From: **Mike Hill, Cabinet Member for Community & Regulatory Services**

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To: **Growth, Economic Development and Communities Cabinet Committee - 11 January 2023**

Subject: **Community Wardens and Positive Wellbeing**

Classification: **Unrestricted**

Past Pathway of report: N/A

Future Pathway of report: N/A

Electoral Division: All

Summary: This report provides an update and next steps for the Positive Wellbeing social prescribing interventions that have been delivered by the Community Warden service.

Recommendation(s):
The Cabinet Committee is asked to consider and comment on this programme and to further comment on the potential to incorporate the Positive Wellbeing intervention activity into the Community Wardens service delivery model going forward.

1   Introduction

1.1   There is clear evidence that loneliness and social isolation are harmful to health and are associated with a range of negative health outcomes. This in turn puts increased pressure on local health and social care services. Below is a summary of some of the findings from studies into the costs to society of social isolation and loneliness.

- More frequent use of public services due to a lack of support networks. Older people who are socially isolated are:

  - 1.8 times more likely to visit a GP
  - 1.6 times more likely to visit A&E
  - 1.3 times more likely to have emergency admissions
  - 3.5 times more likely to enter local authority funded residential care[1].

  All of which puts significant financial strain[2] on public services that could potentially be avoided.

- There is an increased likelihood of developing many poor health conditions. Research shows that weak social connections carry health

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[1] Social Finance (2015) Investing to Tackle Loneliness: A Discussion Paper 21
[2] Research: Cost Benefit Analysis - Greater Manchester Combined Authority (greatermanchester-ca.gov.uk)

risks that are comparable to obesity, smoking or being an alcoholic[3]. More specifically, socially isolated people are:

- 3.4 times more likely to suffer depression
- 1.9 times more likely to develop dementia in the following 15 years
- 66% more likely to be physically inactive, which may result in their being 7% more likely to develop diabetes, 8% more likely to suffer a stroke and 14% more likely to develop coronary heart disease.[4]

- Increased mortality. Loneliness has been found to increase the likelihood of mortality by 26%.

  In the case of an emergency, any social contact is likely to increase survival rates. As a report that stemmed from the Marmot Review (2010) stated, "individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely.

  Social networks have a larger impact on the risk of mortality than on the risk of developing disease, in this sense it is not so much that social networks stop you from getting ill, but that they help you to recover when you get ill".[5]

1.2   Research, commissioned by the Eden Project and funded by the Big Lottery Fund, found that disconnected communities could be costing the UK economy £32 billion a year. The annual costs of social isolation and disconnected communities include:

- £5.2 billion due to greater demands on health and care services
- £205 million as a result of greater demands on policing
- £12 billion net cost to the economy due to a loss of productivity.[6][7]

2   KCC's Select Committee Report on Social Isolation and Loneliness

2.1   In 2018, KCC launched a select committee on loneliness and social isolation. It stated that "there is growing recognition that loneliness and social isolation are serious problems with far reaching implications, not just for individuals, but also for wider society."

2.2   The government had recently published its strategy and appointed a ministerial lead on loneliness.

2.3   The KCC select committee's March 2019 report recognised that Community Wardens were already identifying the lonely, connecting them to their communities and services that can support them, and fostering social connections.

2.4   The Select Committee report also highlighted that tackling loneliness can reduce demand for costly health and care interventions. [8]

[3] Holt-Lunstad, J. (2010) Social Relationships and Mortality Risk: A Meta-Analytic Review
[4] Social Finance (2015) Investing to Tackle Loneliness: A Discussion Paper
[5] Marmot, M. (2010) Fair Society, Healthy Lives: The Marmot Review
[6] CEBR (2017) The Cost of Disconnected Communities: Report for the Big Lunch
[7] Kent County Council (2018) Adult Social Care Cabinet Committee, 19 January 2018, Maidstone

2.5　Although cost-benefit analyses of loneliness are scarce, evidence from individual case studies indicates that particular interventions can produce a good return on investment. The Local Government Association (LGA) reports the following examples.

- Rotherham Social Prescribing Scheme:
  Commissioned by NHS Rotherham CCG and delivered by Rotherham Voluntary Action, it measures patients' progress towards social outcomes and predicts a £3.38 long-term return for every £1 spent.

- Living Well Cornwall:
  Initiated by Age UK and NHS Kernow CCG, this programme – which aims to build self-reliance and self-confidence in participants - has shown a 41% reduction in the cost of hospital admissions and a £3.10 return on investment. The scheme has also led to an 8% reduction in social care costs.

- Gloucestershire Village and Community Agents
  These activities resulted in savings to Gloucestershire's Health and Social Care services of almost £1.3 million between 2012-14. For every £1 that the scheme cost, the return was estimated to be £3.10.[9] [10]

2.6　KCC's analysis of the current evidence found that interventions which were able to target effectively lonely and/or socially isolated people showed the highest potential for cost-effectiveness.[11]

2.7　Within the County Council's Public Protection group of services, work had already begun to secure participation of the Community Wardens within an EU funded project called Connected Communities.

2.8　The project was a partnership with Suffolk County Council, Medway Council, University of Essex, and Département de L'Eure en Normandie with the sole aim of developing new strategies and interventions for reducing social isolation and loneliness.

2.9　The select committee were aware of this planned project in 2019 and were keen for the project to assess Wardens' effectiveness as 'Community Connectors' offering social prescribing and enhanced community support.

2.10　Since the project began, loneliness has been exacerbated by the pandemic due to Covid restrictions and the subsequent detrimental impact on mental health.

- Around 1 in 5 adults in Britain experienced some form of depression in the first 3 months of 2021. That is over double the figure before the pandemic.[12]

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[8] Local Government Association (2016) Combating Loneliness: A Guide for Local Authorities, London

[9] Local Government Information Unit (2016) Policy Briefing. Loneliness and Social Isolation in Older People, London

[10] Local Government Association (2016) Just What the Doctor Ordered. Social Prescribing: A Guide for Local Authorities, London

[11] Loneliness and Social Isolation Select Committee (kent.gov.uk)

- Almost half of adults have reported that their wellbeing has been affected by the pandemic.[12]
- A survey by the World Health Organization (WHO) showed that the pandemic disrupted mental health services in 93% of countries worldwide.[12]
- Disparities in mental health are often linked with other disparities. In the UK, children from the poorest 20% of households are 4 times as likely to have serious mental health difficulties by the age of 11 compared with those from the wealthiest 20% of households.[12]

2.11 As mental health deteriorates, people are less inclined to leave their home and make new social connections. This puts greater pressure on public services to support people as their physical health also deteriorates as well as their ability to live well and live independently.

2.12 Tackling loneliness and isolation has remained, and will continue to be, a priority for the UK government as well as for Kent County Council.

2.13 The Kent and Medway Interim Integrated Care Strategy states that "We will help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place."

2.14 The Community Warden service and social prescribing directly deliver against this strategy and also the following shared outcomes as defined in the Integrated Care Strategy:

- Shared Outcome 2 - Help the most vulnerable and disadvantaged in society to improve their physical and mental health; with a focus on the social determinants of health and preventing people becoming ill in the first place.
- Shared Outcome 3 - Help people to manage their own health and wellbeing and be proactive partners in their care so they can live happy, independent, and fulfilling lives; adding years to life and life to years.

3   Positive Wellbeing and the Community Warden Service

3.1 Over a year ago, 'Positive Wellbeing', a social prescribing service aimed at people aged over 65, was launched as part of the Connected Communities project.

3.2 The EU funded intervention is delivered by a small cohort of Community Wardens, working part time as Community Connectors, for the project. The service has now been delivered for over 12 months in four small pilot areas in Kent:

- Folkestone,
- Thanet (Birchington & Westgate on Sea),
- the Isle of Sheppey (Sheerness & Minster on Sea) and

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[12] Health and Social Care Secretary Sajid Javid speaking at the Global Mental Health Summit 2021. Mental health: a decade of change in just 2 years - GOV.UK (www.gov.uk)

- Maidstone (Shepway North and South).

3.3 These areas were selected based on the number of people 'at risk' of social isolation and aged above 65. Various datasets used to identify these 'hotspot' areas included:

- The Kent Public Health Observatory data (referenced in the March 2019 Loneliness and Social Isolation Select Committee Report)
- Scams data
- Age UK loneliness heat maps.

3.4 The full evaluation of the project is not yet complete as the project ends in March 2023.

3.5 The final evaluation report will be ready in May 2023. However, early high-level results for Kent indicate that amongst participants, feelings of loneliness and isolation are reduced and continue to fall for the three months they are evaluated after the support ends. This is a strong indication that the short term, 1:2:1 Positive Wellbeing intervention delivers long lasting, positive change.

3.6 The National Academy for Social Prescribing (NASP) commissioned an evidence summary[13] for social prescribing and the main findings were; reported decreases in loneliness, improvements in mental health and wellbeing across multiple measures, improvements in social connections, and in overall wellbeing.

3.7 A summary of the outcomes reported (representing a review of over 100 programmes)[14]:

- Increases in self-esteem and confidence, sense of control and empowerment.
- Improvements in psychological or mental wellbeing, and positive mood.
- Reduction in symptoms of anxiety and/or depression, and negative mood.
- Improvements in physical health and a healthier lifestyle.
- Increases in sociability, communication skills and making social connections.
- Reduction in social isolation and loneliness, support for hard-to-reach people.
- Improvements in motivation and meaning in life, provided hope and optimism about the future.
- Acquisition of learning, new interests and skills including artistic skill.

3.8 Additional outcomes are:

- Reduction in number of visits to a General Practitioner (GP), referring health professional, and primary or secondary care services.

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[13] Evidence-summary-outcomes-of-social-prescribing-1.pdf (socialprescribingacademy.org.uk)

[14] As reported in Thomson et al.ii, and Chatterjee et al.iii

- GPs provided with a range of options to complement medical care using a more holistic approach.

3.7   Early findings from the delivery of Positive Wellbeing in Kent are that:

- Participants reported feeling that they lacked company 59% less three months after receiving Positive Wellbeing support.
- Participants reported feeling 46% less isolated three months after receiving Positive Wellbeing support.
- Participants reported feeling 38% less lonely three months after receiving Positive Wellbeing support.
- 74% of participants are confident that they can maintain the lifestyle changes that a Community Warden has helped them to make.
- 78% of service users would recommend the service to others. The remaining 22% were neutral or disagreed largely due to personal circumstance or poor health which meant they weren't able to fully engage with and benefit from the service.

3.8   Across the wider Connected Communities project, a clear and unique strength of Kent's Positive Wellbeing intervention has emerged and has been documented by our research partner, the University of Essex.

3.9   It has become clear that the Community Wardens are well placed and trained to tackle social isolation and loneliness. They are trusted members of the communities they serve, they are well connected to local organisations, groups and Voluntary, Community and Social Enterprise (VCSE), they are expert link workers, they are highly skilled and trained to support individuals to make long lasting changes to live better.

3.10   Other partners of the project do not have a Community Warden service. In Kent it has been significantly easier and more cost effective for the Positive Wellbeing service to get off the ground, attract participants and provide a comprehensive service delivering long lasting, positive results.

3.11   The Kent and Medway Interim Integrated Care Strategy states that "Our communities can provide us with support, resilience and a feeling of belonging that help us to lead healthy and fulfilled lives and reduce the need for health and care services.

3.12   We will continue to work in partnership to promote community safety, tackling issues such as crime, antisocial behaviour and discrimination that can make people feel unsafe or unwelcome.

3.13   Community Wardens remain very well placed in their ability to provide holistic, end to end support for individuals that delivers long-lasting community benefit and reduces the demand on many public services.

3.14   Wardens address many complex issues that a person or community might face whilst providing Positive Wellbeing support. Issues such as financial abuse, physical health, access to benefits and support with housing.

3.15   The result is that at the end of the 12-week period of holistic Positive Wellbeing and Community Warden support, service users are empowered to

live better and continue to make positive changes for themselves and for the benefit of their community, building community resilience and cohesion.

3.16   Our service users describe the impact for them far better than any briefing note can.

'Life is better'
'My life has opened up'
'I am really, really grateful'
'I feel human again'
'Many people would benefit from this'
'My Connector was amazing, kind and patient'
'I could not have had better treatment if I had gone privately'
'I can believe in myself again'
'Lovely to know there is support in the local community and I hope it continues'
'She has changed my life forever'.

4   Financial Implications

4.1   Integrating social prescribing into the Community Warden Service will be more cost effective than many traditional methods of providing care. The service empowers and works with individuals and communities to provide skills and tools to be more self-reliant.

4.2   The service is adopting a structured, evidence-based approach to tackle social isolation and loneliness which has been tried and tested utilising EU Interreg funding.

4.3   There will be some minimal costs required for membership of the National Association of Link Workers to support and train the Wardens to deliver the social prescribing elements of their work. It is possible to contain these costs with the prevailing operational budget.

5   Equality and Diversity Implications

5.1   An Equalities Impact Assessment is currently being drafted specifically for the expansion of Positive Wellbeing across the wider Warden Service and it is due to be published by the end of January.

6   GDPR Implications

6.1   The Kent Community Warden Service Data Protection Impact Assessment has been updated to incorporate Positive Wellbeing. This is currently being reviewed by KCC's Data Protection Officer.

7   Future direction

7.1   Plans are underway to adopt the structured and standardised social prescribing practices of Positive Wellbeing into the wider Community Warden service when the EU funded project comes to an end on 31st March 2023.

7.2   This will improve demand management of the Warden service. As the research shows, based on the outcomes delivered by social prescribing, it will improve demand management of other public services such as Public Health

and Adult Social Care. The benefit of managing the demand on these other KCC services has not been assessed at this time.

7.3   The service recently presented at the Growth, Environment & Transport Directorate Roadshow, set up as part of ASCH's MADE (Making a Difference Everyday) programme to showcase community-based services that ASCH staff can turn to in order to support their service users suffering from loneliness and isolation.

7.4   We will continue to work with ASCH to build upon the referral pathway that exists between ASCH and the CWS for potential participants of Positive Wellbeing.

7.5   The Community Warden service is recognised as a professional provider in the 'Kent and Medway Social Prescribing and Community Navigation Strategy' that is in development with partners across health, social services, local councils and VCSEs.

7.6   We will continue to work in collaboration and establish detailed datasets and analysis with these providers and partners on the Kent and Medway Social Prescribing Board and Steering Group to demonstrably reduce social isolation and loneliness for Kent residents.

8   Conclusions

8.1   The Community Warden service has been tackling loneliness and social isolation for many years.

8.2   Engagement with the recent Connected Communities project is beginning to demonstrate and evidence its ability to successfully achieve positive outcomes in this area.

8.3   The project has provided the service with a standardised method of intervention and tools for evaluating the impact on participants' experience of loneliness and isolation.

8.4   The Public Protection group also recognises the opportunity and potential for the Positive Wellbeing model to be delivered by other public and VCSE services and support more people in the longer term.

8.5   As evidenced above, intervening early to tackle loneliness and social isolation will help to prevent more costly health and care needs from developing, as well as aiding community resilience and recovery.

9   Background Documents

9.1   [This video summarises the Positive Wellbeing service](#)

10   Contact details

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