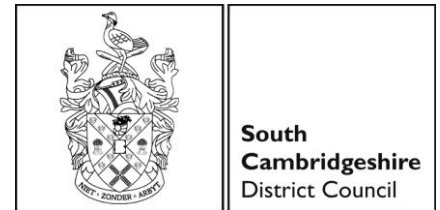


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4 October 2017

To: Councillor Sue Ellington, Portfolio Holder

Tony Orgee

Scrutiny Monitor

Dear Sir / Madam

You are invited to attend the next meeting of **HEALTH AND WELLBEING PORTFOLIO HOLDER MEETING**, which will be held in **JEAVONS ROOM, FIRST FLOOR** at South Cambridgeshire Hall on **THURSDAY, 12 OCTOBER 2017** at **10.00 a.m.**

Yours faithfully  
**Beverly Agass**  
Chief Executive

**Requests for a large print agenda must be received at least 48 hours before the meeting.**

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<b>AGENDA</b>		<b>PAGES</b>
<b>PROCEDURAL ITEMS</b>		
1.	<b>Declaration of Interests</b>	
<b>DECISION ITEM</b>		
2.	<b>Active &amp; Healthy 4 Life (Exercise Referral) Scheme</b>	<b>1 - 16</b>
<b>INFORMATION ITEMS</b>		
3.	<b>Parklife: Review of 2017</b>	<b>17 - 22</b>
4.	<b>Reducing Social Isolation in South Cambridgeshire</b>	<b>23 - 42</b>
<b>STANDING ITEMS</b>		
5.	<b>Forward Plan</b> The Portfolio Holder is invited to maintain a Forward Plan, focussing on future decisions to be taken at his Portfolio Holder meetings.	
6.	<b>Date of Next Meeting</b> Councillors are asked to bring their diaries.	

## **OUR LONG-TERM VISION**

South Cambridgeshire will continue to be the best place to live, work and study in the country. Our district will demonstrate impressive and sustainable economic growth. Our residents will have a superb quality of life in an exceptionally beautiful, rural and green environment.

## **OUR VALUES**

We will demonstrate our corporate values in all our actions. These are:

- Working Together
- Integrity
- Dynamism
- Innovation

## **GUIDANCE NOTES FOR VISITORS TO SOUTH CAMBRIDGESHIRE HALL**

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While we try to make sure that you stay safe when visiting South Cambridgeshire Hall, you also have a responsibility for your own safety, and that of others.

#### **Security**

When attending meetings in non-public areas of the Council offices you must report to Reception, sign in, and at all times wear the Visitor badge issued. Before leaving the building, please sign out and return the Visitor badge to Reception.

Public seating in meeting rooms is limited. For further details contact Democratic Services on 03450 450 500 or e-mail [democratic.services@scambs.gov.uk](mailto:democratic.services@scambs.gov.uk)

#### **Emergency and Evacuation**

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- **Do not** use the lifts to leave the building. If you are unable to use stairs by yourself, the emergency staircase landings have fire refuge areas, which give protection for a minimum of 1.5 hours. Press the alarm button and wait for help from Council fire wardens or the fire brigade.
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#### **First Aid**

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#### **Access for People with Disabilities**

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#### **Toilets**

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If a member of the public interrupts proceedings at a meeting, the Chairman will warn the person concerned. If they continue to interrupt, the Chairman will order their removal from the meeting room. If there is a general disturbance in any part of the meeting room open to the public, the Chairman may call for that part to be cleared. The meeting will be suspended until order has been restored.

#### **Smoking**

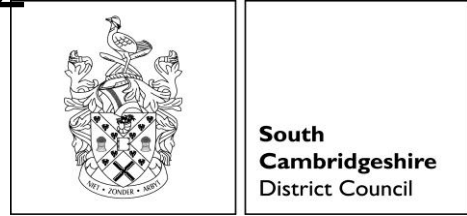
Since 1 July 2008, South Cambridgeshire District Council has operated a Smoke Free Policy. No one is allowed to smoke at any time within the Council offices, or in the car park or other grounds forming part of those offices.

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# Agenda Item 2



**REPORT TO:** Health & Wellbeing Portfolio Holder's Meeting  
**LEAD OFFICER:** Director, Health and Environmental Services

12 October 2017

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## ACTIVE & HEALTHY 4 LIFE (EXERCISE REFERRAL) SCHEME

### Purpose

1. To update on the operation of the council's Active & Healthy 4 Life exercise referral scheme as per the decision of the Environmental Services Portfolio Holder's meeting of 12 December 2014.

### Recommendations

2. It is recommended that the Health & Wellbeing Portfolio Holder:
  - (a) Notes progress made in developing the scheme since February 2017.
  - (b) Agrees that Cambourne & Cottenham centres remain on review to give them opportunity to improve with a more stable structure in place.
  - (c) Agrees to support the future long term vision for the A&H4L scheme.
  - (d) Agrees to support the aims for 2017/2018 financial year.
  - (e) Agree this annual report is presented to the PFH in the 1<sup>st</sup> quarter following each year end.

### Background

3. Active & Healthy 4 Life is the District Council's exercise referral scheme, operating in partnership with local health centres and sports centres to provide residents with specified medical conditions with a low cost, 12-week supervised course of exercise.
4. The scheme improves health by increasing physical activity and as such, contributes towards the living week objective and actions of the Corporate Plan 2017 – 2022; *"Support our communities to remain in good health whilst continuing to protect the natural and built environment."*
5. The scheme was brought before the Environment Services Portfolio Holder meeting for review in December 2014 in the light of changes to external funding arrangements. (The scheme was supported by a grant from Public Health, and formerly the NHS, until 2014 when new regulations requiring funded schemes to be free at point of delivery made this no longer feasible). In 2013/14 the scheme cost £30,000 (£10,000 Public Health, £20,000 the Council). This was broken down into £19,500 contractor costs and £10,500 subsidies to the sports centres (passed onto the client by way of reduced fees), promotional material and other costs.
6. It was decided at the meeting in December 2014 to continue the scheme at the nine centres where it was then operating and to reduce costs by co-ordinating the scheme from within existing resources.

7. It was also decided to further promote the scheme with GPs to increase take up and targeting of the right people, and to review the scheme at six monthly intervals and make recommendations to the Portfolio holder. Subsequently it was agreed that an annual report, rather than six-monthly report, would be required. Reports were presented on 28 January 2016 and February 2017 to the Environmental Services Portfolio Holder.

### **Considerations**

8. The report to the Environmental Services Portfolio Holder in February 2017 reported on the scheme to December 2016. We were therefore unable to supply full year figures and a complete picture from the year. We are bringing this report to the new Health and Wellbeing Portfolio Holder as we now have a complete picture for the year 2016/17 and would like to suggest we continue to report annually in the quarter following the year end to bring this in line with the production of the published annual report. This will allow for a full year considerations of staff and performance. Data collected from the programme is across eight centres.

### **9. Key achievements April 16 to March 17**

*Referrals – The number of patients referred to the scheme by a health professional (See Appendix A)*

- (a) Referrals 282 – this is 40% increase from the previous year
- (b) All eight centres have increased their number of referrals
- (c) This is the first year since 2008/09 that referrals have shown an increase
- (d) We have achieved the highest number of referrals since 2011/12

*Completions – The number of patients completing the scheme (some of these will have started the scheme in the previous financial year) (See Appendix B)*

- (e) Completions 125 – this represents a 357% increase from the previous year
- (f) We only have data available from 2015/16 to compare, in which 35 completed.
- (g) Seven centres have increased the number of completing patients since the previous year.

*Improvements - attributing to the increase in success*

- (h) The Standard Operating Procedures were introduced in April 2016 refocusing centre managers and referral instructors of their roles and responsibilities.
- (i) Improved screening of patients to confirm they are suitable for the A&H4L scheme.
- (j) Improved communication between reception staff and referral instructors in organising patient first assessment appointments.
- (k) Centres follow up more regularly with patients who have not attended sessions to understand reasons for not attending and encourage them to continue.
- (l) Centres are focused on motivating patients to attend the 2 sessions a week where practical to ensure they benefit fully from the scheme.
- (m) Centres are starting to take some responsibility to build communication with local health professionals.
- (n) SLA 2016/17 reduced the administration fee and included an incentive for completions.

## *General*

- (o) Improved/updated the data collection reports at the annual review November 16 with Netready (the computer system provider) to enable more detailed figures to be produced for March 2017. (It is now two full years since the launch of the computer system).
- (p) An annual report was produced and publically distributed at the beginning of August 2017.
- (q) The scheme has appeared in all SCDC Magazines for the last 12 months featuring an instructor with a patient article or a reminder of the benefits. This has prompted people to contact the Coordinator about accessing the scheme.
- (r) There were 39 referring practices (See Appendix C)

## **Review of Centres Update February to September 2017**

10. **Cambourne** – Recommend this centre remains on review
  - A new instructor has been found to re-establish a second class on Thursday's 10am to 11am. There has only been one class since December 2016.
  - The new class started on 7<sup>th</sup> September 2017.
  - The Coordinator is working with the centre, instructors and local health professionals particularly the Monkfield practice to develop the scheme at this centre.
  - The new instructor is also going to be running a Phase 4 cardiac class on behalf of Everyone Active. It is hoped some patients will refer onto the exercise referral class once they have completed their phase 4 rehabilitation.
  - An induction process has been put in place by A&H4L for new instructors.
  - The centre manager has reviewed their payment system for A&H4L patients and they will now be given a card for the 12 classes paid for and show this each time they attend a class marking it on the card. This is a very positive improvement.
  - This centre is very much dependant on how good and proactive the instructor is. The new instructor has been allocated time in addition to the class to support its development going forward.
  - The Coordinator has met and liaised on a regular basis with the Manager of the centre.
  - There has been an increase in referrals/completions for April 16 – March 17 however given the size of gym floor and the catchment area this centre has the potential to operate a much greater thriving scheme. Hopefully this will start to happen with a consistent second class.
11. **Cottenham** – Recommend this centre remains on review and work with them on developing an approach that more successfully supports the smaller local gym/sports centre
  - There has been a regular instructor running the classes and being a consistent contact at the centre for patients and other staff.
  - The Manager has been inducted onto the scheme and has been able to cover classes when the regular instructor is not available so maintaining regular classes for patients.
  - There is a need for a more proactive relationship with the local Health Professionals.
  - There has been an increase in referrals/completions for April 16 – March 17. There is a small gym floor and they open specifically for these classes.
12. **Gamlingay** - Recommend working with this centre on developing an approach that more successfully supports the smaller local gym/sports centre

- This centre finished the year with 43 referrals and 28 completions, a record year following the proactive approach of a local member, GP surgery and instructor.
  - The centre continues to run the two classes a week and a further two classes a week for patients wishing to continue after they complete the A&H4L scheme.
  - The improvements in patients accessing the scheme and joining the sports centre gym, has increased the centre income in a very positive way.
  - This was the only centre to achieve the bonus payment of £150 for having 50% of referrals completing April 16 – March 17.
  - For the first half of this current financial year the centre has achieved much lower referrals and completions compared with last year.
13. **Melbourn, Sawston, Impington** – Recommend working with these centres to develop a wider class timetable and increasing the opportunity for more patients to access the scheme.
- They have all increased the number of referrals and completions. This has continued into the new financial year particularly at Sawston where referral numbers for quarters one and two of 2017/18 are on a par with their 2016/17 full year total.
  - These centres have very consistent instructors and centre staff that work very well together.
  - They all have instructors who are members of their staff with Impington also having a very experienced freelance instructor.
  - They have large gym floors and run their classes alongside public access times.
  - Sawston and Melbourn offer four classes a week which include an evening option.
  - Impington runs two classes a week during the day time. With the classes growing the expectation would be for them to increase their classes and also include evenings.
14. **Swavesey and Comberton** – Recommend working with these centres on developing an approach that more successfully supports the smaller local gym/sports centre.
- They have seen some increases in referrals or completions but not as strong as some other centres.
  - These two centres have been working to run the scheme in accordance with the standard operating procedures and make improvements where they can.
  - They have small gym floors and run A&H4L classes outside public and school use.
  - As referrals have grown the centres have put in processes to ensure that completing patients who wish to continue beyond the 12 weeks are managed appropriately so they have the class capacity for new referrals.

#### **Vision for the long term future**

15. In order to continue with the good recent progress of the scheme, it is suggested that the following targets are prioritised in the long-term:
- Sawston, Melbourn, Impington and Cambourne the large centres are developed to offer a wide range of class opportunities – including day and evening sessions.
  - Swavesey, Gamlingay, Comberton and Cottenham - the local smaller centres focus on meeting the needs of older/retired patients offering day time A&H4L only classes.
  - Develop other class options to help overcome the barrier for patients who are put off by the gym environments. For example, Pilates.
  - Have an integrated referral form that is on the Health Professionals computer system which can be automatically populated with patient's information so the process is much more user friendly.



- Develop Links with other health providers to establish better pathways with them and A&H4L.
- Investigate and develop the computer system so that it can include medical information that better demonstrates the benefits to patient's health for example Diabetes measurement.
- Develop a marketing/communications plan to ensure the scheme is promoted regularly and district wide.

### **Aims for 2017/2018**

16. It is suggested that specific aims are prioritised for the coming year:

- Due to staff changes we have not made as much progress developing relationships with the health professionals. With additional hours allocated to the coordinator this year, we hope to improve on this.
- Work with the health practices nearest the centres to improve the communication and pathway of referring a patient, and in doing so increase the number of referrals from these practices.
- Continue to work with the centre managers and referral instructors of the larger centres to offer the right class options to suit patients; encouraging them to complete the programme, and leading to more patients benefitting.
- Work with the centre manager and referral instructors to offer suitable opportunities for completing patients to continue exercise at their sports centres. For example, affordable memberships and other types of exercise.
- The online data collection system has been difficult to develop as we initially intended. We will continue to develop it, to improve the day to day data collection, enhance the reports and fix ongoing bugs.
- Supply publicity material for waiting rooms/sports centre TV's. For example videos, social media and magazine articles.

### **Payment structure for centres**

17. A new payment structure was implemented as part of the 2016/17 Service Level Agreement for centres. This included a reduction in administration contribution and an additional bonus incentive for number of completing patients. This agreement has been well received by the centres and will be implemented again for the next financial year. A copy of the SLA can be found at Appendix D this details how the bonus payments are calculated.

### **Implications**

18. In the writing of this report, taking into account financial, legal, staffing, risk management, equality and diversity, climate change, community safety and any other key issues, the following implications have been considered: -

#### ***Financial***

19. The 2016/17 spend was £18,343 (£7,700 Coordinator). Patients are charged £3.00 per class and £8.00 for an initial and final assessment. Further information detailing the charges for this project will be bought to the PFH early in 2018 as part of a wider fees and charging report.

#### ***Legal***

20. The scheme is run in compliance with the National Quality Assurance Framework (2001) and current best practice.

**Staffing**

21. The Sports Coordinator is leading the delivery of this project with support from a Project Officer and reporting into the Programme Manager complying with the National Quality Assurance Framework (2001).

**Risk Management**

22. Each centre is required to sign a Service Level Agreement with the Council. The agreement clearly sets out the responsibilities of each partner.

**Effect on Strategic Aims**

23. Living Well: "Support our communities to remain in good health whilst continuing to protect the natural and built environment."

I. Proactive intervention to improve mental health and emotional wellbeing for all

ii. Support our residents to stay in good health as they grow older, with access to the services they need

The scheme is effective for medium and low risk populations for specific health conditions plus develops social networks of like-minded people.

There is a new portfolio for Health & Wellbeing supporting this project.

**Report Author:** Mike Hill - Director Health and Environmental Services

Helen Stepney - Sports Coordinator  
01954 713362

## Patient referral numbers since 2008/9 by sports centre

	2008/9	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Bottisham (ended 12/13)			21	21	5				
Cambourne (new 13/14)						12	20	10	23
Comberton	63	49	58	51	51	48	10	27	30
Cottenham	42	36	30	27	23	15	13	13	14
Gamlingay	18	28	10	11	8	19	10	15	43
Girton (closed April 2016)								9	
Impington (new 11/12)				11	32	29	21	33	56
Linton (closed 2015/16)	81	59	42	41	15	28	37		
Melbourn	65	64	40	40	44	50	46	30	35
Sawston	109	85	70	54	50	49	47	51	56
Swavesey	36	58	61	37	33	24	14	14	26
<b>TOTAL</b>	<b>414</b>	<b>379</b>	<b>332</b>	<b>293</b>	<b>261</b>	<b>260</b>	<b>218</b>	<b>202</b>	<b>282</b>

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**Patient Completion numbers since 2015/16 by Sports Centre**

	2015/16	2016/17	2017/18						
Cambourne	1	4							
Comberton	5	14							
Cottenham	5	4							
Gamlingay	1	28							
Impington	4	28							
Melbourn	5	11							
Sawston	8	23							
Swavesey	1	10							
No Centre allocated	5	3							
<b>TOTAL</b>	<b>35</b>	<b>125</b>							

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## ACTIVE &amp; HEALTHY 4 LIFE

## REFERRALS BY HEALTH PROFESSIONAL SUMMARY

REFERRING HEALTH PROFESSIONALS	2016 to 2017	2017 to 2018			
Addenbrookes Cardiac Rehabilitation	16				
Addenbrookes Physiotherapy dept	6				
Arbury Road Surgery	1				
Bottisham Surgery	1				
Bourn Surgery	13				
Brookfields Health Centre	1				
Brookfields Hospital – Neurology	2				
Brookfields Hospital – Stroke Team	1				
Cherry Hinton Medical Centre	1				
Chesterton – Community Stroke Team	1				
Chesterton Medical Centre – Physio's	12				
Comberton Practice	13				
Cornford House Surgery	2				
Cottenham Surgery	9				
Eversden Surgery	2				
Firs House Surgery – Impington	20				
Fulbourn Health Centre	1				
Greensands Medical Practice - Brook E	9				
Greensands M P – Stocks Ln Gamlingay	29				
Harston Surgery	21				
Huntingdon Road Surgery	3				
Linton Health Centre	2				
Maple Surgery Bar Hill	1				
Milton Surgery	8				
Monkfield Medical Practice Cambourne	13				
Newnham Walk Surgery	1				
Nuffield Road Medical Centre	2				
Orchard Surgery Melbourn	9				
Over Surgery	12				
Papworth Hospital	1				
Papworth Trust Rehabilitation Service	1				
Royston Health Centre	2				
Sawston Medical Practice	21				
Shelford Medical Practice	21				
Spire Cambridge Lea Hospital	2				
Swavesey Physio	3				
Swavesey Surgery	5				
Waterbeach Practice	2				
Willingham Medical Practice	12				
<b>TOTAL 39 Practices</b>	<b>282</b>				

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## Active & Healthy 4 Life Service Level Agreement

For: South Cambridgeshire District Council

By: \_\_\_\_\_ (name of sports centre)

### Agreement Overview

This Agreement represents a Service Level Agreement (“SLA” or “Agreement”) between the sports centre and South Cambridgeshire District Council for the provision of services relating to the Active & Healthy 4 Life exercise referral scheme.

This agreement covers the period 01 April 2016 to 31 March 2017, and remains valid unless superseded by a revised agreement mutually endorsed by both parties.

### Service Agreement

The sports centre agrees to operate the Active & Healthy 4 Life exercise referral scheme as outlined in the Active & Healthy 4 Life Standard Operating Procedures.

### Client fees

The sports centre agrees to charge clients referred to the Active & Healthy 4 Life scheme fees as below:

£72.00 for the twelve week programme, comprising Initial and Final Assessments @ £8.00 each, and 24 twice weekly sessions @ £3.00 each.

The sports centre agrees to provide the option of payment in two instalments if required.

Client fees are to be paid by the client directly to the sports centre.

### Payments to Sports Centres

#### *Initial running costs payment*

A payment of £300 will be made to the sports centre towards the costs of running the scheme including attendance at scheme meetings and liaison with GPs and other health professionals in relation to patients and also to promote the scheme.

This payment will be made upon receipt of an invoice from the sports centre. A purchase order number will be supplied upon receipt of the signed Service Level Agreement and should be quoted in the invoice.

#### *End of year payments*

End of year payments will be calculated based upon client numbers recorded on the Active & Healthy 4 Life database during the period Monday 21 March 2016 to Sunday 19 March 2017 inclusive.

#### **Initial assessments**

A payment of £12 will be made towards the costs of initial assessments including data entry.

### **Additional running costs payments**

Additional payments will be made as follows to reflect the additional costs involved in running busier schemes:

Fewer than 20 initial assessments:	no additional payment
20 – 39 initial assessments:	£100
40 or more initial assessments:	£200

### **‘Bonus’ payments for completions**

‘Bonus’ payments will be made depending on the percentage of clients completing the programme, where ‘completing’ means attending 24 sessions and completing a final assessment.

At least 50% of clients complete final assessments:	£100
At least 60% of clients complete final assessments:	£50
At least 70% of clients complete final assessments:	£50

These payments are cumulative, e.g. if 70% of referred clients complete, the total bonus payable is £200.

For the calculation of bonus payments, the number of clients includes clients in progress at 20 March 2016 as well as clients starting during the year.

A purchase order will be supplied in the week commencing 20 March 2017 for payments for initial assessments, additional running costs and completion bonuses

Invoices should be submitted before 30 March 2017, and should be made out to South Cambridgeshire District Council, referencing Active & Healthy 4 Life, and including sports centre name, full contact details, i.e. contact name, address, email and telephone number, and quoting purchase order number.

**Active & Healthy 4 Life Service Level Agreement for the period 01 April 2016 to 31 March 2017**

I confirm that I have read and understood the Standard Operating Procedures for the Active & Healthy 4 Life scheme and agree to operate the scheme in accordance with these procedures and in line with the service level agreement.

**Declaration**

I understand that:

- I am responsible for the protection of Council information.
- I am responsible for ensuring my own compliance with the Data Protection Act 1998.
- I am responsible for the security of the tablet (where applicable)

I further understand that the Council reserves the right to:

- Withdraw my access to any computer systems and communication services in the event of non-compliance with this policy.
- Change this policy at any time to reflect new security requirements or changes in legislation. I can expect the Council to provide reasonable notice of significant changes.

**Name of Sports Centre**

.....

I confirm we take responsibility for a tablet kept at the sports centre. Yes/No

**Sports Centre Manager (on behalf of the above Sports Centre)**

Signature.....Date:.....

Name printed .....

**Sports Centre Scheme Co-ordinator (where applicable)**

Signature.....Date:.....

Name printed .....

**South Cambridgeshire District Council**

Signature.....Date:.....

Name printed .....

Role .....

This document is to be returned by post to: The Sustainable Communities & Partnerships team, South Cambridgeshire District Council. South Cambridgeshire Hall, Cambourne Business Park, Cambourne, Cambridge, CB23 6EA or via email to [AandH4L@scambs.gov.uk](mailto:AandH4L@scambs.gov.uk) at the earliest opportunity, a copy will be provided for your own records.

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# Agenda Item 3



South  
Cambridgeshire  
District Council

**Report To:** Health and Wellbeing Portfolio Holder  
**Lead Officer:** Director, Health and Environmental Services

12 October 2017

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## PARKLIFE: REVIEW OF 2017

### Purpose

1. To review the Parklife 2017 event.
2. This is not a key decision.

### Recommendations

3. It is recommended that the Portfolio Holder:
  - (a) notes the evaluation of and feedback from Parklife 2017, and/or
  - (b) support officers to obtain corporate sponsorship for future events, and/or
  - (c) makes suggestions regarding Parklife 2018.

### Reasons for Recommendation

4. Parklife has been running since 2009 and is the main corporate event put on by the Council. The aim of Parklife is to offer local people the opportunity to try out a range of sports, for example, paddle boarding and canoeing, with a view to them taking up the activity and remain in good health.

### Background

5. The Council has been hosting a Parklife event (or similar) since 2009. Originally held as a countdown to London 2012 Olympic and Paralympic Games, the event has grown from a modest open day, attracting 2,000 people, to become the biggest family fun day held in the district and a distinctive flagship event for the Council, with over 5,000 visitors regularly attracted.
6. Historically, and including the last four year period, the event has been organised in partnership with the Cambridge Sports Lake Trust, with other partners also involved year to year.
7. The event has historically aimed to offer local people the opportunity to try out a range of sports, for example, paddle boarding and canoeing, with a view to them becoming more active and healthy.
9. The event is widely advertised via South Cambs Magazine, sports centres, schools, local press and through social media channels.
10. As part of the Olympic Legacy it was proposed that the Parklife event should continue on an annual basis. In September 2013 the Portfolio Holder for Planning Policy and Localism considered the future of Parklife for the following three year period. The commitment to continue the event for a further three years (subject to review) was made by the Health and Environmental Services Portfolio Holder in September 2016.

12. Parklife delivery has been supported by SCDC staff providing stewarding services, with staff able to reclaim hours through flexi-time with the agreement of line management, Cambridge Sport Lakes Trust staff and volunteers, young volunteers, elected members and a small number of local people.

### Considerations

13. In terms of cash contributions, the level of sponsorship achieved for the 2017 event represented a decrease from the previous year. The reasons for declining sponsorship cited by businesses and funds approached were  
 A) Ineligible as a Local Authority  
 B) Parklife ineligible as not a “one-off” event  
 C) Economic uncertainty
14. It should however be noted that obtaining sponsorship is demanding in terms of officer time and requires adequate investment in branding to reflect sponsor input, so is not cost free.
15. The total cash sum received in sponsorship amounted to £200 received from Springboard Pro Ltd.
16. While cash sponsorship levels for 2017 were low, officers built upon existing relationships and created new partnerships with local businesses and organisations to deliver high quality activities that meet Parklife objectives, introduce residents to new local facilities to continue leading healthy lifestyles, and promote local businesses.
17. “In kind” arrangements with Milton Tesco, Wildly Curious, Cambridge United, Right Side Up Circus Cambridge SUP Club, and local Girl Guiding leaders delivered thousands of pounds of activities at no cost to SCDC.
18. As per 2016, half of all water sports were made available for pre-booking in order to minimise queueing time for visitors, and increase choice. Pre-booking is subject to an administration fee of £5 per paddleboard and/or kayak (individual), and £8 per canoe (group).
19. Of 129 water sports sessions available for pre-booking, 85 were successfully booked. Total income generated by pre-booking was £477. Had all available sessions been pre-booked, this could have generated a further £255. Streamlining the booking process should increase the uptake of this offer.
20. See Table for SCDC income and expenditure for Parklife 2014-2017.

	2014	2015	2016	2017
<b>Income</b>				
Sponsorship	£500	£2150	£5350	£200
Grants	£250	-	£1850	-
Trader receipts	£495*	£305*	£180	-
Pre-booking	-	-	£431	£477
<b>Expenditure</b>	£10,686	£10,828	£11,685	£8,538
<b>Balance</b>	<b>£9,441</b>	<b>£8,127</b>	<b>£3,369</b>	<b>£7,861</b>
	* marquee was provided at a cost of £600			

21. The income/expenditure summarised in Table 1 relates only to the Council's own costs and does not take into account those incurred by our partners in supporting Parklife. Cambridge Sport Lakes Trust also invests a large amount of time and resources in the run up to the event and on the day.
22. A number of elected members have been generous in their time, providing stewarding support to the event. Parklife has also enjoyed strong support from the Chairman (who, for the past three years, has officially opened the event), thereby contributing to raising the Council's profile through the event.
23. A significant contribution was made in 2017 by young volunteers, with the South Cambs Schools Sports Partnership Young Sport Leaders programme providing an important source of young volunteers over this period.
24. The activities provided at Parklife which have proved consistently popular are the water sports of paddle boarding, kayaking and canoeing, with climbing walls, cycling, bouncy castles and archery also featuring highly as top rated activities.
25. In response to the 2016 visitor survey, the water sports offer was expanded for Parklife 2017, providing 100 sessions for paddleboarding, 56 sessions for kayaking and 92 sessions for canoeing, a doubling of the provision for this activity on the previous year, meaning over 350 individuals were able to try a water sport in 2017. There remains further capacity on Todd's Pit to expand the water sport offer - the 2016 visitor survey again returned an interest in greater availability, with all the available sessions offered in 2016 taken up.
26. The popularity of Parklife with visitors remains high; visitor survey returns show that of 233 respondents 49% rated the event as 'Excellent' and 45% rated it as 'Very Good'.
27. The need to capitalise on the opportunity to promote the South Cambridgeshire District Council brand was identified in the 2013 Parklife Report. Improvements have been made to ensure greater brand prominence both in pre-event publicity and on the day, through signage and event publications. The promotional materials need to also recognise the contribution of Cambridge Sport Lakes Trust in delivering the event.
28. The visitor survey of Parklife 2017 indicates that Milton Country Park is rated highly as a venue, with 99% of visitors stating that they will continue to visit the park in future.
29. In 2017 greater emphasis was placed on promoting opportunities for the activities on offer to be taken up following the event, with a visitor guide published to advertise these opportunities. This guide included information relating the local businesses and activity providers who supported the event with sponsorship in kind.
30. In response to more specific questioning, the 2017 visitor survey found that 85% of respondents hoped to continue to pursue activities experienced at Parklife. Cycling, climbing and watersports were the activities most people said they hoped to continue.
31. The visitor survey revealed the origin of visitors to be 64% South Cambridgeshire District, 22 % Cambridge City, 14% elsewhere.
32. Given the known costs of safely mounting an event of this scale, with a strong core offer of key visitor attractions (climbing walls, archery, water sports, cycling and inflatables) and necessary logistical support (First Aid, additional toileting facilities)

the baseline budget of £10,000 is a realistic figure – less than this figure the quality of the event in its current form could not be guaranteed.

### **Options**

33. The Portfolio Holder could:
- (a) note the evaluation of and feedback from Parklife 2017, and/or
  - (b) support, or decline to support, officers to obtain corporate sponsorship for future events, and/or
  - (c) make suggestions regarding Parklife 2018.

### **Implications**

34. In the writing of this report, taking into account financial, legal, staffing, risk management, equality and diversity, climate change, community safety and any other key issues, the following implications have been considered: -

#### ***Financial***

35. Officers will continue to strive to gain sponsorship/income to the value of £7,500 per annum, however, this is underwritten within existing budgets to the value of £10,000 to reduce risk.

#### ***Legal***

36. There is no ownership by the Council of the Parklife brand, with many festivals throughout the country promoted under this moniker. The Council has no control over alternative “Parklives” emerging in this district, which has attendant risks of reputational damage.

#### ***Staffing***

37. Parklife is our main corporate event. The management of the event is led by the Sustainable Communities and Partnerships Team, with significant support from the Communications Team in executing the Communications Plan and the in house production of promotional materials. However, the delivery of the event, if it is to continue in its current format, requires input across all directorates, with staff being asked to support the event as stewards.

#### ***Risk Management***

38. The Parklife event is risk managed via a robust Management Control Document, co-developed with the Cambridge Sports Lake Trust and brought before the Safety Advisory Group. In 2015, 2016, and 2017 health and safety was coordinated by the Council’s Joint Health, Safety and Emergency Planning Manager. If agreed, future Parklife events would be similarly managed.

#### ***Equality and Diversity***

39. In developing Parklife events, care is taken to ensure that all facilities and as many elements of the offer as can be practicably achieved are open to visitors of all abilities. Should a further three year program be agreed, this would continue to be embedded in Parklife event development.

### **Consultation responses**

40. Participant views are included in the main body of the report.



## **Effect on Strategic Aims**

### **Aim 1 – LIVING WELL**

41. Parklife has potential to support our communities to remain in good health, and for the district to become a healthy place to live for all.

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# Agenda Item 4



**REPORT TO:** Health and Wellbeing Portfolio Holder  
**LEAD OFFICER:** Director, Health and Environmental Services

12 October 2017

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## Reducing Social Isolation in South Cambridgeshire

### Purpose

1. To outline the findings of the elected member Tackling Social Isolation Task and Finish Group.
2. To consider draft recommendations put forward by the Task and Finish Group.
3. This is not a key decision.

### Recommendations

4. It is recommended that Portfolio Holder seeks comments on the draft recommendations from the elected member Tackling Social Isolation Task and Finish Group.

### Reasons for Recommendations

5. The Tackling Social Isolation Task and Finish Group has carried out research into who is impacted by social isolation and investigated what the Council could do to reduce social isolation in South Cambridgeshire. The recommendations are backed up with research as well as local knowledge.

### Background

6. The Tackling Social Isolation Task and Finish Group was first announced by the Leader at Council on 26 January. The first meeting was held on 6 March and met seven times. The final meeting was held on 5 June 2017. All meetings were noted.
7. Membership of the group was:
  - Councillor Sue Ellington (Chairman)
  - Councillor David Bard
  - Councillor Nigel Cathcart
  - Councillor Graham Cone
  - Councillor Neil Davies
  - Councillor Janet Lockwood
  - Councillor Cicely Murfitt
  - Councillor Tim Scott
  - Councillor Hazel Smith
8. At its first meeting the group agreed its Terms of Reference, which can be found at Appendix A. The purpose of the group was “to investigate social isolation in South

Cambridgeshire and make ambitious recommendations to Cabinet on how SCDC can improve social networks”.

### Considerations

9. During the course of its meetings the group heard from a number of speakers, both internal and external to the Council. In addition, members of the group also held meetings or spoke with other key individuals outside of the formal meetings and then fed back to the group. The group spoke with:
  - (a) Lynne Byrne, Age UK Cambridgeshire and Peterborough
  - (b) Angelique Mavrodaris, Helen Tunster and Shaynie Larwood-Smith, Public Health, Cambridgeshire County Council
  - (c) Sue Westwood-Bate and Sandie Smith, Healthwatch Cambridgeshire
  - (d) Lynette Hurren, Care Network
  - (e) Bishop David of Huntingdon, Church of England
  - (f) Caroline Lee, Cambridge Institute of Public Health
  - (g) Wood Green Animal Centre, Godmanchester
  - (h) Stephen Hills, Director of Affordable Housing
  - (i) Jane Green, Head of New Communities
  - (j) Jason Clarke, Development Officer
  
10. The speakers shared a variety of facts and thoughts, and looked at the difference between loneliness and social isolation and how each can be tackled. The following definitions were given to the group by Public Health:

Loneliness is “the discrepancy between a person’s desired and actual social relationships” – subjective concept.

Social isolation is related to the quantity of social interactions and the integration of an individual into their surrounding social environment – objective concept.
  
11. Increased social interaction and networks may not help someone who is feeling lonely; however, they can help with talking social isolation. Cognitive Behavioural Therapy, for example, is most appropriate to tackle loneliness.
  
12. The risk factors with the strongest association with loneliness / social isolation include:
  - old age,
  - widowhood,
  - institutional care,
  - living alone,
  - impairment of physical functioning,
  - poor health,
  - depression,
  - anxiety,
  - sensory impairment
  - small social networks with few social contacts
  
13. Based on estimates in the Campaign to End Loneliness toolkit, it is estimated that between 1,700 and 3,840 people aged 65+ are lonely in South Cambridgeshire. The prevalence of social isolation amongst older people is estimated to be similar to that of loneliness.

14. Whilst social isolation is more commonly associated with older age, it can occur at all life stages and some individuals will be more vulnerable to social isolation than others. Public Health England's "Local action on health inequalities: Reducing social isolation across the lifecourse" (September 2015), provides a summary of the evidence on the link between social isolation, poor health outcomes and health inequalities, identifies who is at risk and at what life stages, and also provides an outline of interventions to reduce social isolation (e.g. timebanks, community transport).<sup>1</sup>
15. According to the Campaign to End Loneliness toolkit, interventions that can reduce social isolation include:
- (a) Social or physical activity programmes that enable individuals to make new connections
  - (b) Support and home visiting services that provide one-to-one connections
  - (c) Community Navigator-type initiatives to signpost to existing group based shared interest activities where individuals can make new connections or get one-to-one support
  - (d) Transport and technology, especially around existing relationships, but also as gateway services for all
16. In considering the facts and thoughts presented to the group, and also from personal experiences, the group developed a vision of "what a South Cambs Network Village of the future looks like" and recommends a number of actions for adoption by the Council. The draft recommendations and draft costings can be found below:
- (a) **Recommendation A: That Cabinet agrees to adopt the group's Vision for a Social Network Village of the Future**
    - (i) A local hub or centre where residents of all ages feel comfortable to play cards, drink coffee, eat cake, socialise and plan activities.
    - (ii) People looking out for each other.
    - (iii) A wide range of activities within ten miles of their homes.
    - (iv) Individuals making choices about activities that are free from transport concerns.
    - (v) Shared knowledge of activities and opportunities.
    - (vi) Transport schemes that cover regular and irregular trips.
    - (vii) Small and medium sized villages working together in clusters.

The vision would be taken into consideration when the Council develops new policies, procedures and projects, for example.
  - (b) **Recommendation B: That the Health and Wellbeing Portfolio Holder allocates staff time from within the Portfolio to develop a Parish Toolkit on Reducing Social Isolation**

Work is already taking place to help parishes and community groups to share information about the excellent work they are doing, help them learn from each other and work together where it makes sense to do so. However, the Task and Finish Group believes that this work could be strengthened further if the Council developed a toolkit, specifically in relation to reducing social isolation. The toolkit would allow for a pick and mix approach by villages and

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[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/461120/3a\\_Social\\_isolation-Full-revised.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf)

also encourage parishes to consider tools that are likely to assist in their own specific circumstances. Tips for evaluation could also be included.

The group suggests that the toolkit should include the following:

- (i) general advice about types of activity,
- (ii) regulation (e.g. safeguarding, health and safety risk assessments),
- (iii) best practice examples, and
- (iv) sources of grants, advice and support.

**Cost:** Staff time can be allocated to this initiative in Quarter 4 (January to March 2018). It is hoped that a draft toolkit could be produced by 31 March.

(c) **Recommendation C: That Cabinet considers further supporting timebanking in the district, following future evaluation of the work the Health and Wellbeing Portfolio Holder is currently progressing with staff**

Through discussions with officers involved in timebanking and Time Credits, the group were impressed with the evidence showing how timebanking can help to build social networks and provide a structure to volunteering, which can help people who are not already involved in volunteering or who would like to exchange skills on an hour for an hour basis. Time Credits can be used alongside timebanking, or separately, and allow people to exchange an hour of their time for a Time Credit, which can be spent on a variety of activities.

Cambridgeshire County Council has supported a few communities set up timebanking and Time Credit schemes over the past few years, but has limited resources to do so. Should the District Council want to promote either scheme it could do so alongside the County Council. The only timebank currently operating in South Cambridgeshire is in Cambourne and is coordinated by The CHS Group. Time Credits are currently only available in South Cambridgeshire via the Cambourne Timebank and can currently only be spent out of the district e.g. at entertainment venues and leisure facilities in Cambridge.

The Cambourne Timebank currently has 95 individual members (volunteers) and 17 organisations who are members.

**Cost:** £20,000 has been allocated towards timebanking in 2017/18. The funding will be used to commission a third party to support up to two parishes to establish new timebanks and evaluate the schemes. The Institute of Public Health has already provided some assistance regarding evaluation and other schemes have been evaluated nationally.

(d) **Recommendation D: That the Council continues to support parishes to work in clusters where it makes sense to do so**

During discussions the group felt strongly that villages should work together in order to increase the sustainability of activities and increase social networks. It was agreed that clusters cannot be forced and need to grow organically, however, staff and members can encourage and support clustering where it is appropriate.

There are a number of examples of clustering in the district, and one village may choose to cluster with a variety of different villages depending on the

initiative. Clustering with one group of villages for one project should not preclude working with others on another if it makes sense to do so.

**Cost:** Staff in the Sustainable Communities and Wellbeing service currently have time available to support parishes to cluster where it is appropriate to do so, and where they would like support. To date, staff have provide support by way of facilitation, and also through supporting parishes to formalise arrangements through drawing up clear agreements between parishes that set out roles and responsibilities.

The impact of this recommendation would be difficult to measure, however, anecdotal evidence from parishes regarding their ability to deliver initiatives would be sought.

(e) **Recommendation E: That the Council continues to promote community car schemes and works with partners to ensure greater community transport coverage for the north villages**

The district is very well covered with community car schemes, however, many villages are less well-served by community transport schemes that can accommodate wheelchair users and transport larger groups of people. As stated earlier, accessible transport is a gateway service that is essential to reducing social isolation through enabling the maintenance of existing relationships and building new relationships.

There is a particular gap around the north villages, which may be possible to plug through working with local parishes and/or the voluntary sector. However, the Council may need to directly fund or source funding toward the set up of a scheme and would also expect to receive an additional application for funding through the existing three-year service support grants if they are continued beyond the current three-year agreement that runs until 31 March 2019.

**Cost:** It is suggested that an initial meeting with parishes and the voluntary sector be hosted by the Council to discuss the gap, and potential solutions, to community transport within the north villages. Options would need to be costed and discussed again at a later date. The social impact of introducing a new scheme locally could also be looked at, however, there is national evidence to support community transport in reducing social isolation.

More information about the schemes currently operating in the district can be found in the Council's recently updated South Cambridgeshire Transport Directory: <https://www.scambs.gov.uk/community-transport>

(f) **Recommendation F: That the Portfolio Holder uses existing budget to carry out a Faith Audit, in partnership with the Diocese of Ely, into Social Isolation Initiatives**

Following discussion within the group, and also with the Bishop of Huntingdon, it was agreed that faith groups contribute a vast amount to reducing social isolation in the district. The extent of the contribution is however unknown and the Diocese of Ely has agreed to work with the Council in order to gain a better understanding of this contribution so that we can better understand where gaps might exist. This piece of work would cover all faiths and Christian denominations.

The Diocese of Ely has nominally stated that it may be able to contribute up to £3,000 towards this piece of work, which would require a member of staff to commission an outside organisation to map and then visit all faith groups in the district to request information about how they are reducing social isolation and the role they feel they can play.

**Cost:** It is estimated that the total cost for this piece of work would be in the region of £6,000 (including any contribution from the Diocese), plus staff time to liaise with the Diocese of Ely and manage the contract. This can be funded in 2017/18.

This piece of research will help to guide where future resources are allocated because it will help the Council to have a more accurate picture of what provision is already in place. This information can also be better shared with residents.

(g) **Recommendation G: That the Council funds a one-year pilot of the Through the Door (social prescribing) Project with Granta Medical Practice**

The Council, with the Local Health Partnership, has been working with the Granta Medical Practice to set up a pilot social prescribing scheme. Through the Door is the working title of the pilot project, which will provide GPs with a non-medical referral option that can operate alongside existing treatments to improve health and wellbeing, thus linking patients in primary care with sources of support within the community and helping people to build social connections.

The project team has researched good practice from across the country, spent time understanding how social prescribing fits with other health and community initiatives and has got as far as drafting referral processes, a job description and person specification, and evaluation criteria. The next step is to secure pump-priming funds to enable the scheme to get off the ground, and hopefully to a point whereby it is self-sustaining through health budgets.

**Cost:** It is estimated that the project will cost £35,000 per annum, which includes salary, oncosts and travel expenses. Officers are also investigating alternative funding sources to enable this initiative to begin, however, the process is likely to be lengthy and therefore should the Council wish to progress sooner a decision to under-write the project would be beneficial. Re-prioritising existing budgets, would result in the project being able to be funded for a year in total, but across the financial years 2017/18 and 2018/19.

This project will be fully evaluated using recognised evaluation methods.

(h) **Recommendation H: That the Council works with local hospitals and village groups to ensure that patients leaving hospital are supported locally when they get home**

Residents can be vulnerable to social isolation when they leave hospital if they do not have support in place to help them collect prescriptions and cook meal, for example. The group found that GPs often do not know when patients are being released from hospital and that more needs to be done to liaise between hospital services and support services in the villages.



**Cost:** It is suggested that this is fulfilled through elected members and staff harnessing existing relationships with hospitals, health professionals and local communities rather than initiating additional work.

(i) **Recommendation I: That the Council promotes opportunities for volunteering**

Evidence shows that volunteering increases social networks for those volunteering and can also serve to increase social networks for others. There are many opportunities for residents to volunteer in their own villages and more widely within the area, however, people do not always know what opportunities are available to them.

**Cost:** This can be done within existing resources, in the South Cambs Magazine and on the website, as and when appropriate to do so.

(j) **Recommendation J: That the Council encourages the use of the communal rooms in sheltered housing complexes**

The group understands that this recommendation is linked to a review of the communal rooms that is currently taking place. The group hopes that this will be considered as part of the review because the rooms are currently seen to be an underutilised Council asset that exists within villages.

(k) **Recommendation K: That the Council encourages retirement villages with appropriate housing design and activities**

The group heard from the Director of Affordable Homes regarding the positive impact that retirement villages can have in reducing social isolation. It was felt that retirement villages could benefit to South Cambridgeshire residents, and that it would give people more choice regarding where they live in older age. This would need to be considered within planning policy and planning processes.

(l) **Recommendation L: That the Council commits to working with partners to evaluate any of the initiatives that are implemented, along with the programme as a whole**

Whilst some of the recommendations will be easier to evaluate than others, it is important to ensure that the programme as a whole is also evaluated. The group feels strongly that the impact of the individual elements, as well as the whole, is evaluated so that resources can be focused in the future. Many of the recommendations are all based on evaluated practice from elsewhere, however, some are based on local knowledge and a desire to strengthen what local communities are already delivering.

**Cost:** This has been calculated into the costs of each recommendation where there is a framework for evaluation in existence, and partners have also indicated a willingness to work with the Council to evaluate the programme. The cost of an evaluation will depend on which elements are agreed by Cabinet.

17. The Task and Finish Group's full report can be found at Appendix B.

**Options**

18. The Portfolio Holder can seek comments on the draft recommendations from the Tackling Social Isolation Task and Finish Group.

### **Implications**

19. In the writing of this report, taking into account financial, legal, staffing, risk management, equality and diversity, climate change, community safety and any other key issues, the following implications have been considered: -

#### ***Financial***

20. Some of the projects recommended within the report are currently budgeted within 2017/18. Estimated costs for each element are set out with the recommendation and funding would need to be sought via the Council's budgetary processes if they cannot be funded through re-prioritisation.

#### ***Staffing***

21. Through reallocating priorities during the current financial year, staff time should be able to be allocated to the projects as stated within the recommendations. These projects sit outside of the staff requirements that were allocated through the Business Planning process, which is why existing work would need to be reprioritised. Where additional resource is required it has been costed within the recommendations.

#### ***Equality and Diversity***

22. An Equalities Impact Assessment may be required for new projects and initiatives. The Policy and Performance Team will be consulted.

### **Consultation responses**

23. See paragraph 9 for the list of persons consulted as part of the work undertaken by the Task and Finish Group.

### **Effect on Strategic Aims**

#### **LIVING WELL**

24. The Council is committed to supporting communities to remain in good health through proactive intervention to improve mental health and emotional wellbeing for all as well as supporting residents to stay in good health as they grow older. The recommended actions to reduce social isolation link closely to the types of intervention specified at paragraphs 14 and 15 and therefore should have a positive impact on the Council's objectives.

#### **CONNECTED COMMUNITIES**

25. The Council is committed to working with partners to ensure new transport and digital infrastructure supports and strengthens communities. The recommended actions to reduce social isolation link closely to the types of intervention specified at paragraphs 14 and 15 and therefore should have a positive impact on the Council's objectives. Whilst there is no specific action suggested in relation to digital infrastructure the group is aware that the Council is continuing to work with partners on this priority.

**Report Author:** Gemma Barron – Head of Sustainable Communities and Wellbeing  
Telephone: (01954) 713340

## **Social Isolation Member Task & Finish Group**

### **Terms of Reference**

#### **Purpose**

To investigate social isolation in South Cambridgeshire and make ambitious recommendations to Cabinet on how SCDC can improve social networks.

#### **Outputs**

1. A clear vision for what the South Cambridgeshire “socially networked” village of the future looks like.
2. Costed Recommendations to Cabinet on the changes to SCDC policies and actions required to support delivery of the “socially networked village” vision.
3. Case studies on the SCDC website celebrating best practice across South Cambs villages.
4. A clear evidence-base to support SCDC and Partner action.

#### **Areas for Investigation**

1. Where in South Cambs are the socially isolated residents, communities and villages? What is the social isolation profile of the District?
2. What works well to reduce and prevent social isolation?
3. What are the examples of best practice across SCDC villages and elsewhere?
4. What SCDC policies should be changed to help reduce social isolation and improve social networks?
5. Which Partners do we need to work better with and influence to drive improvements in social networks?

#### **Membership of Member Task & Finish Group**

Cllr Sue Ellington (Chair)  
Cllr David Bard  
Cllr Tim Scott  
Cllr Neil Davies  
Cllr Janet Lockwood  
Cllr Graham Cone

#### **Officer Support**

This is a Member-led Task & Finish Group in which Members will undertake investigations and gather evidence in their local wards.

Officer support will be provided by the Director of Health & Environmental Services.

#### **Governance & Decision-making**

This Member Task & Finish Group has no decision-making powers. It will make recommendations to Cabinet.

**Process**

1. 6<sup>th</sup> March 2017 – Initial Task & Finish Group meeting to discuss purpose & scope.
2. The T&FG will meet fortnightly on 5 further occasions:

Monday 20<sup>th</sup> March 5pm

Monday 10<sup>th</sup> April 4pm

Monday 24<sup>th</sup> April 5pm

Monday 8<sup>th</sup> May 5pm

Monday 5<sup>th</sup> June 5pm

3. June – August 2017 – Members draft final report.
4. September 2017 – draft report presented to Member Task & Finish Group for agreement.
5. September 2017 – draft report to Cabinet for agreement.
6. November 2017 – Cabinet-agreed recommendations included in draft Corporate Plan and MTFs for 2018-19.

**Draft report on Social Isolation in South Cambridgeshire District Council**

**1.1** South Cambridgeshire District Council is made up of 103 villages surrounding Cambridge, but these villages are all unique with a range of residents from 100 - 4000, different transport challenges, different sport and activity facilities and different village design. Most importantly these differences can lead to a wide range of social actions or inactions. The council has therefore recognised that social isolation is key to the wellbeing of many of its residents and has initiated a task and finish group to examine this issue and make recommendations to address it.

**1.2. Members**

Cllr Sue Ellington (chairman)  
Cllr David Bard  
Cllr Nigel Cathcart  
Cllr Graham Cone  
Cllr Neil Davies  
Cllr Janet Lockwood  
Cllr Cicely Murfitt  
Cllr Tim Scott  
Cllr Hazel Smith

**1.3 Definition of Social Isolation**

Social Isolation is an objective state defined in terms of the quantity of social relationships and contacts as opposed to loneliness which is subjective, a negative experience associated with a perceived gap between the quantity of relationships that we have and those we want. (1)

**1.4 Purpose**

To investigate social isolation in South Cambridgeshire and make ambitious recommendations to cabinet on how SCDC can improve social networks for those affected

**1.5 Terms Reference**

1. A Clear vision for what the South Cambridgeshire “socially networked” village of the future looks like
2. A Clear evidence-base to support SCDC and partners’ actions
3. Costed recommendations to Cabinet on the changes to SCDC policies and actions required to support delivery of the “socially networked villages” vision
4. Case studies on the SCDC website celebrating best practice across South Cambs villages

**1.6 Areas for investigation**

1. Where in South Cambs are there socially isolated residents and communities? What is the social isolation profile of the District?
2. What works well to reduce and prevent social isolation?
3. What are the examples of best practice across SCDC villages and elsewhere?
4. What SCDC policies should be changed to help reduce social isolation and improve social networks?
5. Which partners do we need to work better with and influence to drive improvements in social networks?
6. What assets does SCDC have which could be used to reduce social isolation? e.g Communal rooms in sheltered housing schemes

**1.7. Process**

1. March 6th 2017 - Initial Task and Finish Group meeting to discuss purpose and scope
  2. March 20th-
  3. April 10th Speakers : Dr. Angelique Mavoridaris      Community Public Health  
Lynn Burn - Age UK  
Sue Westwood-Bate - Healthwatch and Public Health
  4. April 24th Speakers: Sandie Smith - Healthwatch  
Lynette Hurren - Care Network
  5. May 8th Speakers : Shaynie Harwood-Smith lead nurse for Gypsies and Travellers  
Jason Clarke Development Officer SCDC re Timebanking
  6. June 5th - Speakers : Stephen Hills, Director of Housing SCDC re Affordable Housing/New Developments?  
Helen Tunster - Public Health Research re Loneliness  
Jane Green - re Planning New Communities
- 1.8 Individual interviews - Bishop David of Huntingdon with Gemma Barron and Sue Ellington  
Wood Green Animal Centre with Sue Ellington  
Mark Freeman - CVS with Sue Ellington  
Caroline Lee - with Sue Ellington. Research associate of the Institute of Public health

June - August - Members draft and agree report  
September - draft report presented to Leaders group  
October - draft report to Cabinet for agreement  
November - Cabinet agrees recommendations included in draft corporate plan and MTFs for 2018-19

### **1.9 Member Experience**

Task and Finish Group Members brought a wide range of experience and knowledge to the group:-

- a) The range of services available in Histon and Impington was recognised as a significant commitment by individuals and the Parish Council to develop social and physical activities for the older and mentally ill members of the villages. It was also recognised that there had to be a viable number of residents for such a scheme to be sustainable.
- b) The concept of cluster villages was raised - to share social activity opportunities, car share and build social networks.
- c) Several members identified the need for a key person to lead developments - somebody who was known by residents and had the enthusiasm and drive to draw them together.
- d) It was recognised that religious organisations in the village were often the leaders of social events.
- e) A link into social prescribing by the GPs was recognised as essential as they may be the first point of contact for some residents following bereavements or life changing events. However GPs often didn't know in time when patients were being released from hospital and more needs to be done to liaise between the hospital services and support services in the villages.
- f) Several Parish Councils publicise their activities during the annual parish meeting - inviting each organisation to have a display and talk to residents.
- g) Community and public transport were seen to be key to many events and groups.

h) It was felt that SCDC planning policies could be updated to develop more socially friendly environments. e.g buggy and mobility scooter friendly paths, front doors that overlook each other a little and well kept common areas where people can meet casually.

**I) South Cambridgeshire District Council Corporate Plan 2016-2021**

The District Corporate plan states -

(A) Support our communities to remain in good health whilst continuing to protect the natural and built environment

- Proactive intervention to improve mental health and emotional wellbeing for all
- support our residents to stay in good health as they grow older, with access to the services they need
- Ensure our new and established communities provide thriving, healthy, safe and attractive places to live. Including Northstowe Healthy town.

(C) Work with partners to ensure new transport and digital infrastructure supports and strengthens communities and that our approach to growth sustains prosperity

- support our villages to strengthen their communities and social networks, reducing isolation by improving access, delivering effective community-led services and targeted support for the rural economy.

South Cambridgeshire is recognised as a great place to live but in order to maintain that reputation it is important to fulfil the corporate objectives for an ageing population. In addition the NHS Sustainability and Transformation Programme seeks to support more residents to remain independent in their own homes. The District has a significant partnership role in achieving that objective.

**2.The Effects of social Isolation on Health and Wellbeing**

2.1 The Prevention of Ill Health in Older People JSNA (9) states “Social and emotional wellbeing is impacted by participation and engagement with family, friends, civic organisations and services in the neighbourhood. It goes on to list :

2.2 Social Capital, - the collective value of a person’s social networks which are key aspects of mental wellbeing and social infrastructure - including community development work, community facilities, groups and organisations, grant funding , learning skills development, volunteering and other mutual support.

2.3 Research shows that social Isolation is harmful to health. The effect of a lack of social connections on mortality exceeds the impact of well known risk factors such as obesity and physical inactivity, and has an effect comparable to smoking 15 cigarettes a day. (2).

2.4 It contributes to physical as well as psychological ill health. High blood pressure, sleep problems, depression and cognitive decline are all associated with a feeling of loneliness. (12)

2.5 There is evidence to show that people who experience chronic social isolation have an increased risk of developing dementia by 64% (12)

2.6 Loneliness can increase the risk of premature death by 30% due to the vicious circle of poor health leading to social isolation which in turn leads to more poor health (11)

2.7 Loneliness is associated with increased use of health services, an increased risk of nursing home admission, and poorer outcomes of medical treatment (13)

2.8 Linked to a range of diseases:

- cardiovascular disease
- poor immune functioning and immune mediated inflammatory response

- increased risk of dementia
- depressive symptoms
- and higher levels of pain, fatigue and depression.(13)

2.9 There is a wealth of research around the needs of people with muscular skeletal problems who are unable to access facilities and activities due to their lack of mobility. This subsequently leads to social isolation and depression. - (10).

### **3. Methods of Identifying Those who are Socially Isolated**

3.1 In South Cambridgeshire there are approximately 29,600 people over 65 who are lonely according to 2016 population forecast (Cambs County Council Research Group 2013 based on population forecasts)

3.2 Loneliness and social isolation are common - 17% of older people are in contact with family friends and neighbours less than once a week and 11% are in contact less than once a month.(2)

3.3 The National Campaign to End Loneliness has developed several methods of identifying people who are socially isolated. There are several approaches which can be implemented to raise the topic of loneliness with individuals and seek their permission to refer them appropriately

3.4 There are a range of public servants who visit individuals e.g South Cambs Council residents are visited by housing staff and Mears repair services; the Fire Service now visits many elderly people; the local GP and health services are becoming more prepared to socially prescribe and local knowledge is vital.

3.5 The Campaign to End Loneliness has placed an officer into the offices of Care Network for one day a week

3.6 But Social Isolation is not confined to the elderly. there are many physically disabled people who have problems with socialising due to mobility issues - It should be possible to identify some of those through Social Service and GP contacts.

3.7 The young are also not immune to social isolation due to poor transport links and rural environment. Here again we should be able to identify some of those through the educational service.

3.8 There are also many lonely people such as young mothers at home with children, home workers, and unemployed. Many of these may be accessed through other public services.

### **Population statistics (5)**

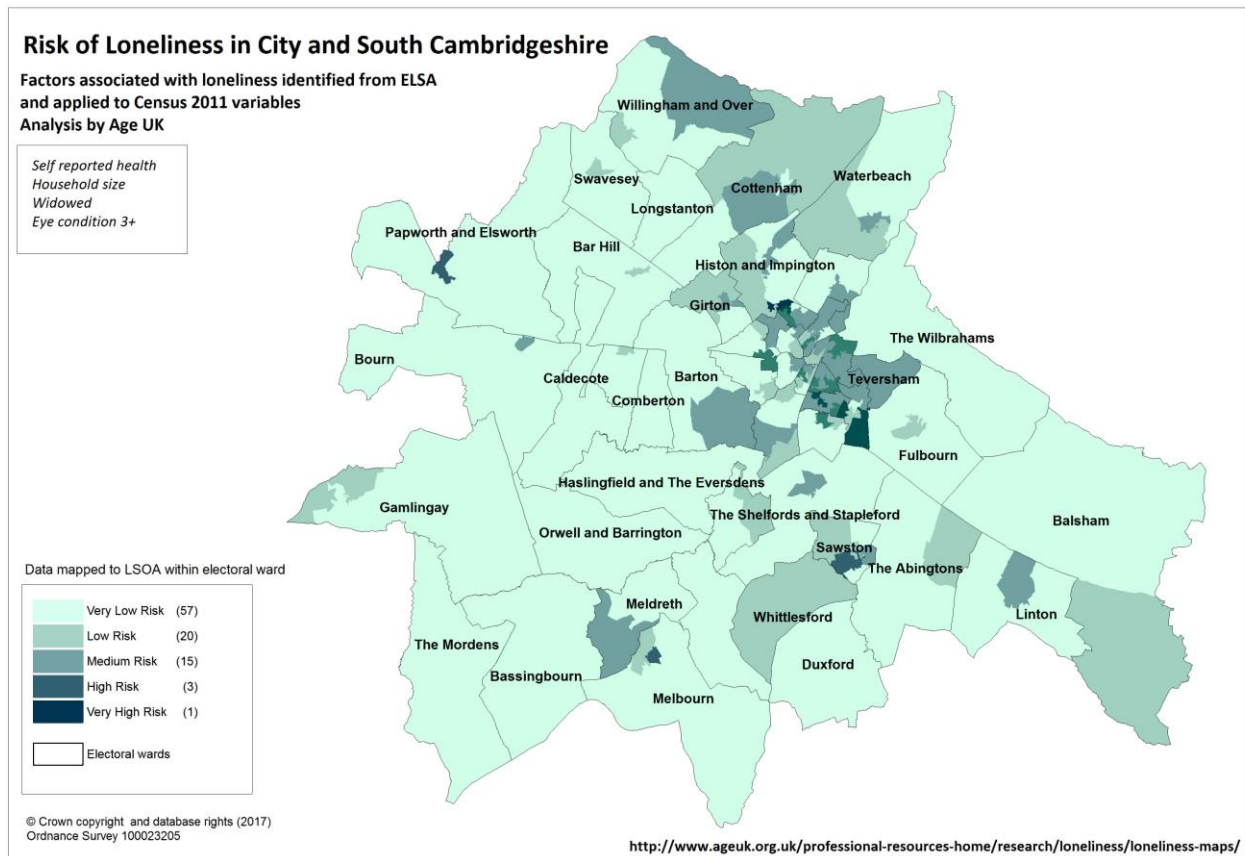
South Cambridgeshire estimate for 2016 shows a total population of 154,900,

- 76,700 are male and 78,200 female

- The age profile shows 37,500 over 60 years of age currently but rising by 32.9% in the next 15 years.

3.6 Life expectancy is currently 83 for men and 85 for women but it is expected to rise with advancing health care.





#### 4. Transport and Health JSNA (4)

4.1 “The availability and accessibility of means of transport is important as an enabler of access and travel to services and social opportunities. Expert opinion and local stakeholders argue that transport is a gateway to participation and a vital element in the prevention of isolation and loneliness.”

4.2 Community transport schemes are a good response but are usually only used to access medical appointments rather than social opportunities. The reliance on volunteers makes this a limited resource.

4.3 “Nonetheless, even when transport is available and accessible there may be other important access barriers that limit travel and mobility. The importance of transport locally is advocated by many Cambridgeshire residents. This includes participants within a focus group on transport drawn from across the County Council-funded partnership boards and facilitated by Cambridgeshire Alliance for Independent living “transport is an enabler or gateway to services and interventions.”

4.4 The absence of good public transport links between villages and to the towns is cited as a common problem for all age groups. The young are unable to join after hour groups at College and the last bus may be inappropriately timed if it exists.

#### 5 Volunteers

5.1 Volunteering is seen as having a twofold association with loneliness. To volunteer increases social networks and serves to increase social networks for others,

**5.2** 27% of over 16 year olds take part in various regular volunteering activities. 42% engage in occasional volunteering activities

5.3 There are barriers due to different population groups and different activities. The need for DBS checks is often cited as a barrier because of the administration involved and the increasing need for risk assessments and procedures.

**5.4** Many services for older people in villages are run by charitable organisations e.g:

- dementia choir in Landbeach (Care Network)
- dementia choir in Histon (Church)
- lunch clubs once a week in many villages
- village mobile warden schemes (Age UK)
- Visiting Schemes (Care Network)
- Help at Home (Care Network)
- Stroke Club (Histon)
- Care for Carers (Carers Trust)

## **6. Cambridgeshire County Council response to FOI on Social Isolation (6)**

**6.1** The County Council has developed services which all impact on the lives of some socially isolated residents;

- Visiting Service
- Community Warden Service
- Community Navigators
- 3 year time credits programme - supporting skills, employment, older people and strengthening families
- Cambridgeshire Adult Learning Fund
- Digital inclusion work
- Reaching out to potentially lonely and isolated individuals as part of Adult Social care.

6.2 Relevant strategies

- Cambridgeshire Public Mental Health Strategy
- Transforming Lives strategy
- Social Care strategy for Adults with Mental Health Needs
- Older Peoples' Integration Strategy
- Older Peoples' Accommodation Strategy
- Cambridgeshire Health and Wellbeing strategy 2012-2017

6.3 In addition the county runs a drop-in session for Gypsies and Travellers at Cottenham

## **7. Stakeholder Partners**

7.1 Cambridgeshire Acre undertook a survey of Town and Parish Clerks to determine their day to day activities , their needs and their challenges. (14) Their conclusions include the need for villages to network, to share their activities and experience, and to increase their capacity. They feel they need training and support in various aspects of their new evolving role.

7.2 The Institute of Public Health which is based on the Addenbrookes Site has undertaken a review of the literature around Timebanking and are about to publish their report. Talking to Caroline Lee who is one of the research Officers they had difficulty in finding

quantitative evidence to support Timebanking but there was a wealth of qualitative evidence with many case studies which clearly showed the value to wellbeing

7.3 The Institute of Health Research are keen to undertake research looking at changing risk behaviours and promoting cognitive health in older adults.

## **8. Conclusions**

8.1 The Task and Finish Group heard a wealth of evidence and information - too much to record but references are listed. We believe that there is a significant need to invest in community developments which will enable and encourage increased social and physical activity to improve the health and wellbeing of our residents. We will seek to work in partnership with a range of public, voluntary and 3rd sector providers to achieve the following :

8.2 Our recommendations are:

### **A. A Social Network Village of the Future :-**

- A Village "Hub" /centre where residents of all ages feel comfortable to play cards, drink coffee, eat cake, socialise and plan activities
- A wide range of social activities within 10 miles of their homes
- People looking out for each other
- Individuals making choices about activities which are free from transport concerns
- Shared knowledge of activities/opportunities
- Transport schemes to cover regular and irregular trips
  - bus services
  - Mini-bus services (including links with day centres, clubs, cubs, scouts football etc)
  - Time banking arrangements, car share and community transport
  - "A get you there service"
- Small and medium size villages working together - cluster villages

### **B. A Parish Toolkit including:-**

A Pick and Mix approach to specific activities and Groups to include advice on the what , where and how of each . e.g. what it involves, where it is running well, who will give you advice and support, and where to get grants if necessary.

Help with establishing clusters/links with other villages

Help with advertising and communications events and activities

### **C. Timebanking schemes across the District**

Establish a pilot scheme of 2 centres for Timebanking in 2017/8 with the view to expanding the scheme to x cluster villages in 2018/9

**D. Village clusters**

Promote Village clusters to increase sustainable activities and social networks

**E. Transport links**

Promote car share schemes and community transport scheme for the Northern villages

**F. Faith Audit**

Work with Diocese of Ely to carry out a Faith Audit into social isolation initiatives in South Cambridgeshire

**G. “Through the Door “**

Establish the “Through the Door “ project with the Granta Practice to set up a social prescribing scheme.

**H. “Home from Hospital Support”**

Work with the local hospitals and village groups to ensure patients leaving hospital are supported locally when they get home.

**I. “Promote Volunteering”**

South Cambs to publicise the opportunities for volunteering through the South Cambs Magazine and the website.

**J. “Communal rooms”**

Encourage the use of communal rooms in sheltered housing complexes

**K. “Design Retirement Villages”**

Encourage retirement village planning to include appropriate housing design and activities

**L. Review and Evaluate the programme**

Seek partners to undertake a research project to evaluate some or all the interventions included in this paper

**References**

**(1).Promising Approaches - to reduce loneliness and Isolation in later life - Age UK Jan 2015**

(comprehensive review of approaches as part of Campaign to End Loneliness)

**(2) The Missing Million - In search of the loneliest in our communities - Campaign to End Loneliness 2015**

**(3) Volunteering , Inequalities & Public Health: Barriers to Volunteering Summary Report. Volunteering Matters - Leeds Beckett University 2017**

- (4) Access to Transport - Cambridgeshire Transport and Health JSNA 2015**
- (5) South Cambridgeshire Area Profile Key Statistics October 2016**
- (6) Response to Request for Information - Cambridgeshire County Council July 2015**
- (7) Primary Prevention of Ill Health in Older People 2014 - Cambridgeshire and Peterborough Clinical Commissioning Group - CCC** (*This document focuses almost entirely on Physical and Mental illness and does not cover social Isolation*)
- (8) Prevention of Ill Health in Older People - Full Report 2014 - Cambridgeshire county Council JSNA**
- (9) Primary Prevention of Ill Health in Older People - Cambridgeshire Joint Strategic Needs Assessment 2014\_**
- (10) Providing physical activity interventions for people with musculoskeletal conditions. Dept.of Health 2016**
- (11) Health and Wellbeing in Rural Areas - LGA and Public Health England 2017**
- (12) Hidden Citizens - Campaign to End loneliness 2016.**
- (13) Dr Helen Tungsten Public Health Research - Lecture notes 2017**
- (14) Cambridgeshire town and Parish clerks survey 2017 - Cambridgeshire Acre**
- (15) Cambridgeshire Health and Wellbeing strategy 2012-2017**

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