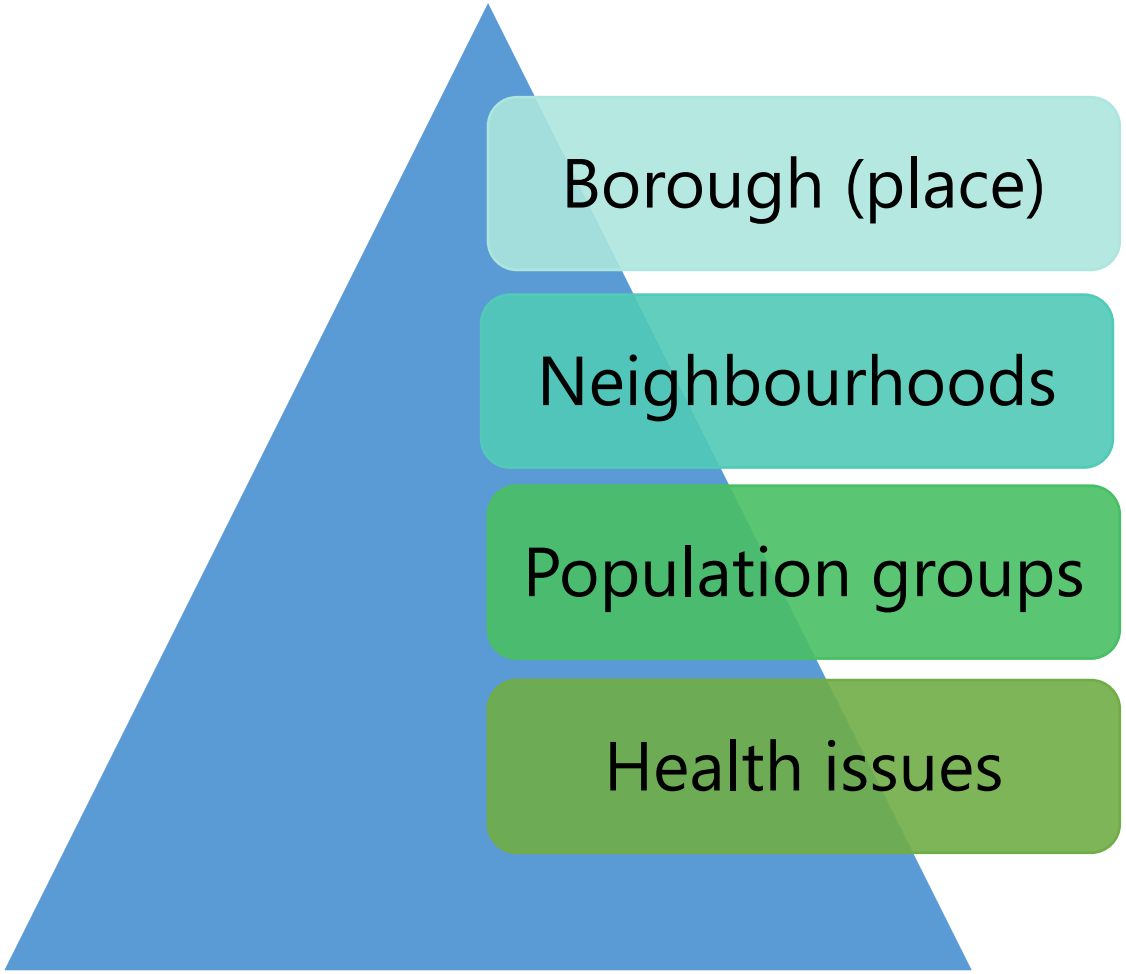
Community connectedness and friendships

Four pillars population health approach



Guiding principles

Camden's ambition is to become a population health driven organisation



This involves taking a population health approach in everything we do:

- Working at different geographical levels e.g., at a borough (place) and neighbourhood level
- To improve the health and wellbeing of individual population groups e.g., those who live on estates or individuals with a learning disability
- To address specific health issues e.g., social isolation and loneliness and childhood asthma

Population health

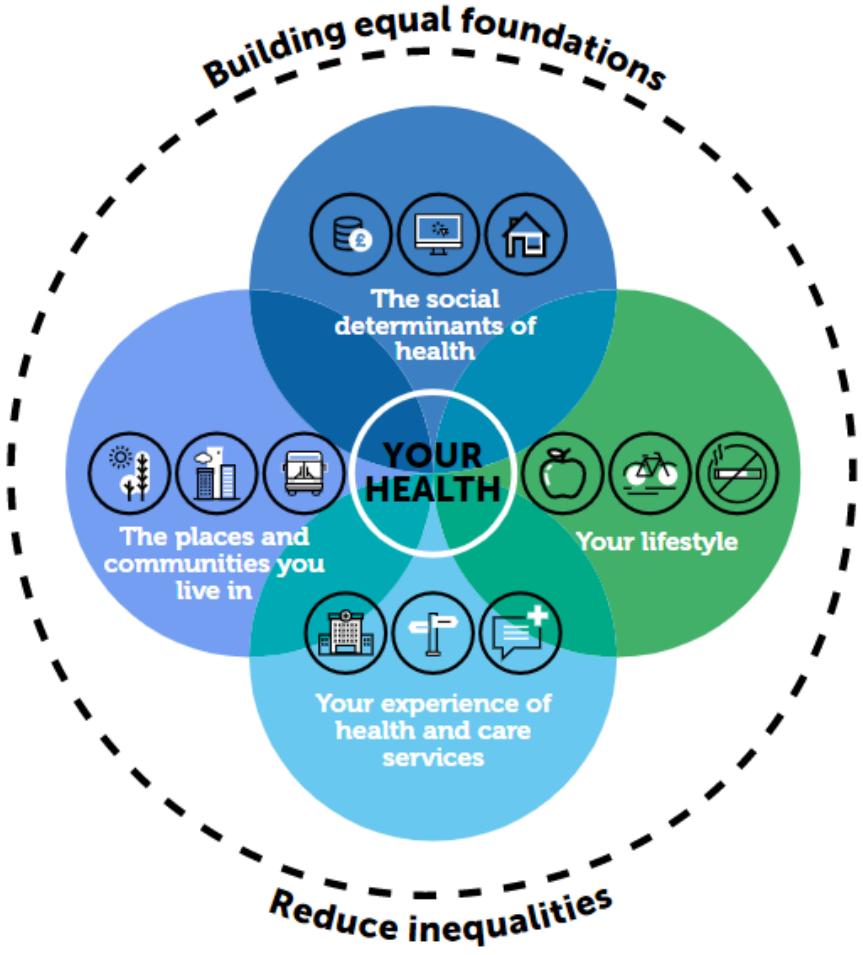
Population health is an approach aimed at improving the health of an entire population.

It is about improving the physical and mental health outcomes and wellbeing of people across a defined population, as well as the distribution of those outcomes within the population. Interventions focusing on both components will help to reduce health inequalities.

A population health approach

Embedding a population health approach means understanding health in the round and taking collective action across all four pillars of population health.

- The approach recognises that there are a wide range of determinants of health and wellbeing, which are outside the domain of health and care services. For example, the risk factors for the main causes of illness and death such as cardiovascular disease, are related to our lifestyle and our environment, therefore improving diagnosis and treatment alone will only have limited impact.
- It is only by taking action on the full range of determinants across all 4 pillars, will we be able to improve population health and reduce the inequalities gap.
- This is not a new concept, however, activity is often imbalanced in that the current breadth of activity does not reflect the full breadth of challenges.
- The overlaps highlight key opportunities for collaboration and to add value (as well as the risk of duplication).



Applying a population health approach in practice

We propose the following 5 sequential phases as a high-level guide to applying a population health approach in practice.

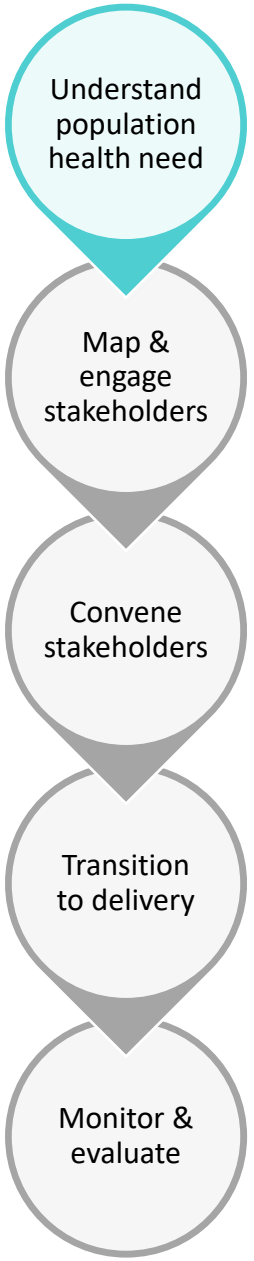
- These phases can be applied to any population group, health issue or geographical footprint.

Understand population health need

Depending on the subject area, it may be useful to review local population health needs and key inequalities data to inform subsequent stages.

Depending on the amount of work already undertaken on the topic area and the level of understanding of the key issues in Camden, key area leads may consider:

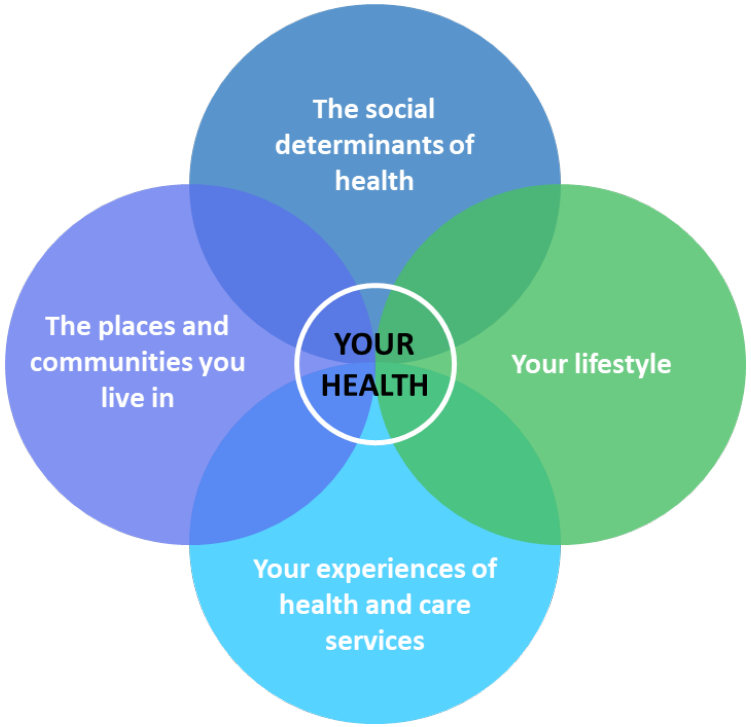
- An in-depth health needs assessment (as part of the JSNA process and in partnership with public health)
- A rapid needs assessment
- A rapid summary of key local health and inequalities data
- None of the above



Map and engage stakeholders

Use the population health framework to systematically identify all relevant system partners. Try to achieve a balance of representation from across the four pillars.

- The framework is simply intended to support the identification of all relevant system partners. Therefore, it is not important that partners are perfectly mapped to each of the four pillars and many partners will fall in the overlaps between them.



Convene stakeholders in a system-wide workshop

Stakeholders from across the four population health pillars collaborate through a system-wide workshop

Use the four pillars framework to map the challenges associated with a particular issue

Consider what current activity is taking place across the system to identify the challenges not currently / fully being addressed

Identify opportunities for the challenges that are not currently / fully being addressed (and in doing so broaden activity across the 4 pillars)

Select a small number (2-3) of opportunities to deliver over a short time-horizon (6-12 months) using a prioritisation framework

Transition into delivery

Following the workshop, additional steps are likely to be required to ensure priority opportunities are delivered successfully.

- A small working group may be required to further review and refine the opportunities identified in the workshop. You may want to consider:
  - Is more consultation required? E.g. with residents and communities or wider stakeholders
  - Do the priority opportunities need further refinement? We propose selecting a small number (2-3) of opportunities to deliver over a short time-horizon (6-12 months)
  - Maintain a long list of opportunities to come back to once priority opportunities have been delivered
- Agree governance arrangements to oversee the delivery of the priority opportunities
  - We propose leveraging existing vehicles of delivery where possible and only establish new working groups if this is absolutely necessary
- Develop a simple action plan for how you will deliver the priority opportunities
  - Use the action plan to start thinking about how you will evaluate and monitor progress

Monitor & evaluate

Adopt a simple evaluation framework e.g., logic model or theory of change, to support the identification of KPIs / evaluation metrics.

- Some opportunities may only require a small number of simple metrics
- A combination of process and outcome measures could be used
- Keep the evaluation framework under regular review
- Public health or strategy can support with the process

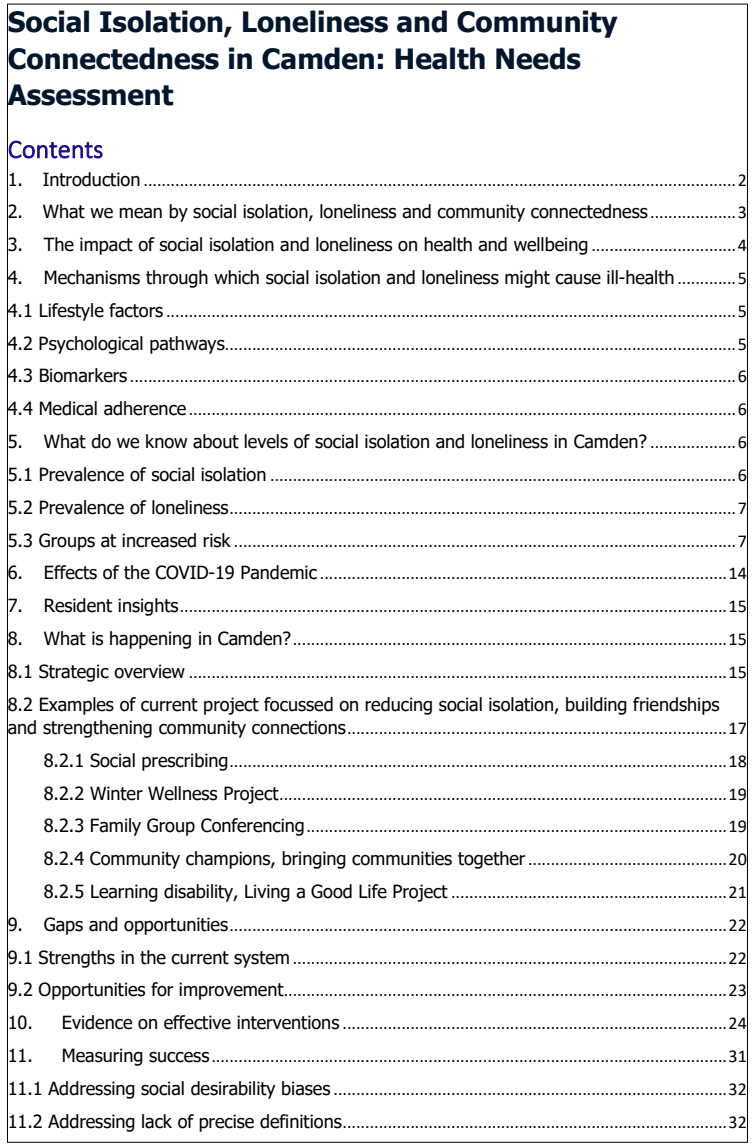
	Inputs (funding / resources)	Activities / processes	Outputs (short term outcomes)	Impact (long-term outcomes)
Opportunity 1				
Opportunity 2				
Opportunity 3				

Applying a Population Health Approach to Community Connectedness and Friendships

Step 1: Understand population health need

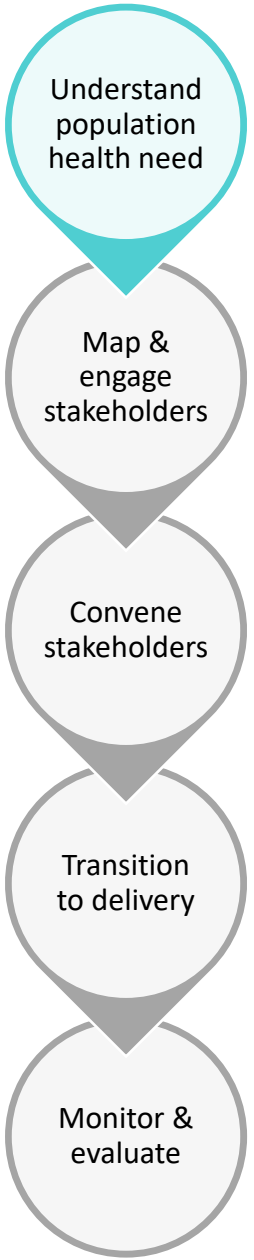
Tackling social isolation and loneliness and improving community connectedness in Camden was a relatively new area of focus in Camden.

- To support stakeholder understanding of the needs of different population groups in Camden, the work already being carried out locally, and evidence based opportunities to tackle the issue, Public Health undertook a comprehensive health needs assessment (HNA) of social isolation, loneliness and community connectedness in Camden.
- The HNA summarised the associated challenges in Camden using the 4 pillars framework. The authors renamed the 'lifestyle and behaviours' pillar to 'individual and relationship factors' as this was felt to be a better fit for the relevant challenges.
- This HNA was presented at the start of the multi-stakeholder population health workshop.



Social Isolation, Loneliness and Community Connectedness in Camden: Health Needs Assessment

Contents



What's included in the Health Needs Assessment

- Definitions of social isolation, loneliness and community connectedness
- Prevalence and trends
- Residents' voice & strategic position
- Effects of Covid-19
- Risk and protective factors related to social isolation *and* loneliness
- Associated impact on health and wellbeing
- What we are currently doing in Camden, with case studies
- Identifying the gaps
- Successful interventions in other localities
- Proposed indicators to measure success

The impact of loneliness and social isolation on health and wellbeing

Loneliness and social isolation have an equivalent health-harming effect as risk factors such as obesity and physical inactivity.

Chronic and enduring loneliness are the most harmful to health

- **25-30% increased risk of early death** from social isolation, loneliness and living alone
- Contributes to the development of **cardiovascular disease, dementia and mental ill health**
- Associated with **poorer health behaviours** such as smoking inactivity and poor sleep
- Increases the use of **emergency healthcare and GP services**
- Some evidence it increases the risk of **Adult Social Care admissions**

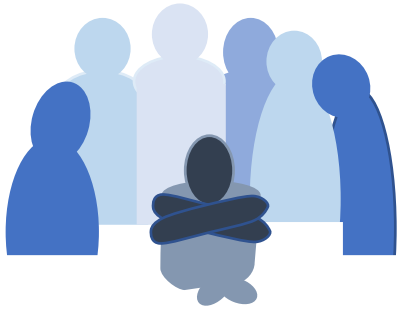
The definition and relationship between social isolation, loneliness and community connectedness

Social isolation

Having very few or no social contacts

Little opportunity to maintain meaningful relationships

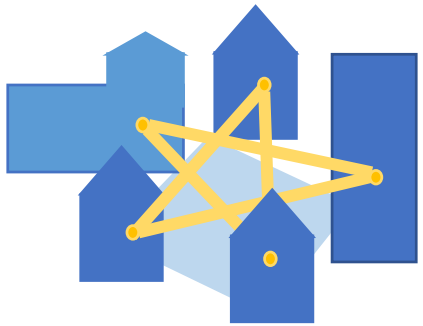
Negative emotions and social evaluations may discourage social interaction



Loneliness

Feeling when the number and/or quality of social contacts is lower than desired. Anyone can be lonely at points in their life, but **it is enduring loneliness that has the greatest health impact**

Stronger connections with neighbours and community help alleviate social isolation



Community connectedness

A 'sense of community', including shared resources, mutual trust, a sense of solidarity and a network of local support

Higher levels of mutual trust, solidarity and self-identification within a community help to reduce negative evaluations of social connections

What's the situation in Camden?

Broadly speaking, Camden residents are more likely to identify themselves as being **lonely some of the time** (33%), compared with London (21%) and England (20%).

The pandemic is likely to have impacted the prevalence of loneliness, and while there are no earlier comparable data for Camden, evidence at the national level shows an increase in the prevalence of loneliness from 5% in 2013/14 to 7% in 2020/21.

Social isolation is difficult to quantify, however proxy indicators suggest that Camden has high levels of need.

The HNA identifies a wide range of local population groups who are at risk of loneliness and isolation.

Social isolation is highest among older people and increases with age, while **people aged 16-24 are the most likely to be lonely**

65% of the adults in Camden are single, separated, divorced or widowed

Black people and people from other ethnic groups are more likely to feel lonely than their White peers

18% of our population live alone, higher than London and England

Around 41% of households are single-person occupied, the 4th highest in the country. 24% of these are council tenants

People in deprived areas, are on lower incomes, and are unemployed, are all more likely to experience social isolation and loneliness

38% of people who currently draw on ASC support believe that they spend too much time alone

National surveys have shown that more than 80% of unpaid carers feel socially isolated or lonely

15% of ASC safeguarding referrals between 2019 and 2021 included a concern about social isolation & loneliness

The Health Needs Assessment also shone a light on outstanding practice in Camden, demonstrating how we are already responding to the challenge. Support is often rooted in the community and highly vulnerable to cuts

Community Champions is a pilot programme sponsored by the HWB and funded by Public Health. Established in 2020, it is funded to March 2024. The programme pays for a single Champion Co-ordinator on three Camden estates, each hosted by a VCS organisation. The Co-ordinator's role is to help residents agree hyper-local priorities to improve health and wellbeing, and to recruit and train a volunteer network of Champions.

The Community Champion volunteers deliver activities and initiatives to address local needs and act as a bridge to the wider offer of support.

On Regent's Park Estate, Co-ordinator Elie Rudd has recruited more than 70 Champions, engaging hundreds. She manages an inclusive and inter-generational network that simultaneously tackles loneliness and drives community-powered change on the estate.

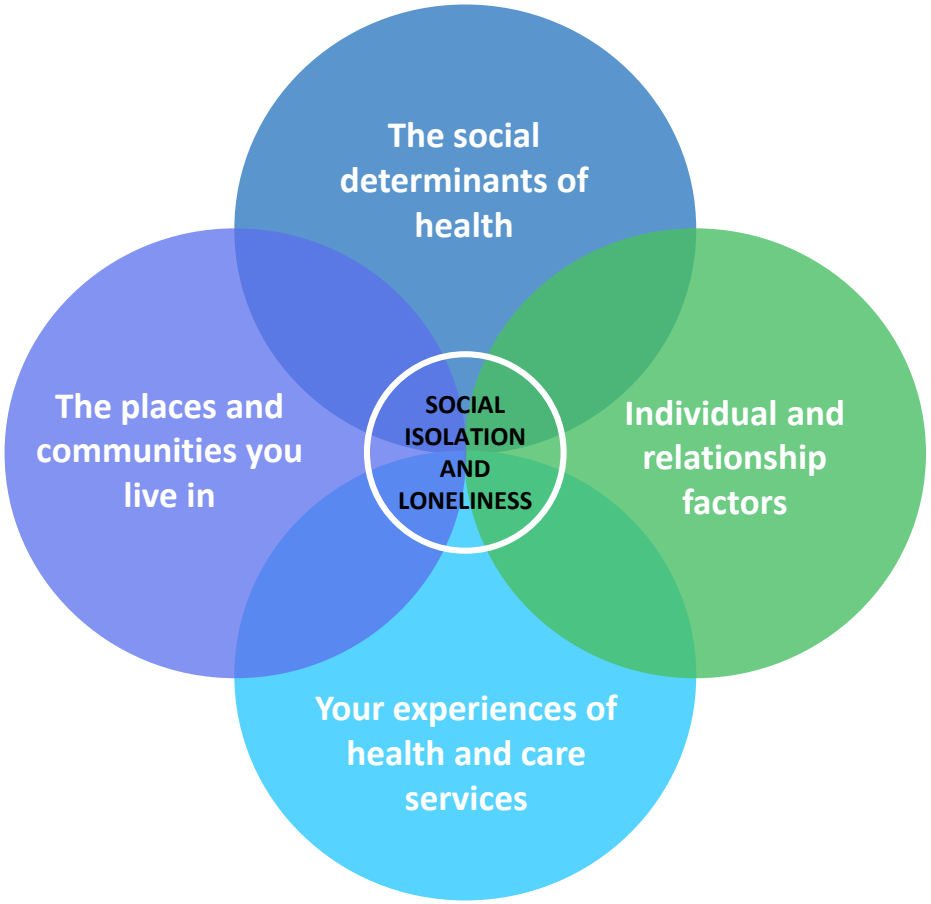
"I have lived on Robert Street for over 20 years and for some reason I haven't wanted to, or found a group I wanted to join, until now. Between my daughter getting a job and the support from Ellie, I wanted to give it a try and I am so glad I did. I like feeling part of a community with a group of people who really listen and understand me. I like that what we work on will slowly make positive changes here and I hope to encourage others to join too."

Amanda, Resident of Regent's Park Estate

Step 2: Map and engage stakeholders

The Social Determinants of Health
Sarah Moore – Housing
Stanton La Foucade – Tenant Participation

The places and communities you live in
Joanne Stapleton – Age UK
Natasha Graville - Age UK
Judy Hallgarten - North London Cares
Dominic Murphy – Participation (Strategy)
Ali Alsaraf – Supporting Communities Strategy
John Muir - Head of Community Partnerships
Zoe Taylor-Pauli - Partnership Team Manager



Individual and Relationship Factors
Sue Hogarth – Public Health
Esther Dickie – Public Health
Huw MacDonald – Public Health

Your experiences of health and care services
Jamie Spencer - ASC
Jodi Pilling - ASC
Andrew Reece - ASC
Jessica Lawson - ASC
Jo Reeder - Camden Head of Integration & Borough Partnership Development (NCL ICS)
Alison David - GP
Sally Lydamore - GP

Step 3: Convene stakeholders in a system-wide workshop

Workshop aim: Work towards a set of co-produced recommendations from the Health Needs Assessment

Objective 1:

Review and reflect on the findings of the HNA

Objective 2:

Develop our understanding of the challenges in Camden

Objective 3:

Capture work already happening in this space

Objective 4:

Identify and prioritise opportunities to be taken forward as recommendations

Convene stakeholders in a system-wide workshop

Part 1
20 minutes

1. Reflect and build on the challenges identified in the HNA
2. Add to the list of activity already happening in Camden
3. Identify the challenges we are not currently addressing locally

Part 2
30 minutes

4. Co-produce opportunities for the challenges we are not currently addressing
5. Prioritise these opportunities using the prioritisation framework
6. Work towards a set of recommendations for the HNA

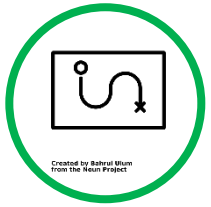
Convene stakeholders in a system-wide workshop

Workshop attendees were split into 4 groups of 5 and given the below prioritisation criteria. Each group was asked to use the criteria to select 2-3 priority opportunities to be taken forward.

Local population need

Potential impact on inequalities

Potential to shift the dial



Feasibility of implementation

Step 4: Transition into delivery

Following the workshop, a small working group of colleagues undertook the following steps:

- Collated the feedback from all four groups in the workshop
- Added additional challenges or activity currently taking place in Camden to the Health Needs Assessment (HNA).
- Compiled a longlist of co-produced opportunities to address social isolation and loneliness in Camden in the HNA.
- Further refined the list of priority opportunities identified in the workshop (see next slide)
- Re-purposed an existing working group to focus on the delivery of 2-3 priority opportunities. The Community Connectedness and Friendships working group meets monthly, it is co-chaired by the VCS (Keith Morgan) and Public Health (Sue Hogarth) and has representatives from across the four pillars of population health.

Community Connectedness and Friendships Working Group Membership

Keith Morgan (Co- Chair) - CEO Voluntary Action Camden

Sue Hogarth (Co-Chair) - Assistant Director of Public Health

Chris Lehmann - Head of Adult Social Care Strategy & Commissioning

Andrew Reece - Head of integrated Learning Disability Service

Jamie Spencer - Head of Insight, Quality & Financial Services

Jessica Lawson - Service Manager - Prevention and Wellbeing

John Muir - Head of Community Partnerships

Ododo Dafe - Head of Housing Transformation

Deborah Bush/ Phillip Gill (cover each other) - Community Sport and Physical Activity Manager

Henry Langford - Portfolio Lead for Health, Care and Partnerships

Angela Malik - Project & Policy Officer

Rouba Syed - Digital Inclusion Lead

Jackie Tumelty - Social Prescriber – Caversham Group Practice

Joanne Stapleton - Good Practice Mentor, Outreach Specialist (Ageing Better in Camden)

Robert Taylor - Organiser - Camden Federation of Private Tenants (CFPT)

Namrata Bansal - ASC comms

Lucy Lee - Corporate comms

Kerry Prevost-Cooper - Senior Community Partner

James Fox - Senior Policy & Project Officer

Prioritised opportunity areas for the working group to take forward

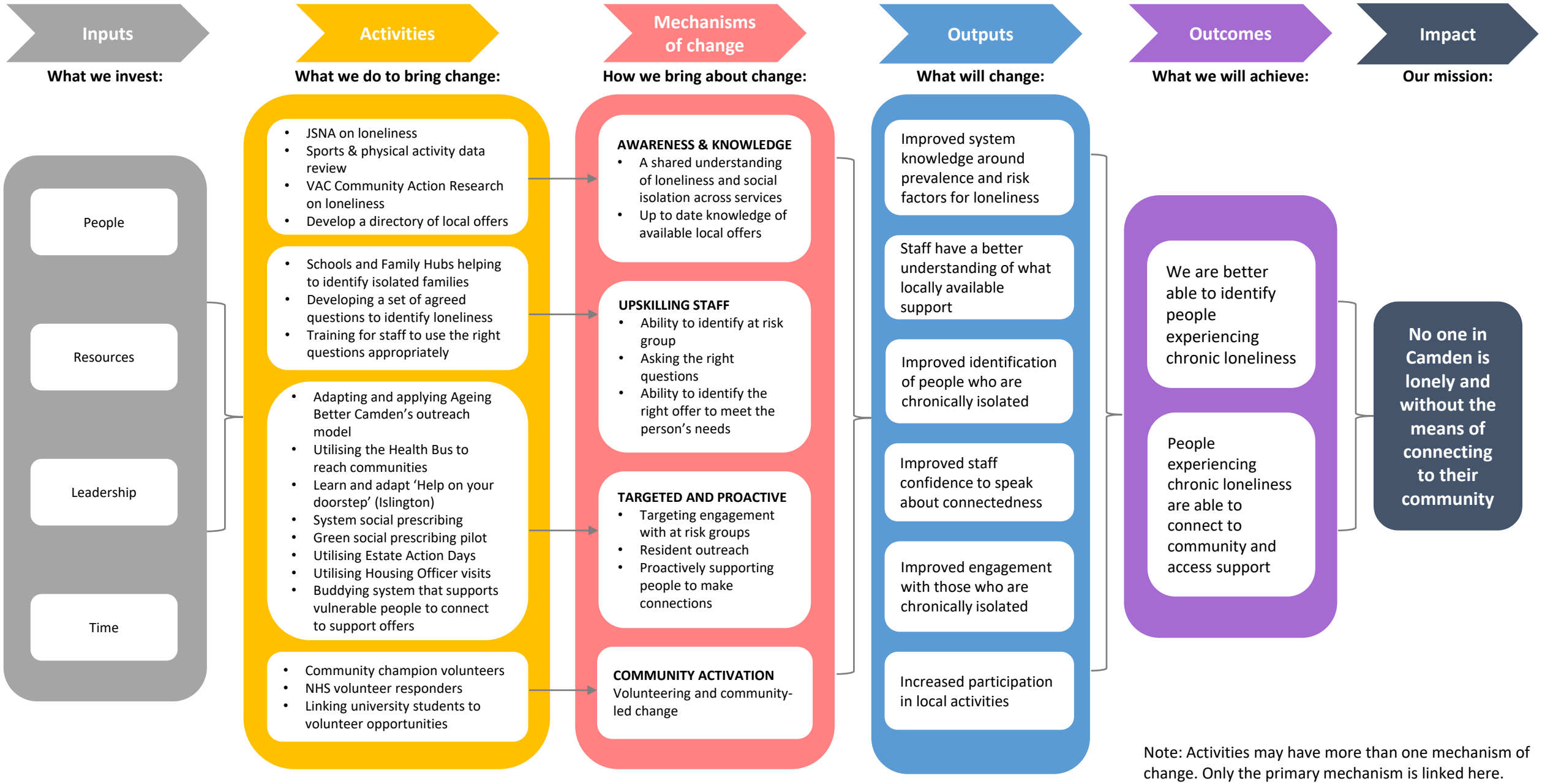
1. Improve identification and engagement of people who are chronically lonely and isolated.

2. Optimise service area specific opportunities to help reduce social isolation and loneliness.

3. Undertake a borough wide communications campaign to increase awareness and reduce stigma.

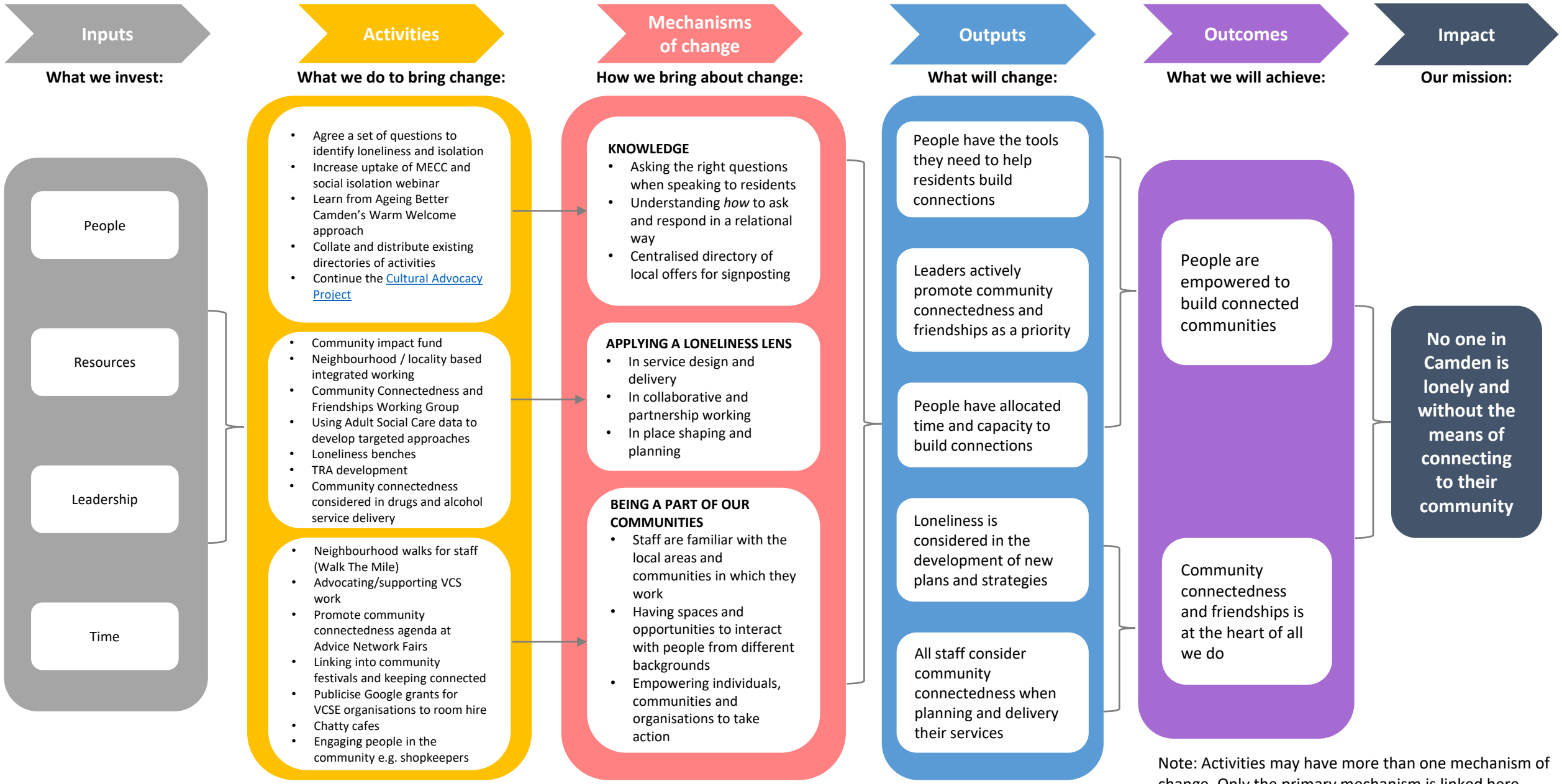
Loneliness Challenge Theory of Change

Priority 1: Improving identification of and engagement with those who are chronically lonely and isolated



Note: Activities may have more than one mechanism of change. Only the primary mechanism is linked here.

Loneliness Challenge Theory of Change
Priority 2: Optimising services and interventions to reduce social isolation and loneliness



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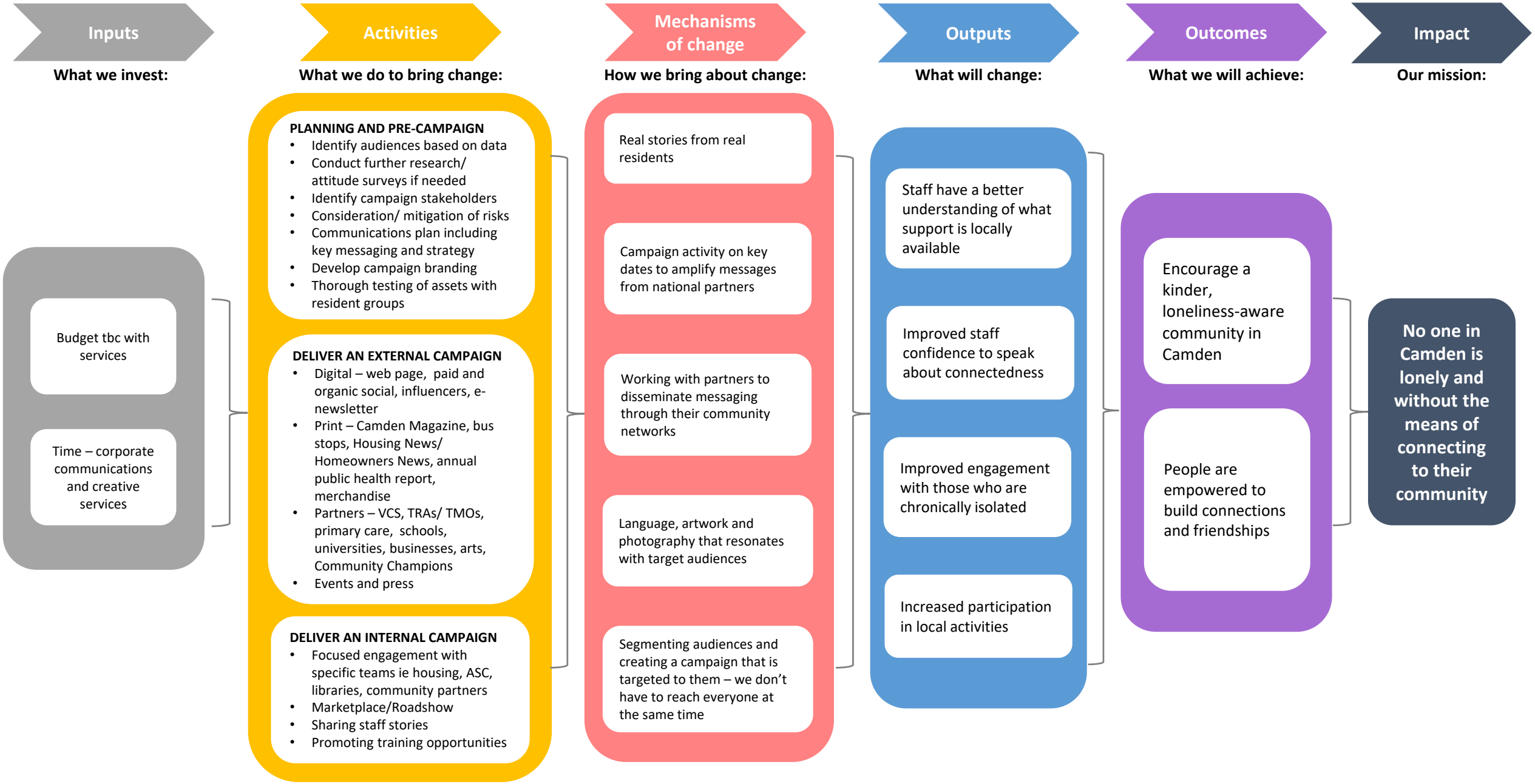
Loneliness Challenge Theory of Change
Delivering a borough wide campaign to reduce stigma around loneliness



The working group's focus over the past year has been developing the theories of change. Alongside this, lots of activity has been undertaken to promote community connectedness and friendships, some examples include:

- Established a **Community Activation sub-group** with membership from VAC, Age UK Camden, Council's Community Partnership Team and NHS Responders
- Drafted content for **Community Connectedness training webinar** to raise awareness of social isolation and loneliness and upskill staff to ask the right questions and be able to signpost residents to local resources. This will be promoted with the comms campaign, training will be available to staff from all partners.
- Applied **learning from Ageing Better in Camden's outreach model** by including their questions in the webinar pack.
- The **Cultural Advocacy Project**, a joint venture between Voluntary Action Camden and MIND, has continued to work with communities to reduce their sense of isolation, raise awareness of mental health and well-being from a cultural perspective and enable and encourage individuals to access activities, services and support that meet all their daily needs through peer support groups and 1-1 peer mentoring programmes.
- Camden's Health and Wellbeing Department are **evaluating the Community Champions programme**. The evaluation will inform how we further develop and support the programme.

Community connectedness and friendships Communication Deep Dive Example-

Objective 3: Undertake a borough wide communications campaign to increase awareness and reduce stigma

Task

To deliver a borough-wide communications campaign to:

1. Increase awareness of the issue more widely whilst ensuring appropriate, non-stigmatising language is being used (e.g. loneliness is a negative term and many do not self-identify as lonely).

1. Support the reduction of stigma.

2. Support people to identify if they are socially isolated and/or lonely. E.g., through a strengths-based approach by supporting individuals to think about / identify what they would like and what matters to them, instead of using terms with negative connotations such as ‘loneliness’ and ‘isolation’ (link here with MECC Training).

3. Encourage a kinder, loneliness / social isolation aware population.

A campaign to...

An integrated overarching campaign to all residents to normalise conversations about loneliness and isolation, with targeted communications to segmented audience groups, including council staff.

- Normalise loneliness as a feeling that everyone experiences at some point and highlighting the times in life when people are more likely to feel lonely
- Normalise talking about loneliness and challenge assumptions about who is lonely
- Signpost audiences to activities in their community
- Build a community feeling that loneliness is everyone's business
- Help residents feel closer to their community and local places
- Demonstrate that Camden Council is committed to tackling loneliness in the borough
- Challenge the structural factors that contribute to loneliness – government/ sector facing campaigning.

The campaign will not put responsibility on individuals to become less isolated or less lonely – it will provide opportunities for people to connect.

We will achieve that by…

- Developing a phased and segmented long term communications strategy
- Targeting audience groups using evidence based, tested communications
- Producing bold, eye catching campaign assets
- Using a range of real case studies from real Camden people in internal and external campaigns
- Encouraging and empowering partners to get involved in the campaign and develop their own activities
- Using hyper local, place making communications
- Testing and evaluating to maximise impact of the campaign.

Audiences

Audience groups to consider

- Camden has a large proportion of students and younger adults, relatively few children and older people compared to national averages. 13.2% of the Camden population are aged 16-24 years, higher than both London (10.3%) and England (10.5%).
- 26,300 people in Camden are students in higher education, the second largest student population in London.
- People aged over 65 represent only 12% of the Camden population, in line with the average for London (12.2%) but lower than for England (18.5%).
- Camden has an ageing population with the population over 65 expected to increase by 21% in the next ten years.
- 14% of Black people scored in the highest categories for loneliness relative to only 9% for their White and 7% for their Asian peers.
- At particular risk of experiencing social isolation and loneliness are new migrants to the UK.
- One study of UK older immigrants of Indian, Pakistani, Bangladeshi, African Caribbean, and Chinese ethnicities found that between 24-50% were lonely, and prevalence in all except Indian immigrants were significantly higher than the British average.
- Camden has the second highest rate of people migrating to the borough from other countries and vulnerable migrants from Afghanistan and Ukraine .
- 65% of the adults in Camden are single, separated, divorced or widowed.
- Income inversely correlates with social isolation and loneliness.
- Unemployment is strongly linked to an increased risk of loneliness with the relationship becoming particularly pronounced between the ages of 30-34 and 50-59 years

Audience groups to consider

- Younger age groups (16 – 24), including students and international students
- Older people, including considerations of how to engage older men which can be challenging
- People with a long-term condition, disability or mobility issues
- People with a learning disability/autism, including those without a diagnosis and not drawing on care or support
- People from Black, Asian and minority ethnic groups
- Vulnerable migrants and other marginalised groups, including those for which English is not their first language
- People who are single/divorced or living alone
- People who have suffered a bereavement
- Unpaid carers
- New mothers
- New fathers (with less access to social support in comparison to new mothers)
- People with a sensory impairment
- People who are housebound
- LGBTQ+ community
- People who are homeless
- Transient families, and families who have been relocated through domestic abuse.

Proposed target audiences

- This will be a long term, phased campaign in which audiences are segmented and targeted based on insight into their attitudes, experiences and channels.

- In the first phase of the campaign it is proposed that the following groups are prioritised, with additional audiences for focus in later phases. Note that there will also be an element of the campaign that will more broadly target Camden residents.
- Initial target groups:

1. Young people aged 16-24, including students and international students
2. Older men aged 65+
3. Adults with learning disabilities.

- Within these groups there will be a campaign focus on residents from Black, Asian and other minority ethnic backgrounds.

Channels and tactics

Our usual external communications channels

- **Digital** – web page, paid and organic social, influencers, enewsletter
- **Print** – Camden Magazine, posters, bus stops, Housing News/ Homeowners News, annual public health report, merchandise
- **Partners** – creating campaign packs for VCS, TRAs/ TMOs, primary care, schools, universities, businesses, arts, Community Champions
- **Events** – engagement events for specific groups, partner networks
- **Press**
- **Sector** – London Councils and Local Government Association, Association of Directors of Public Health.

We could also...

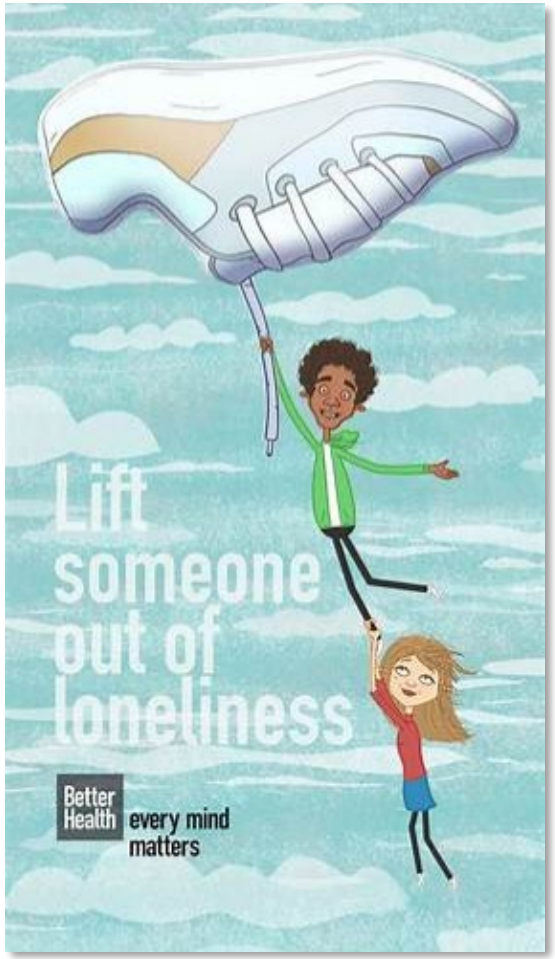
- Create a programme for businesses to sign up to – offer training, assets, events, outreach through partners so that businesses are empowered and supported to create their own interventions for customers (particularly cafes and pubs).

- Consider more permanent interventions. Can we we use street furniture to bring people closer together? Can we create talking points around key locations in the borough?

- Work with partners to support residents to connect through art, commission or cocreate street art, gardens or exhibitions.

- Make links with other existing programmes, for example the Council's Active for Life campaign (scheduled for March next year) which aims to encourage residents over 60 to take part in exercise.

Existing loneliness campaigns



Existing loneliness campaigns

- While there have been a number of campaigns aiming to address loneliness, there don't appear to be campaign results available that show communications having an impact on reducing feelings of loneliness or the social stigma of loneliness.
- A 2023 study to estimate the impact of the UK nationwide 'Campaign to End Loneliness' on loneliness and mental health outcomes among older people in England found that antiloneliness strategies produced little impact on loneliness or mental health overall, despite small reductions in loneliness and increases in social engagement among well-educated and higher-income older adults.
- *"Antiloneliness strategies implemented by local authorities have not generated a significant change in loneliness or mental health in older adults in England. Generating changes in loneliness in the older population might require longer periods of exposure, larger scope of intervention or more targeted strategies."*
- Any communications or engagement interventions must be long term, targeted, based on audience insight, measurable and regularly measured to assess impact.

Tactic scoping

Example tactics

Internal communications could look like

Communications activity to…

- Raise awareness of loneliness, appropriate language and how to support residents
- Encourage staff to take part in MECC training to support their conversations with residents
- Measure attitudes and experiences of staff about loneliness and isolation
- Start a conversation about loneliness and isolation at work
- Share staff stories
- Signpost staff to further information
- Demonstrate that the Council is committed to tackling loneliness in the borough.

Tactics could include…

- Anonymous survey of staff on loneliness and isolation
- Regular internal activity via essentials, all staff email, campaign assets on digital screens, podcasts with staff
- Requesting and sharing staff stories
- Creating opportunities for staff to informally meet each other
- Roadshow/ marketplace outreach on MECC training
- Focused engagement with specific teams ie housing, ASC, libraries, community partners

Considerations

- A long term approach is needed to change entrenched beliefs around isolation and loneliness – any communications should be phased and segmented

- Different audiences will need different communications and outreach approaches

- Communications must not place responsibility on individuals for feeling lonely or isolated

- Is the Council always best placed to take the lead? Identify appropriate partners to support and facilitate where needed.

Timelines

2023

- December 2023 – internal and external loneliness content via Council channels (unbranded, not part of proposed campaign)

2024

- January – recruitment to audience focus groups, engagement with partners, finalising campaign strategy
- February – March – focus groups with target audiences
- April – May – development of assets, internal communication activity begins
- June – campaign launch during Loneliness Awareness Week
- September – December – campaign focus on students
- December – second phase/ winter specific communications issued.

How existing activities are helping people connect to their communities: Social Prescribing

Social Prescribing: loneliness and community connectedness

- **Up to 80% of referrals to the Care Navigation and Social Prescribing Service can include addressing loneliness or social isolation.**
- The referrals come from a range of health and care providers and self referral.
- **The outcomes for residents are most successful where 'resident, referrer, prescriber and provider' can work closely together to support a journey from feeling lonely or disconnected to support where there is opportunity to make friends and build a sustainable network.**
- The Social Prescribing Group is working across the social prescribing landscape in Camden to show how this works by joining up data from those 'journeys'.
- **We aim to join up the data to show impact, support neighbourhood working, and understand population and area-based service needs.**

Case study: impacts of close collaboration between CNWL, social prescribing, and VCSE providers. Connecting residents being discharged from stroke and neurology services with a supportive and social community

T is in her 60s and is recovering from a stroke. She is considered ‘complex’ and has been passed around a number of services in the past year. She has mental health challenges and problems socialising.

Working closely with occupational therapists to build their confidence to discharge T the social prescriber has introduced T to staff at her local community centre and a local stroke support group.

T has been now been discharged by her therapist into a supportive environment where her progress will continue.

The community centre is helping her with other problems that have become apparent with housing, but she is also building a new social life via the centre, and has become a peer support volunteer for the stroke support group.

C was ‘housebound’ because she has lost confidence to go out after suffering a stroke. She was lonely and disconnected feeling that she had lost all her friends since her stroke. All her family live in Ireland. She had been offered other therapies by her occupational therapist to help her reconnect but had not responded well to the support.

The social prescriber talked to C and her therapist about opportunities to reconnect with the local Irish community. The Irish Centre were then brought int o the discussion. A health coordinator from the centre visited C at home and managed to motivate her to attend the centre.

C has now been discharged by her therapist who is confident that C can now rebuild her community connections and look after herself again, but within a supportive environment that will be safety net if she encounters further problems.