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Worcestershire
Health and Wellbeing Board

Worcestershire Loneliness Plan

2015-2018

Summary

1. This plan defines social isolation and loneliness, an issue that affects a number of population groups, but older people as both individuals and carers are especially vulnerable to this issue, and consequently there has been a concentration in terms of the plan on reducing loneliness in older people.

2. Worcestershire has a higher proportion of older people aged 65 and over (118,300, 20.7%) than nationally (17.3%). Within the county there is considerable variation, the highest proportion of older people is in Malvern Hills (26%), and the lowest proportion is in Redditch (15%).

3. The population of people aged 65 and over in Worcestershire is projected to grow by over a third (35%) between 2014 and 2029. This increase will be concentrated in the oldest age groups.

4. In 2011, one in seven (15%, 15,800) Worcestershire residents aged over 65 were caring for a partner, family member or other person.

5. There is expected to be a rise of 11% over the next seven years in the number of older people living alone in Worcestershire.

6. The impact of isolation and loneliness has implications for mental and physical health (Jopling, 2015):
   - The effect of loneliness and isolation on mortality exceeds the impact of well-known risk factors such as obesity, and has a similar effect as smoking 15 cigarettes a day.
   - Lonely individuals are at higher risk of the onset of disability.
   - Loneliness puts individuals at greater risk of cognitive decline

7. This plan sets out a recommended approach which will inform the work of all partners with the overall aim of reducing loneliness in adults aged 50 years and over across Worcestershire.

8. The plan has been produced by a multi-agency group that came together following the HWBB Stakeholder Event (Older People, Social Isolation and Loneliness) in June 2014.

Background

9. The terms isolation and loneliness are often used interchangeably, but they refer to two distinct concepts. It is possible for individuals to be lonely, but not isolated, or isolated, but not lonely.

   - **Isolation**
     Isolation describes the absence of social contact i.e. contact with friends or family or community involvement or access to services (Bolton, 2012).

   - **Loneliness**
     Loneliness is a response to people's perceptions and feelings about their social connections. It is a subjective state, rather than an objective state (Local Government Association, 2012).

10. A distinction is often drawn between emotional loneliness and social loneliness. Vanessa Burholt explains: 'Emotional loneliness is the absence of a significant other with

whom a close emotional attachment is formed (e.g. a partner or best friend) and social loneliness is the absence of a social network consisting of a wide or broad group of friends, neighbours and colleagues.' (Age UK Oxfordshire, 2011).

11. Loneliness can take different forms. Chronic loneliness is a condition which is exacerbated with advancing age. Transient loneliness is a condition which flares up in response to life events (Local Government Association, 2012).

12. Some people experience loneliness even though they have frequent contact with friends and family. This may be because they consider that these relationships are not providing adequate emotional support to meet their needs. Other people may have very few contacts but are not lonely (Bolton, 2012). Older people experiencing isolation may require practical help and resources such as transport provision. Older people experiencing loneliness require social support and extended social networks, which might be provided through befriending or group activities (Cattan, 2001).

The National Picture

13. Nationally it is estimated that approx. 20% of the older population is mildly lonely and another 8-10% is intensely lonely. Over 700, 000 people aged over 65 in the UK report that they are lonely. The Campaign to End Loneliness provide significant evidence on the prevalence of loneliness:
    - 6% of older people leave their house once a week or less
    - 17% of older people have less than weekly contact with family, friends or neighbours
    - Nearly half of all people aged 75 or over live alone
    - Almost 5 million older people say that the television is their main form of company
    - 63% of adults aged 52 or over who have been widowed, and 51% of the same group who are separated or divorced report, feeling lonely some of the time or often
    - 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health
    - A higher percentage of women than men report feeling lonely some of the time or often

Risk Factors

14. The Campaign to End Loneliness, provide an array of risk factors that can cause loneliness and social isolation in older age, including:

    Personal Circumstances
    - Poor health
    - Aged 75 years+
    - Sensory loss
    - Loss of mobility
    - Lower income
    - Bereavement
    - Retirement
    - Becoming a carer

    Wider Society
    - Lack of public transport
    - Physical environment (e.g. no public toilets or benches)

- Housing
- Fear of crime
- High population turnover
- Demographics
- Technological changes

The impact of loneliness

15. 'Individuals who are socially isolated are between two and five times more likely than those who have strong social ties to die prematurely.' (Marmot, 2010)

16. Age UK Oxfordshire presented evidence demonstrating the direct effect of loneliness on older people's health and life span (Bolton, 2012):
    - Loneliness can result in physical changes that increase risk of heart disease, high blood pressure and stroke
    - Loneliness makes it harder for people to regulate risky behaviours such as smoking, drinking, and over eating
    - Loneliness creates changes in the brain which can exacerbate or precipitate ill-health.
    - Lonely individuals are at higher risk of the onset of disability.
    - Loneliness puts individuals at greater risk of cognitive decline and lonely individuals are more prone to depression.

17. A meta-analysis of 148 studies of social relationships and mortality demonstrated that amongst people diagnosed with an illness, there was a 50% increased likelihood of survival after a follow up time of 7 ½ years for those with strong social connections. Having weak social connections carriers a health risk (Bolton, 2012):
    - Equivalent to smoking 15 cigarettes a day
    - Equivalent to being an alcoholic
    - More harmful than not exercising
    - Twice as harmful as obesity

Local data

Population

18. Worcestershire has a higher proportion of older people aged 65 or over (118,300, 20.7%) than nationally (17.3%). Within the county there is considerable variation, the highest proportion of older people is in Malvern Hills (26%), and the lowest proportion is in Redditch (15%) 2013 data (Office for National Statistics (ONS), Sept 2013).

19. Life expectancy in the county is higher than regionally or nationally. By 2018-20, male life expectancy in Worcestershire is expected to rise to 82.2 years and female life expectancy to rise to 85.7 years (WCC Public Health Intelligence Team estimates).

20. The population of people aged 65 and over in Worcestershire is projected to grow by over a third (35%) between 2014 and 2029. This increase will be concentrated in the oldest age groups (2011 Census of Population, ONS).

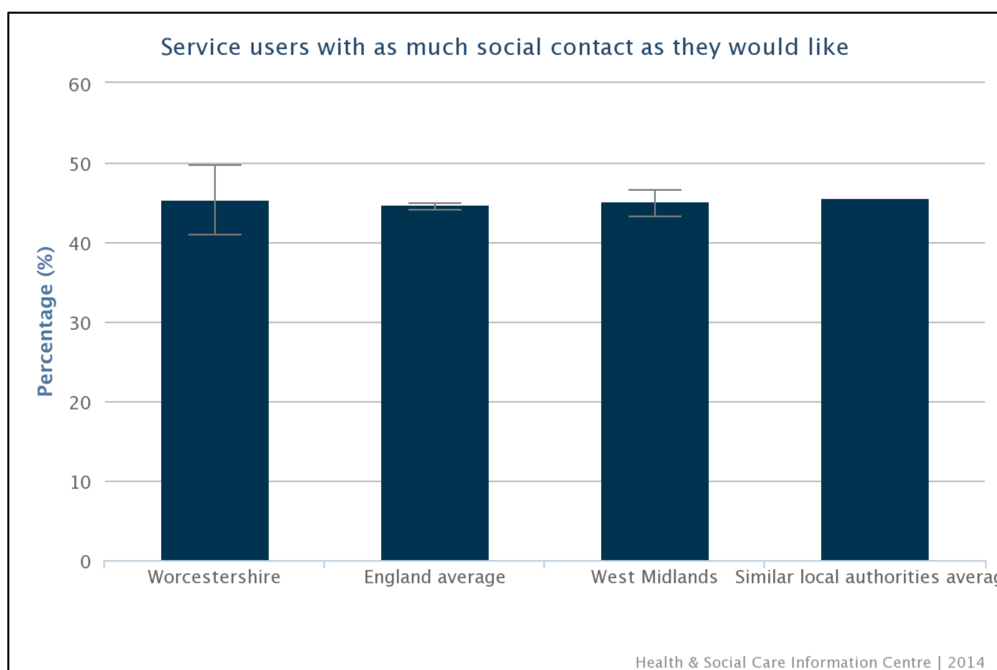
21. The population of ethnic minority older people in Worcestershire is small (966 or just under 1% in 2011) but is forecast to rise in the future. It seems plausible that isolation in

some ethnic minority communities may result from the small populations involved (2011 Census of Population, ONS).

22. If approximately 10% of the population aged over 65 is chronically lonely, this equates to approximately 11,500 people in Worcestershire (ONS, 2012)

23. A new measure of social contact for adult users of social care as an indicator of social isolation services has been included in the Adult Social Care Outcomes Framework (ASCOF). Worcestershire has a similar number of service users stating that they have as much social contact as they would like (45.3%) compared to the national (44.5%) average (Figure 1).

Figure 1: Service users stating that they have as much social contact as they would like (ASCOF) 2013-2014.



Older people living alone

24. Worcestershire has 30 000 older people living alone with 50% of those expected to be isolated. People who are socially isolated are more likely to develop depression, dementia and have an unhealthy lifestyle such as not taking enough exercise. Due to demographic trends, the number of older people living alone is projected to rise by over a fifth (22%) between 2012 and 2020. The biggest rises are forecast for males and females over 75 (37% and 22% respectively) (Projecting Older People Population Information System (POPPI), 2013).

25. The number of older people living alone in Worcestershire is expected to rise by 11% between 2014 and 2021 from 36,300 to 40,300. The number of over 85s living alone will see the biggest increase (about a quarter for males and females) (POPPI, 2013).

Carers

26. It is estimated that in 2011, one in seven Worcestershire residents aged over 65 (15,800) were caring for a partner, family member or other person. Most were providing care for

less than 20 hours a week but over a third of those doing unpaid care (nearly 5,650) were doing so for more than 50 hours (WCC Public Health intelligence team estimates using POPPI, 2013).

Sensory Impairment and Mobility

27. The numbers of older people with hearing and visual impairments are set to increase from their 2012 levels by 26% and 23% respectively by 2020. Projections show that the number of older people with mobility problems in Worcestershire will increase considerably by 2020, from 20,839 in 2012 to 26,125 (an increase of 25%), with the numbers concentrated in the oldest age groups (POPPI, 2013).

28. Hearing loss is one of the most common conditions affecting older people. They may have difficulty enjoying music, following television programmes or joining in conversations with family and friends. They may also withdraw from contact with others to avoid the embarrassment associated with not hearing what is being said to them. These difficulties can affect quality of life and cause loneliness, isolation, frustration and depression. Projections based on future population trends suggest that the number of older people with a hearing impairment will increase from 49,258 in 2012 to 61,843 in 2020 (POPPI, 2013).

29. Visual impairment is common among older people and is associated with falls and reduced quality of life. It is also a risk factor for depression. In Worcestershire it is estimated that just under one in ten older people (10,000) have a moderate or severe visual impairment. Projections based on future population trends suggest that the number will increase by 23% to over 12,300 by 2020 (POPPI, 2013).

30. Mobility problems can adversely affect older people's quality of life by restricting their independence and ability to take part in everyday activities. It is estimated that approximately one in five older people (20,839) in Worcestershire has a mobility problem. Mobility problems are more common in older women than men (POPPI, 2013).

31. Projections show that the number of older people with mobility problems in Worcestershire will increase considerably by 2020, from 20,839 to 26,125 (an increase of 25%) with the numbers concentrated in the oldest age groups. These estimates reflect only the estimated impact of population change, and assume that age related prevalence remains constant (POPPI, 2013).

Priority areas across Worcestershire

32. Particular areas may have higher concentrations of older people who are at greatest risk of loneliness (Appendix 2).

- People aged 65 years and over

Areas with the highest proportion of population aged 65 years and over can be seen in Appendix 2.

- Older people (people aged 65 years and over) and deprivation

Higher concentrations of older people tend to be in the more rural areas, these areas are less deprived. There are approx. 11.2% of older people living in the most deprived areas (deprivation quintile 2) compared to 20.2% of older people living in the least deprived areas (deprivation quintile 9).

- Single person households (people aged 65 years and over) and deprivation

There are a higher percentage of single person households in relatively deprived and densely populated areas. However they are more likely to have access to social facilities and services.

- Income deprivation (people aged 65 years and over)

The highest rates of income deprivation are in the less affluent parts of the county's urban centres, although there are a few pockets of deprivation elsewhere.

- Communal establishments (people aged 65 years and over)

Older people living in communal establishments are at higher risk of isolation and loneliness. Areas with a higher number of communal establishments are seen in Appendix 2.

- Older carers (people aged 65 years and over)

Older carers are at higher risk of isolation and loneliness. Areas with a higher number of older carers are seen in Appendix 2.

Analysis of potential factors

33. A number of risk factors that may increase the prevalence of loneliness including geographical isolation, long term illness or disability, living in a communal establishment, living alone, income deprivation, caring responsibilities and an older population have been ranked between 1-85 for Middle Super Output Areas across the county. This has produced a rank of areas in which loneliness risk is likely to be high by combining a number of potential risk factors together as well as allowing areas to be compared based on individual risk factors (Appendix 3).
    - There is no robust quantitative data on the statistical link between socio-economic factors and loneliness. However there have been some qualitative research studies as well as analysis from other local authorities. After consideration of these studies, a number of factors that might increase the prevalence of loneliness in a given geographical area have been included in the analysis.
    - This provides insight into the areas in which older people may be vulnerable to loneliness or isolation. It is theoretically based, and does not use any real life information. However it may provide a starting point for identifying areas to target.

National Strategies and Policies

34. Key policy documents include:
    - **Marmot Review** The importance of loneliness and social isolation in tackling inequalities and in developing health and sustainable places and communities was reinforced in the Marmot Review (Marmot, 2010). Two priority objectives in the Marmot Review are 'to improve community capital and reduce social isolation across the social gradient.'

    - **The Care and Support White Paper** *(*Department of Health, 2012) signalled the Government's commitment to support active and inclusive communities, which support people to develop and maintain connections to friends and family. A commitment was made to include measures of loneliness and social isolation in the Adult Social Care Outcomes Framework (ASCOF) and Public Health Outcomes Frameworks (PHOF).

- **'Campaign to End Loneliness'** The coalition of organisations and individuals has shared evidence and ideas for action around tackling loneliness since 2010. The Campaign to End Loneliness and Local Government Association have compiled a guide for local authorities setting out a three tiered framework for tackling loneliness at a strategic level, in local communities and through one-to-one work with individuals (Local Government Association, 2012).

Local Strategies

35. The plan will link to several local strategies:

- **The Joint Health and Well-being Strategy** sets out an ambition to transform the health and well-being system. This will mean a greater emphasis on prevention and early help to avoid future ill health, disability and social problems, and on-going integration and improvement in the quality and value for money of social care and health services.

- **The Well Connected Programme**: This is focusing on enhancing prediction, prevention and early help, and integrating health and adult social care services through a series of projects including Virtual Wards, Assistive Technology and Ageing Well.

- **5 year Health and Care Strategy for Worcestershire** has set the following vision: You plan your care with people who work together with you to understand you and your needs, allow you control and co-ordinate and deliver services that support you to achieve the outcomes important to you.

- **The Ageing Well Strategy**: The strategy is focused on a wide range of health, care and support services that promote the health and wellbeing of people.

- **The Carers Strategy** has set the following vision: Adult, parent and young carers will be recognised and valued by the wider community and statutory agencies in Worcestershire for the support and care they provide to vulnerable adults, children and young people. They will receive appropriate support where necessary to help them provide care safely and maintain a balance between their caring responsibilities and a life outside caring. We will assist them in achieving their potential, maintaining mental and physical health and wellbeing, access and remain in education, training and employment and support them to be as independent as possible.

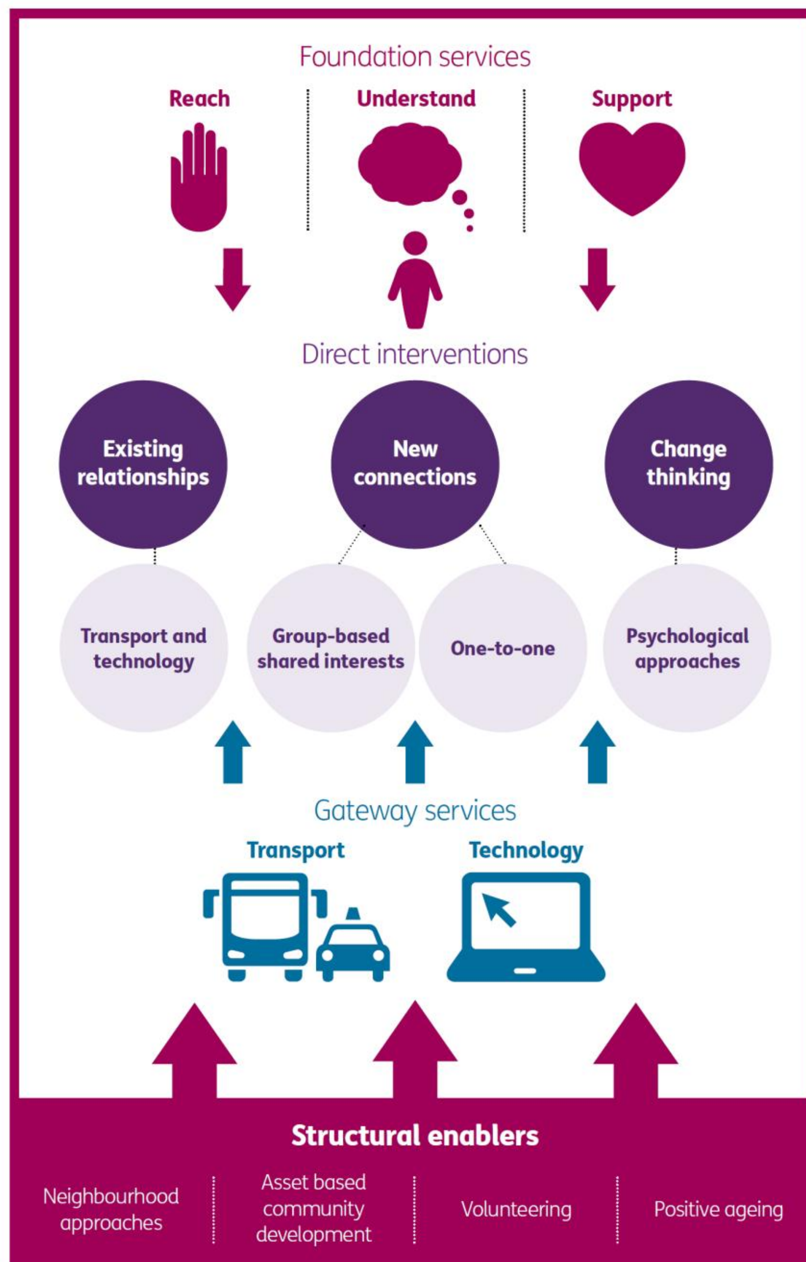
Services and Interventions to reduce loneliness

36. A recent report aims to identify what works in tackling loneliness by drawing on the expertise and experience of leading figures in the field as well as academic research (Jopling, 2015).
    - It highlights that the complex and individual experience of loneliness should be recognised and should not seek a ‘one size fits all solution’. A full menu of approaches should be accessible in communities, and the role that many different types of services can play in responding to the issue must be recognised. Effective interventions are chosen by the individual and well-suited to their needs.

37. The report puts forward a new framework featuring four distinct categories of loneliness intervention that could be put in place to provide a comprehensive approach system of services to prevent and alleviate loneliness (Figure 2):

- **Foundation Services** that reach lonely individuals and understand their specific circumstances to help them find the right support, this includes services that reach lonely individuals, understand the nature of an individual's loneliness and support lonely individuals to access services.
- **Gateway Services** including transport and technology, these services act as the glue that keeps people active and engaged, and makes it possible for communities to come together.
- **Direct Interventions** that maintain existing relationships and enable new connections, including group based or one-to-one approaches, as well as psychological support services.
- **Structural Enablers** are not direct interventions but rather the mechanisms by which these interventions came into being. In developing services and interventions, structural supports are needed in communities to create the right conditions for ending loneliness, such as volunteering, asset based community development, positive ageing and neighbourhood approaches.

Figure 2: A new framework for loneliness interventions that could be put in place to provide a comprehensive approach system of services to prevent and alleviate loneliness (Jopling, 2015).



38. Social Care Institute for Excellence (SCIE) identify a number of key features of effective interventions including that older people are consulted and engaged in the design, delivery and review of projects. Community navigator or Wayfinder interventions have shown to be effective in identifying lonely individuals and signposting to appropriate services. Evidence demonstrates that befriending services are effective in reducing depression and cost-effective when compared to usual care (Windle, Francis & Coomber, 2011).

39. A systemic review conducted in 2011 (Dickens, Richards, Greaves & Campbell, 2011) concludes that the likelihood of interventions producing beneficial effects may differ according to their characteristics. Group interventions were more likely to be beneficial compared with one-to-one interventions, and those defined as being theoretically-based tended to be more beneficial than those that were not. Interventions in which older people are active participants and those including social activity and support were also more likely to be beneficial.

40. Effective approaches to reducing loneliness and isolation tend to have a number of characteristics (Campaign to End Loneliness):
    - An understanding of the importance of information
    - Strong referral systems
    - The active involvement of older people
    - A good base in research and evaluation

Reconnections Social Impact Bond (SIB)

41. The programme of community-based interventions to reduce loneliness in Worcestershire and build an evidence basis for reducing social isolation will be delivered through a Reconnections Social Impact Bond (SIB). The service will run for three years across six parts of the county and initially target 3000 people over 2 years. Loneliness scores for individuals will be surveyed 6 and 18 months post-intervention start. Loneliness will be assessed using the standard 9 point revised UCLA loneliness scale. The service will work with VCS organisations to understand current provision and fill gaps in existing provision in Worcestershire. The Reconnections service has been developed by Social Finance, Age UK Herefordshire and Worcestershire and support from key partners. The SIB structure allows payments to be made on the basis of successful outcomes using a tariff system.

42. The service will develop a person-centred service that engages individuals, understands their needs and opportunities to connect with their community, and supports them to access activities or groups without building dependence on the service. Drawing from best practice the service will: engage individuals when they are chronically lonely or at risk of chronic loneliness; assess needs and co-develop an action plan using trained Reconnections Officers; offer a wide range of activities that are known to reduce loneliness and meet people's aspirations; and enabling the individual to transition fully to informal support to reduce dependency on services and to encourage them to give back to their own communities. The service will support groups of older people to establish the activities that they want and to provide mutual support to others, in turn strengthening the overall ecosystem of informal support in Worcestershire.

Aims

43. Our vision is that older people in Worcestershire will maintain their connections, friendships and networks through times of life change, and therefore eliminate loneliness across the county. To achieve this vision, the plan has set the following 3 aims:
    - Empower residents and communities to maintain their connections, friendships and networks, making use of community assets with active members and volunteers.
    - Improve access to activities and services that can prevent or alleviate isolation and loneliness, ensuring services are tailored to meet need and demand.
    - Raise awareness of isolation and loneliness including why it is important, how to recognise the signs and risk factors, and local opportunities available for prevention and intervention.

Aim 1 **Empower residents and communities to maintain their connections, friendships and networks, making use of community assets with active members and volunteers.**
This will include: ✓ Support group and community based activities to build resilient communities ✓ Enable individuals to act as community champions ✓ Create a community isolation and loneliness toolkit, including critical success factors in a community that enable the vision to be achieved. ✓ Support volunteering opportunities, including formal and informal opportunities. ✓ Promote and ensure the use of community venues, businesses and community assets

Aim 2 **Improve access to activities and services that can prevent or alleviate isolation and loneliness, ensuring services are tailored to meet need and demand.**
This will include: ✓ Promote resources available and signpost to appropriate services ✓ Identify populations that are most at risk of isolation and loneliness ✓ Work with partners to ensure support is targeted to at risk populations including those who are excluded from the SIB. ✓ Mapping to understand and identify current opportunities and local assets to produce a live map of interventions that will be accessible through Your Life Your Choice website. ✓ Work with partners to reduce barriers and environmental issues including fear of crime, transport, technology and local barriers (toilets, benches)

Aim 3 **Raise awareness of isolation and loneliness including why it is important, how to recognise the signs and risk factors, and local opportunities available for prevention and intervention.**
This will include: ✓ Raise awareness of local opportunities and activities available, ensuring individuals, communities, frontline staff, and activity/ service providers are using the Your life Your Choice website. ✓ Awareness raising training for frontline staff and volunteers through the SIB ✓ Awareness raising training to be incorporated into Health Chats, MECC, Falls Prevention, Care Act briefings for frontline staff. ✓ Targeted public engagement and campaigns, and to ensure communication materials

are made available ✓ Promote the use of self-help materials using a range of media, ensuring that these materials are appropriate and accessible to local populations ✓ Encourage an age-positive approach including placing emphasis on healthy and active ageing into policy and practice

44. This plan has set the following 7 principles to tackle loneliness:
    - ✓ A strategic whole system approach to be undertaken to alleviate loneliness – a shared commitment from partners, organisations, residents, neighbourhoods and communities to tackle the issue (Figure 3).
    - ✓ Individuals will be involved, in particular those who are experiencing or at risk of experiencing loneliness, in mapping local community assets and in co-production of solutions
    - ✓ To support an asset based approach in local communities by working with existing resources and capacities including opportunities for volunteering, active citizenship and innovative services (Figure 4).
    - ✓ To support the SIB in Worcestershire to reduce chronic loneliness.
    - ✓ Ensure support is targeted to at risk populations including those who are excluded from the SIB.
    - ✓ To promote digital inclusion and resources including Your Life, Your Choice website to encourage use by service providers and members of the public to access opportunities and support in their local community.
    - ✓ Ensure a diverse menu of interventions and services are accessible to prevent or alleviate loneliness.

Figure 3: A framework for combatting loneliness using a partnership approach which reaches across local authorities, and into other agencies, and as part of a strategic approach to the wider issues facing older people. Practical steps to tackle loneliness should be identified at the strategic level and at the levels of the neighbourhood and the individual (Local Government Association, 2012).

Figure 4: Model for Strong Communities used by Wychavon District Council. This model will form the basis of working with communities to adopt an assets based approach.

Stakeholder engagement

A Worcestershire Health and Well-being Board stakeholder event in June 2014 focussed on Social Isolation and Loneliness among older people. Over 65 people from a range of organisations across the County attended the event.

45. The aims of the stakeholder event were to:
    - Create a shared understanding of the problem of social isolation in older people in Worcestershire
    - Identify the interventions and opportunities to tackle this issue, including the role of social impact bonds, primary care and the involvement of communities.
    - Identify what we are currently doing and what the next steps should be in working together to reduce isolation and the effects of isolation in older people

46. The discussions from the event have informed the work of the Loneliness Action Group and an initial mapping exercise has been completed.

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Implementation and governance

47. This plan is accompanied by an action plan (Appendix 1) which outlines milestones to be achieved over the next 3 years

48. A number of multi-agency Loneliness Action group meetings have taken place since June 2014 to develop the plan, and the group will continue to meet on a regular basis to monitor progress of the action plan, and share progress and challenges in relation to the action plan. Three subgroups have been developed to ensure implementation of specific workstreams; a mapping subgroup, a training subgroup, and a marketing subgroup.

49. Progress against this plan will be reported to the Health Improvement Group on an annual basis.

References

Age UK Oxfordshire, 2001. Safeguarding the Convoy – A Call to Action from the Campaign to End Loneliness.

Bolton, M. 2012. Loneliness the State We're In, Age UK Oxfordshire

www.campaigntoendloneliness.org

Cattan, 2001. Supporting older people to overcome social isolation and loneliness: executive summary. Help the Aged.

DH 2012, Caring for our Future: Reforming Care and Support, Cm 8378.

Dickens, A., Richards, S., Greaves, C., Campbell, J. 2011. Interventions targeting social isolation in older people: a systematic review. BMC Public Health, 11, 647.

Jopling, K. 2015. Promising approaches to reduce loneliness and isolation in later life, Age UK & Campaign to End Loneliness

Local Government Association, 2012. Combatting loneliness A guide for local authorities.

Marmot, M. 2010. Fair Society, Healthy Lives. London: The Marmot Review.

Windle, K., Francis, J., Coomber, C. 2011. Preventing loneliness and social isolation: interventions and outcomes. Social Care Institute for Excellence.

Partners involved:

Age UK Herefordshire & Worcestershire (Age UK H&W)
Community First
Fortis Living
NHS Wyre Forest Clinical Commissioning Group
Onside
St Richards Hospice
Worcestershire Association of Carers (WAC)
Worcestershire County Council (WCC)
Wychavon District Council (WDC)
Wyre Forest District Council (WFDC)

Appendix 1: Action Plan

	Action	Timescale	Lead
Aim 1 – Empower residents and communities to maintain their connections, friendships and networks, making use of community assets with active members and volunteers.			
	Action	**Timescale**	**Lead**
A.1	Support group and community based activities to build resilient communities • Encourage local people to develop solutions • Communities to become self-aware of isolation and loneliness • Promotion of peer support and networks • Support communities to develop action plans. • Support councillors and members to be a leader, champion and advocate for their communities.	Year 2	Worcestershire County Council (WCC) Public Health (PH), Onside, Wychavon District Council (WDC), Partners
A.2	Enable individuals to act as community champions • Councils and other organisations to understand the issue, contribute and offer support to champions. • Support communities to complete asset mapping	Year 1	WCC PH, Partners
A.3	Create a community isolation and loneliness toolkit, including critical success factors in a community that enable the vision to be achieved. • Sharing of good practice and learning	Year 2	WCC PH, Partners
A.4	Support volunteering opportunities, including formal and informal opportunities.	Year 1	WCC , Partners
A.5	Promote and ensure the use of community venues, businesses and community assets	Year 2	Partners
Aim 2 - Improve access to activities and services that can prevent or alleviate isolation and loneliness, ensuring services are tailored to meet need and demand.			
	Action	**Timescale**	**Lead**
B.1	Promote resources available and signpost to appropriate services, including the SIB, Your Life Your Choice and Digital Inclusion.	Year 1	Partners
B.2	Identify populations that are most at risk of isolation and loneliness • Produce an analyses of areas that are likely to be at risk. • Areas to be prioritised with high risk populations.	Year 1	WCC PH
B.3	Work with partners to ensure support is targeted to at risk populations including those who are excluded from the SIB.	Year 2	Age UK H&W, WCC PH

B.4	Mapping to understand and identify current opportunities and local assets to produce a live map of interventions that will be accessible through Your Life Your Choice website. • Identify gaps in existing provision and ensure opportunities are planned and implemented appropriately. • The SIB to consider supporting additional opportunities based on need and demand • Mapping sub-group to be developed	Year 2	Age UK H&W, Community First, WCC PH
B.5	Work with partners to reduce barriers and environmental issues including fear of crime, transport, technology and local barriers (toilets, benches)	Year 3	WCC, Partners

Aim 3 - Raise awareness of isolation and loneliness including why it is important, how to recognise the signs and risk factors, and local opportunities available for prevention and intervention

	Action	Timescale	Lead
C.1	Raise awareness of local opportunities and activities available, ensuring individuals, communities, frontline staff, and activity/ service providers are using the Your life Your Choice website. • Training on Your Life Your Choice to be provided at community events. • Staff and volunteers to understand that their service or activity can have implications for reducing isolation and loneliness.	Year 1/2	WCC, Age UK H&W, Partners
C.2	Awareness raising training for frontline staff and volunteers through the SIB • Staff and volunteers have an understanding of social isolation and loneliness including the signs of loneliness and isolation, services available to support them, and signposting to Your Life Your Choice, SIB or another appropriate service. • Training sub-group to be developed	Year 1/2	Age UK H&W, WCC, Worcestershire Association of Carers (WAC)
C.3	Awareness raising training to be incorporated into Health Chats, MECC, Falls Prevention, Care Act briefings for frontline staff.	Year 2	WCC PH
C.4	Targeted public engagement and campaigns, and to ensure communication materials are made available • Marketing sub-group to be developed	Year 2	Age UK H&W, WAC, WCC
C.5	Promote the use of self-help materials using a range of media, ensuring that these materials are appropriate and accessible to local populations	Year 1	WCC PH
C.6	Encourage an age-positive approach including placing emphasis on healthy and active ageing into policy and practice.	Year 3	WCC, Partners