

## **Appendix A**

### **Social Isolation work update**

Prepared by Liz Bailey Summer 2015

#### **1. Introduction**

As a result of the Inner East and Inner North East Community Committee conversations around reducing social isolation, a number of follow on actions have been delivered.

#### **2. Action from Community Committees**

Two reports, detailing the common themes from the meetings and recommendations for action have been compiled and presented back to the respective committees.

In terms of follow on from the events:

- One meeting between the elected lead member for health for Inner East, the Health and Wellbeing Improvement Manager and a number of Third Sector Organisations has been held, with a view to understanding what is currently being done and what more might be possible. Partners felt they were already contributing to this agenda and in the absence of fairly substantial additional funding there was no clear consensus as to what additional activity each partner could do in the very short term. However, there was agreement to work together to find further resource, which could strengthen their efforts. Several partners are already working with the Oakwood Lane Practice, which is developing social prescribing work.
- Conversations are progressing to help secure some time from a Public Health community development worker, with a view to working with local people to build connections and networks and restoring the sense of neighbourliness, which was highlighted as an issue at the committees
- Although the CCG boundaries are not coterminous with Local Authority boundaries, the local Public Health Team works across the whole of the East and North East area, covering the priority neighbourhoods, where poor health, deprivation and inequality is most severe. It has built in reducing social isolation in its partnership working groups, commissions and campaigns, for example distributing Cold Weather Packs during the winter, which gave an opportunity to engage with socially isolated older people and encourage them to take advantage of groups locally. Since the Community Committee discussions, £500 has been allocated to providing food for young people in Seacroft to encourage them to engage in street soccer and £1,000 to a men's group in Seacroft to help engagement, socialising and a meal.

#### **3. Clinical Commissioning Groups**

A report, detailing the aspects of the conversations that were of particular relevance to Leeds North Clinical Commissioning Group has been compiled, submitted and presented to key decision makers in the CCG. The actions which were specifically directed at the CCG for it to consider were as follows:

- Leeds North Commissioning Group will use the findings of the workshop to inform evolving social prescribing models and enable patient's social interaction by developing and interface between primary care, the patient and Third Sector providers.

- For GPs to be particularly aware of the needs of isolated men and be able to encourage them to participate in activities, which can support social interaction. Men in Sheds type work was identified as good practice and effective in engaging this group
- GPs to consider if any adjustments can be made to better accommodate the needs of migrant communities. An example of this has already started with the training of practice health champions in Harehills and Chapeltown from the migrant access services.
- Clinical Commissioning Groups to consider the points raised and the impacts/potential impacts of social isolation when developing future commissioning models. This could also be part of the new CCG Third Sector Health fund.

### **Recommendation**

- **That the Leeds North CCG takes note of the findings of this report and supports follow on actions by key partners and stakeholders. Particular connections are with the new social prescribing project, locality developments and the Third Sector health fund**

The following initial feedback from Leeds North CCG has been received:

An overall budget of just under 900K has been allocated to social prescribing work, but this includes procurement and project management costs.

Leeds North CCG has also put 750K into the Third Sector Health Fund, which is being administered by Leeds Community Foundation. This will be launched in June to enable Third Sector organisations to bid for funding to develop innovative community development type work, which will include that aiming to reduce social isolation. Leeds South and East CCG have also put 300k into this fund.

Some of the Inner East Wards are in the Inner East Community Committee geography, but covered by Leeds South and East CCG. This makes it more difficult to ascertain exactly who benefits from each pot of funding. However, Seacroft is covered by both CCGs, so should benefit from both.

Gipton has only one practice, which is Oakwood Lane and this practice is currently developing a model of working around social prescribing, which will take heed of the suggestions put forward from the Community Committee conversations. The practice is working closely with Third Sector partners to ensure that patients can be referred, through a Connector type role, expediently from practice to community activities and support services. This should identify many individuals who wouldn't ordinarily access group activities.

### **Leeds South and East CCG**

Leeds South and East Clinical Commissioning Group is also developing social prescribing work which will benefit areas within Inner East.

Harehills is mainly covered and funded by Leeds South and East CCG (only one Leeds North Practice). Similarly Burmantofts and Richmond Hill, fall within Leeds South and East CCG and Primary Care is funded wholly by this organisation.