

# **The Campaign to End Loneliness evaluation: Health and wellbeing boards' uptake of Campaign messages**

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# 1. Background

## 1.1 About health and wellbeing boards

Health and wellbeing boards were introduced as part of the NHS reforms outlined in the Health and Social Care Act 2012. They aim to ensure greater integration in commissioning of services and to help communities to have greater involvement in addressing their local health and social care needs. Each upper-tier authority in England has been required to form a health and wellbeing board as a local authority committee.

Many health and wellbeing boards (HWBs) have been in place since April 2012 in shadow form. Boards took on their statutory functions from April 2013, the date by which their joint health and wellbeing strategies must have been completed and publicly available.

## 1.2 About the Campaign

The Campaign to End Loneliness works to end loneliness and isolation in older people in the United Kingdom. Funded by the Calouste Gulbenkian Foundation, the Campaign has three paid staff members and a management group consisting of representatives from five organisations. Charities Evaluation Services (CES) has been working with the Campaign since its inception, carrying out a range of evaluative activities.

Recently the Campaign has been working to influence HWBs through their *Loneliness Harms Health* (LHH) campaign, to get HWBs to:

- measure loneliness in their joint strategic needs assessments
- commit to taking action to reduce loneliness in older people in their joint health and wellbeing strategies.

LHH work aimed at HWBs nationally has included significant behind-the-scenes lobbying and networking with influencers and decision makers, for example the Department of Health (DH). Specific outputs directed at HWBs include:

- *Loneliness and isolation: a toolkit for health and wellbeing boards*, published July 2012. The toolkit is a series of webpages and downloadable resources which can be accessed on the Campaign website.
- On 15 March 2012, the Campaign held the *Summit on Tackling Loneliness*, co-hosted with the DH. This event attracted considerable media attention and was attended by two government ministers. The aim of the event was to highlight the effects of loneliness on health and wellbeing, and to mobilise a range of organisations to action, in particular HWBs. Many of the attendees were from local authorities.
- The Campaign co-hosted two webinars with the DH, targeted at HWBs interested in tackling loneliness in older age. The two events, held in October and November

2012, attracted 40 and 20 people respectively, primarily local council employees linked to their local HWB.

In-depth LHH work has also been targeted in four county and city areas: Cornwall, Essex, Staffordshire/Stoke and Sefton. This intensive work has involved the Campaign Officer making extensive contacts in each area, bringing people together and supporting local activists to lobby their HWBs.

## 2. This research

### 2.1 Purpose

The purpose of this research was to look at the extent to which HWBs have included a focus on loneliness in their work. We have also investigated the extent to which the Campaign has influenced the development of strategies.

There were four stages to the research process, all undertaken by CES unless otherwise specified:

Stage 1: Identifying and searching published HWB strategies

Stage 2: Ranking the strategies, undertaken by Campaign staff

Stage 3: Desk research

Stage 4: Telephone interviews with strategy authors or lead officers.

### 2.2 Methods

#### ***Stage 1: identifying strategies***

Stage one involved significant desk research to identify all the HWBs, and those with joint health and wellbeing strategies, draft or final, in place.

As some HWBs existed in shadow form from April 2012, a preliminary search of strategies was carried out in December 2012, to get a sense of how quickly boards were forming and how far they had progressed with developing their strategies. In early April 2013, HWB websites were searched again for final or draft strategies. Where HWB websites did not exist, local authority and primary care trust websites were searched. By this time the majority had some form of strategy in place.

The strategies were then searched for any of the following references:

- loneliness
- lonely
- isolation
- social isolation
- connections
- connectedness
- social connections
- social networks
- networks
- relationships.

#### ***Stage 2: ranking the strategies***

Campaign staff analysed the strategies and ranked them as gold, silver or bronze according to the following criteria:

- *Gold* - the strategy contained measurable actions and/or targets on loneliness (in older age or for the whole population).

- *Silver* - there was a stated commitment in the strategy to learning more about loneliness in a local area (for example mapping needs, designing interventions, identifying existing services that help), or measureable actions/targets on social isolation, improving social connections, networks or relationships.
- *Bronze* - loneliness was acknowledged as a serious issue in the strategy but no targets or actions were identified, or there was a commitment to learning more about or improving social connections, social relationships or social networks.

### ***Stage 3: desk research***

To identify any links between the work of the Campaign and the HWBs, CES:

- analysed Campaign activity in the gold and silver areas
- analysed level of interest in the Campaign from each region
- did online research against each of the gold areas, looking for local uptake of Campaign messages.

### ***Stage 4: interviews***

We conducted 15 brief interviews with representatives from 14 HWBs, mostly by phone but a few by email. Of the 14 areas, four were ranked gold and ten silver. We used a very simple interview schedule (see appendix 5).

## **2.3 Understanding the research**

A number of issues arose in this work that affect how the data can be interpreted.

### ***Rapidly changing context***

The rapidly changing nature of this work means desk research dates very quickly. For example, many of the links to strategies found in December 2012 were broken by March 2013.

Time limitations meant we needed to start our desk research in early April. Conducting this research so soon after the April deadline meant that some HWBs were still putting their strategies online after the online search had been carried out. It is likely that there are more strategies now available, and so the numerical data about where strategies are available may quickly become out of date.

### ***Finding strategies***

We had difficulty finding strategies. The type and quality of HWB's online presence varied widely. Some HWBs had a dedicated website where the strategy, in draft or final form, was clearly visible and available for download. Other HWBs were only referenced on the local authority website, sometimes with a dedicated web page, but often with a paragraph or heading in the strategies or health section of the website. This made

locating information about HWBs and strategies difficult at times, although the search function on local authority websites was often useful. Difficulty locating strategies means that if we were unable to find a strategy via desk research, we cannot be certain it doesn't exist.

### ***Getting interviews***

We contacted the 61 HWBs with gold, silver or bronze ranked strategies, both by phone and by email. Getting interviews was difficult due to limited contact details available online. Identifying the best person to speak to took some research; through a process of online research, telephone calls and emails, contact details were acquired for strategy 'leads' for around two thirds of the 61 ranked HWBs. We interviewed all possible within the limited time available for this research. Two people were not able to complete a full interview.

### ***Disagreements about the numbers of HWBs***

We started our work using the King's Fund<sup>1</sup> lists. This was the only one openly available at the time we started our research and we found it both comprehensive and helpful. However, since we started this work, we have found some disagreement about the exact number of HWBs:

- The King's Fund website lists 153, although that may be due to the inclusion of some district councils that have chosen to have HWBs despite not being under a legal obligation to do so (eg At Albans and West Lindsey).
- The DH website states there are 152 HWBs, but gives no list for comparative purposes.
- The Local Government Association (LGA) recently listed 151 HWBs, but omitted Surrey County Council, which may explain the difference between this and the DH.

However, we have since made our work compatible with the LGA list, but have included Surrey, giving a total of 152 HWBs.

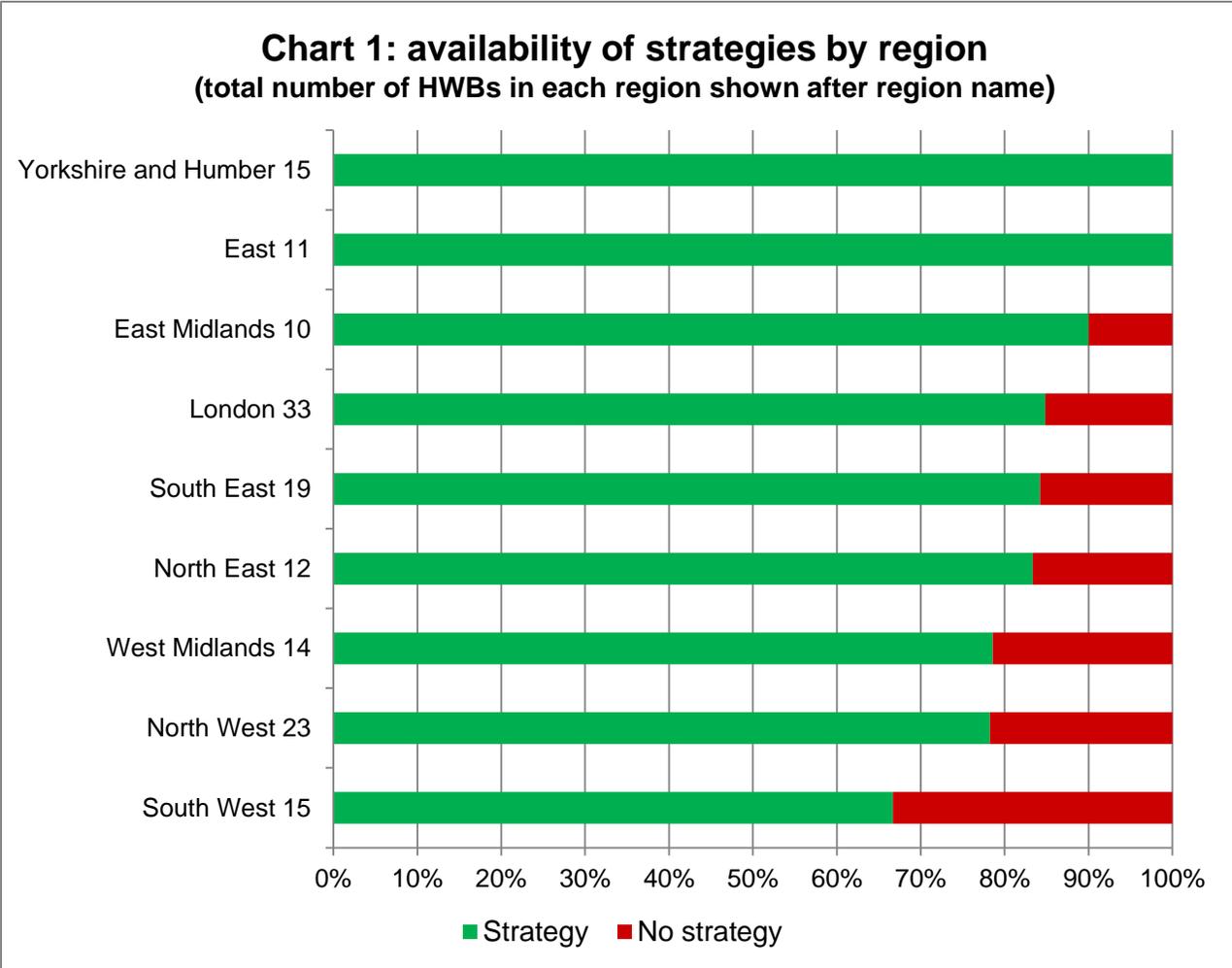
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<sup>1</sup> [The King's Fund](#) is a charity which works to improve health and health care in England.

### 3. HWB findings

#### 3.1 Availability of strategies

By 19 April, we found 128 HWBs had strategies (84%). Chart 1 below shows the regional differences in availability of strategies. Yorkshire and Humber and the Eastern region were the most advanced, as all of the HWBs in these two regions had strategies we could locate. The South West was least developed, with only 10 of its 15 HWBs having available strategies. Appendix 4 lists the HWBs without available strategies.



#### 3.2 National ranking

We found that about half HWBs mentioned loneliness or isolation within their strategies.

Of the 128 HWBs with strategies, almost half (48%, 61) had, at a minimum, acknowledged loneliness and/or isolation as a serious issue to be addressed and

therefore had strategies ranked as gold, silver or bronze. The remaining 67 of those with strategies (52%) had no place on the podium (see table 1 below).

**Table 1: ranking totals**

| Ranking  | Quantity | %    |
|----------|----------|------|
| Gold     | 8        | 6%   |
| Silver   | 25       | 20%  |
| Bronze   | 28       | 22%  |
| No place | 67       | 52%  |
| Total    | 128      | 100% |

### ***HWBs with gold ranking strategies***

There were eight HWBs ranked by the Campaign to End Loneliness as having gold-rated strategies. These were strategies that contain measurable actions and/or targets on reducing loneliness in older age or for the whole population. The HWBs were:

1. Blackburn with Darwen Health and Wellbeing Board
2. Manchester Health and Wellbeing Board
3. North Lincolnshire Health and Wellbeing Board
4. North Yorkshire Health and Wellbeing Board
5. Sheffield Health and Wellbeing Board
6. Sutton Health and Wellbeing Board
7. Thurrock Health and Wellbeing Board
8. York Health and Wellbeing Board.

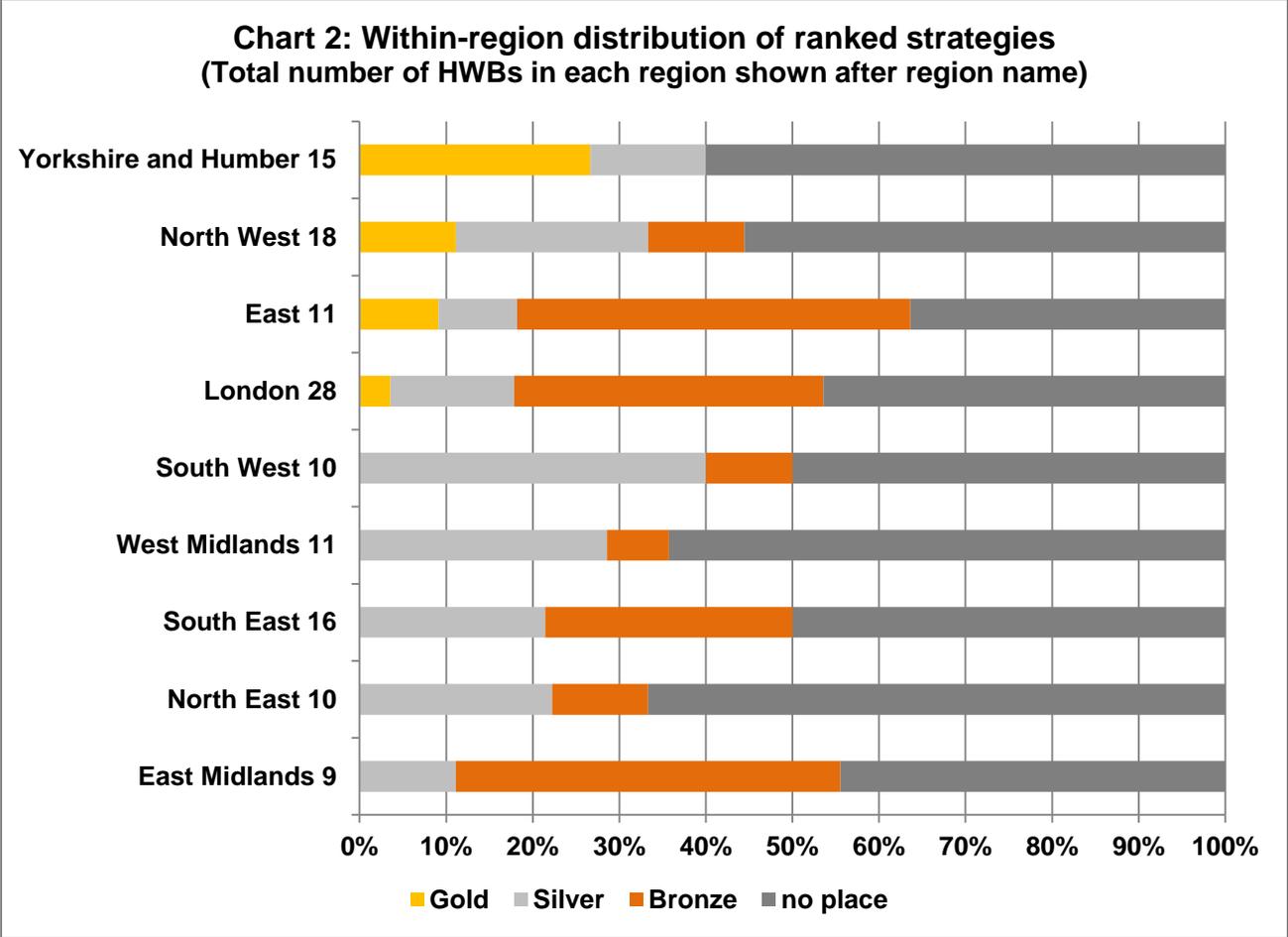
The HWBs with silver and bronze rankings are listed in appendices 1 and 2 respectively. Those HWBs with strategies but no mention of isolation or loneliness are listed in appendix 3.

### **3.3 Regional ranking**

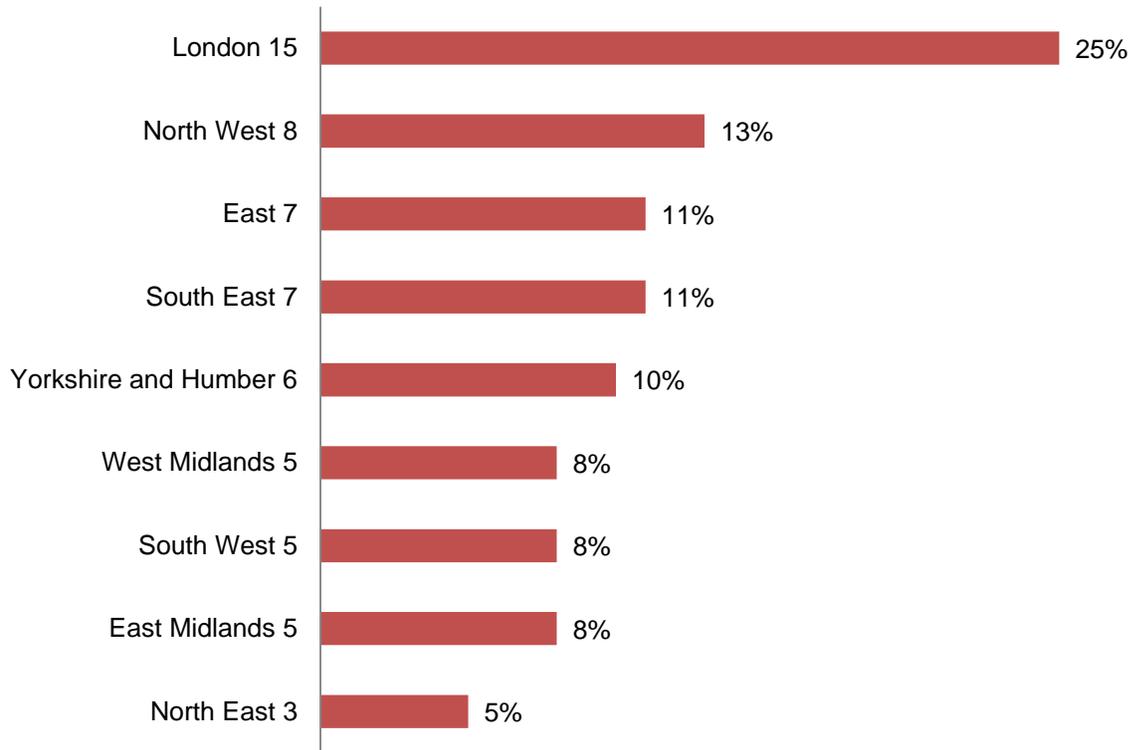
We found considerable variation within the nine English regions as to the extent to which they had prioritised loneliness in older people within their strategies (see charts 2 and 3 below), for example:

- Four of the eight gold-rated HWBs were in Yorkshire and Humber.

- Seven of the 11 available strategies in the Eastern region achieved a place on the podium, having included at least an acknowledgement of the importance of tackling loneliness.
- Although only 54% of London’s 28 available strategies were ranked, the region had the highest total number of ranked strategies (25%), with one gold, four silver and 10 bronze.



**Chart 3: Regional distribution of all ranked strategies (n=61)**  
(Total number of ranked strategy in each region shown after region name)



## 4. Links to the work of the Campaign

The Campaign has been actively seeking to get HWBs to include loneliness in their strategies. We looked to see if there was a relationship between the HWB results and two aspects of the Campaign's work:

1. Levels of Campaign activity in an area.
2. Interest in the Campaign's work, measured through:
  - attendance at the *Summit on Loneliness*
  - attendance at one or both webinars
  - use of the Toolkit for HWBs
  - location of Campaign supporters
  - online mentions of the Campaign's work in gold areas.

We also interviewed a number of HWB representatives to ask them about whether the Campaign had influenced their work.

### 4.1 Level of Campaign activity

This section explores whether the level of Campaign activity in an area, by staff or partners, relates to the development of ranked strategies.

#### ***Loneliness Harms Health***

The *Loneliness Harms Health* (LHH) Campaign has been active in four county and city areas, covering seven HWBs. All this work started before the HWBs had to publish strategies, although some is still on-going at the time of writing.

Of the seven HWBs in these areas:

- one has a gold rating (Thurrock)
- three have silver ratings (Stoke, Essex and Cornwall)
- one has a bronze (Southend-on-Sea)
- Staffordshire doesn't yet have a strategy.
- Sefton has a draft strategy which did not get a ranking, although the Campaign reports there have been indications that loneliness and/or isolation will feature in the final strategy.

#### ***Work in the gold areas***

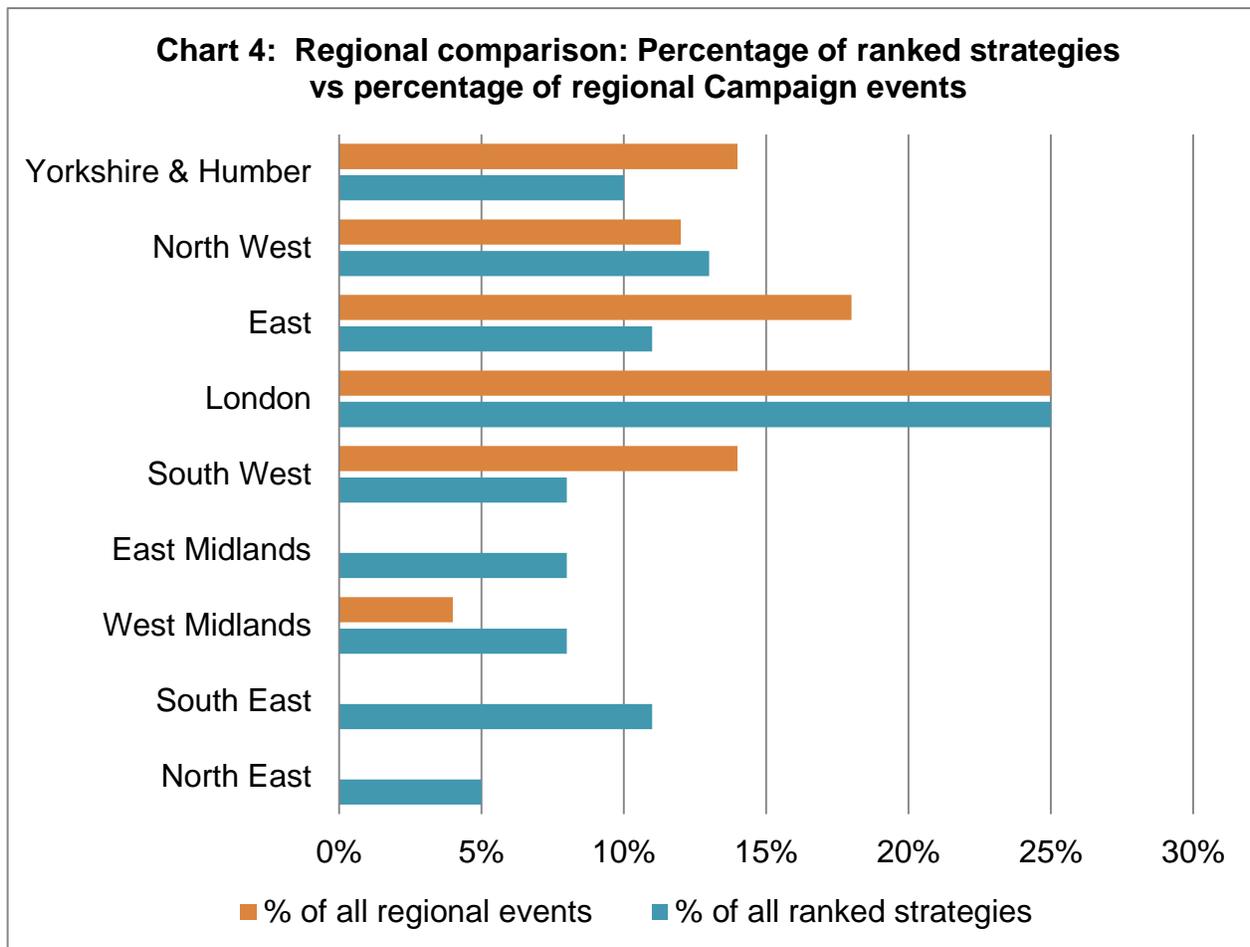
The Campaign has been active in each of the gold areas, as shown in table 2 below. Similar levels of activity can be shown for about half of the silver areas. Much of this work predates strategy development.

**Table 2: Campaign activity in gold areas**

| Area                         | Activity   |
|------------------------------|--|
| <b>Thurrock</b>              | <ul style="list-style-type: none"> <li>• LHH campaign active in Essex</li> <li>• Thurrock council contacted the Campaign for more information, advice and resources</li> </ul>   |
| <b>Sutton</b>                | <ul style="list-style-type: none"> <li>• The Campaign has had significant contact with local MP (and former Minister for Social Care) Paul Burstow, who has campaigned on loneliness with information and advice from the Campaign</li> </ul>  |
| <b>Blackburn with Darwen</b> | <ul style="list-style-type: none"> <li>• A Public Health Research Analyst from Blackburn with Darwen Council attended both webinars, and has had follow up contact with the Campaign</li> <li>• The Campaign spoke at a local event on loneliness co-hosted by the local council</li> </ul>  |
| <b>Manchester</b>            | <ul style="list-style-type: none"> <li>• Manchester City Council (MCC) sits on the Campaign's management group</li> <li>• Frequent contact by the Campaign with Senior Strategy Manager at Public Health Manchester</li> <li>• The Campaign has spoken at a number of events run by MCC about loneliness</li> </ul>                        |
| <b>North Yorkshire</b>       | <ul style="list-style-type: none"> <li>• The Director of the Campaign ran a workshop on tackling loneliness in older age at North Yorkshire County Council event in 2012</li> <li>• The Assistant Director for Health Reform and Development has had some ongoing contact with the Campaign</li> </ul>                                     |
| <b>Sheffield</b>             | <ul style="list-style-type: none"> <li>• The Campaign has had contact with two Commissioning Managers at Sheffield City Council, one of whom attended both webinars</li> </ul>   |
| <b>York</b>                  | <ul style="list-style-type: none"> <li>• Campaign staff have spoken at three conferences in North Yorkshire over the past 18 months at which York City Council employees have been present</li> <li>• Campaign staff have had regular contact with a Strategy and Development Officer responsible for developing their strategy</li> </ul> |
| <b>North Lincolnshire</b>    | <ul style="list-style-type: none"> <li>• The Campaign has had contact with a manager at NHS North East Lincolnshire Care Plus Trust</li> </ul>   |

### Regional work

The Campaign has led or spoken at 28 regional events over the past eighteen months (including LHH work), many of which predate the development of strategies. Generally, regions that have hosted a greater percentage of all the Campaign regional events have a greater percentage of the total ranked strategies in England (see chart 4 below), although it must be noted that the numbers involved here are small.

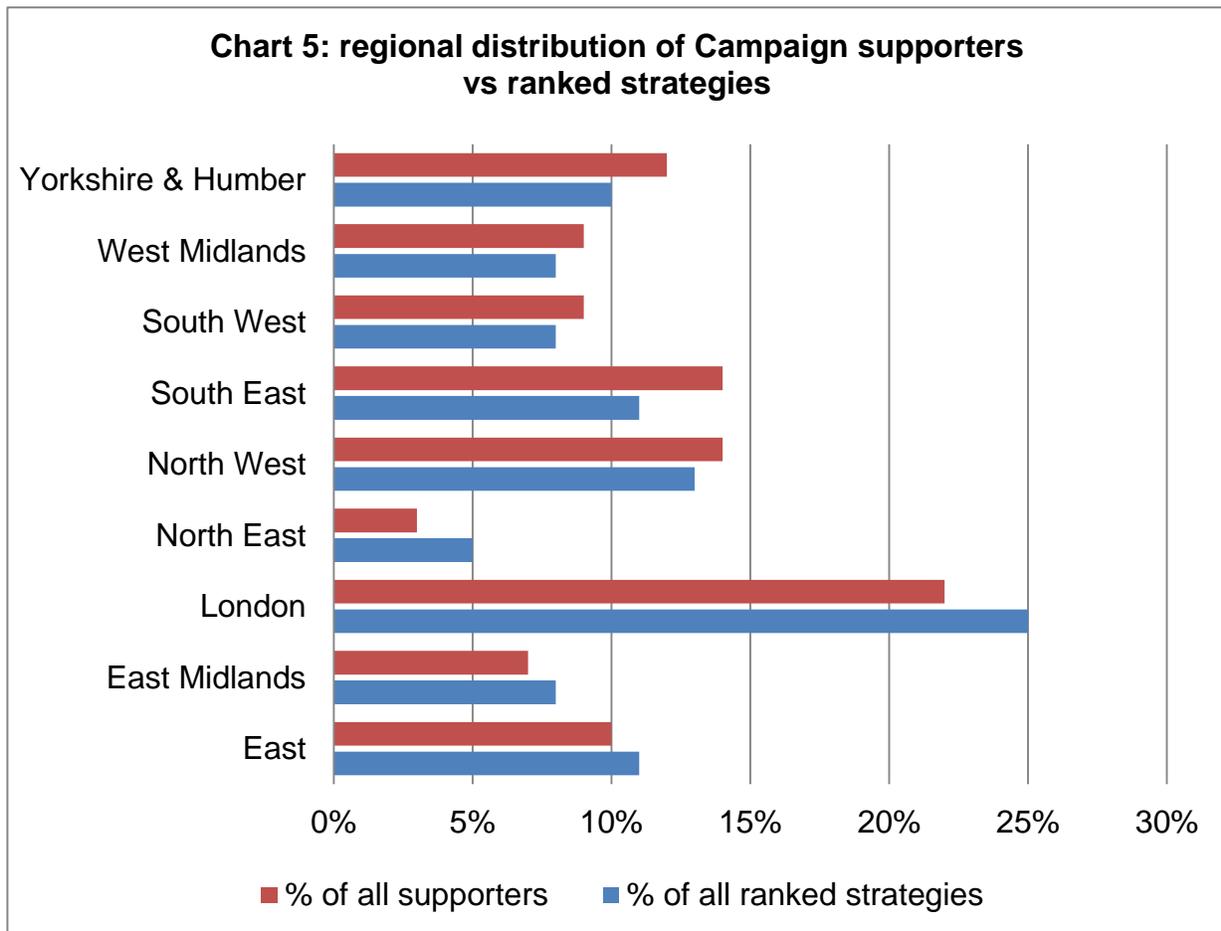


## 4.2 Interest in the work of the Campaign

This section explores whether there is more interest in the Campaign in areas with more ranked strategies.

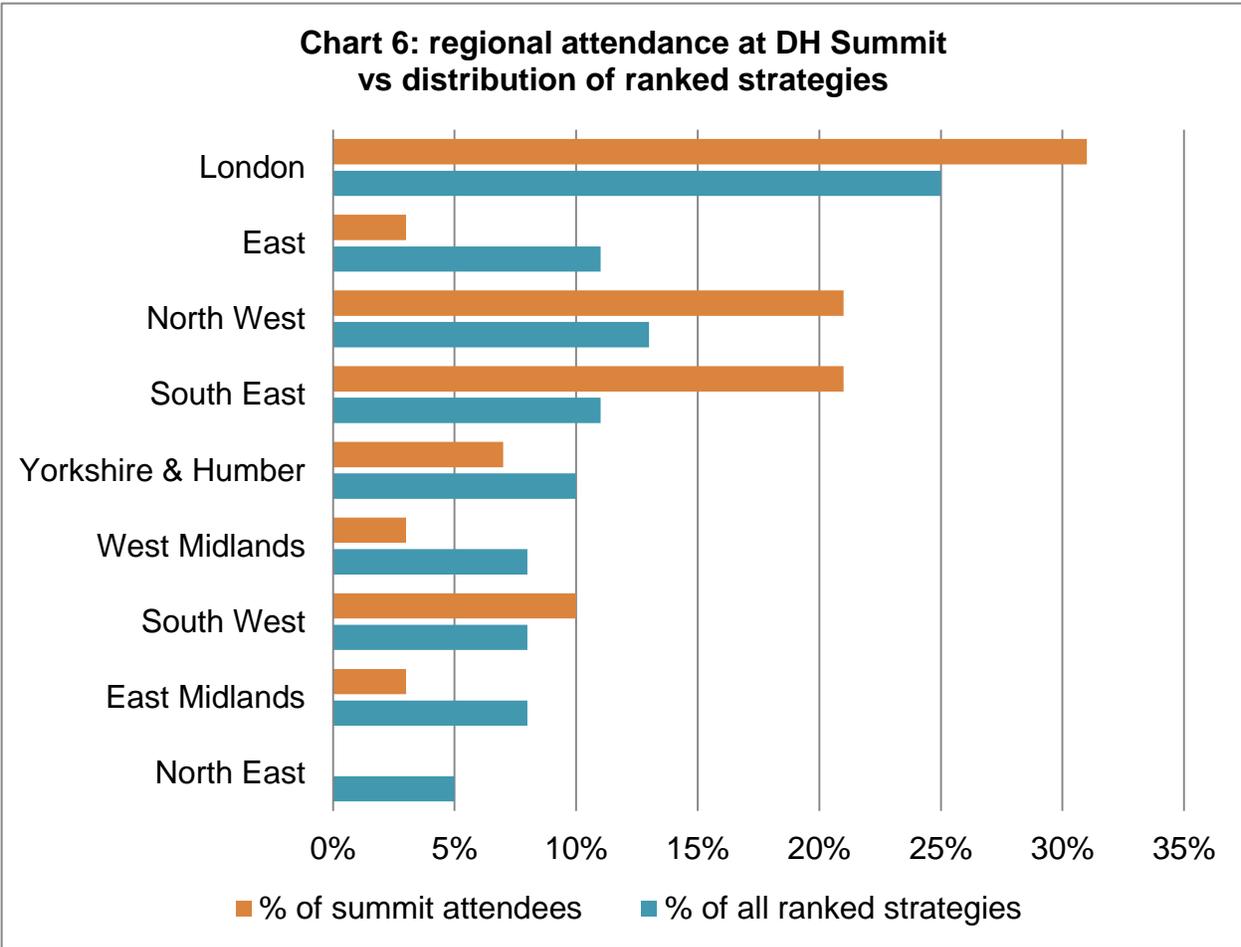
### ***Location of Campaign supporters***

At the time of writing, the Campaign has about 950 supporters, primarily in the UK. There is a strong association between the percentage of Campaign supporters in an English region, and the percentage of all ranked strategies that come from that region (see chart 5 below). Where there are more supporters, there are more ranked strategies.



### ***Summit on loneliness***

Of the 76 delegates at the Campaign's *Summit on Loneliness*, we found 29 that came from or represented a particular region. Generally, regions with a greater percentage of Summit attendees had a greater percentage of ranked strategies (see chart 6 below), although numbers here are small.



It is worth noting that the Summit was held in London, making it easier for London-based organisations to attend.

**Use of the toolkit**

There is good evidence of high toolkit use by two thirds of the ranked strategy areas. Of the 61 HWB areas with ranked strategies, 40 (66%) showed frequent use of the Campaign’s toolkit for HWBs, assuming an even usage by London boroughs (see below). Frequent use of the toolkit section of the Campaign website is defined here as over 40 visits between 1<sup>st</sup> April 2012 and 30<sup>th</sup> April 2013.

However, there are three important limitations to this data:

1. Google Analytics records the location of the users’ server, not the person themselves. The server could, in theory, be somewhere very different.
2. We cannot break down the data by London borough. There were 3579 visits by people in London during the period covered; this is an average of 112 visits per borough but the true spread of usage is not known.

3. We have data on visits not visitors. However, this may not matter, as one person visiting many times may be as useful as many people visiting just once.

### **Online referencing of the Campaign**

In six out of eight gold areas we found online evidence that local organisations or local press had referenced Campaign messages, or advertised the Campaign’s work (see table 3 below). For example:

- The website of *Future Years*, the Yorkshire and Humber Regional Forum on Ageing, describes their event *Combating Isolation and Loneliness Through Partnership*, at which the Campaign Director spoke.
- *Timebuilders*, an organisation based in Sheffield, reviews *Loneliness – the State We’re in*, a publication produced for the Campaign by Age UK Oxfordshire.
- The Sutton Housing Partnership has an article on their website titled *Minister for Care Paul Burstow Campaigns to End Loneliness*.
- Essex County Council’s *Your Essex* e-magazine states that ‘the Council is supporting the Campaign to End Loneliness and has pledged to make the issue one of the priorities for its new health and wellbeing board’.

**Table 3: online referencing of Campaign messages in gold areas**

| Area                   | Reference to: Campaign | LHH | STC <sup>2</sup> | Toolkit | Total |
|------------------------|------------------------|-----|------------------|---------|-------|
| <b>Thurrock</b>        | 4                      |     |                  |         | 4     |
| <b>Sutton</b>          | 4                      |     | 1                | 1       | 6     |
| <b>Manchester</b>      | 6                      |     |                  | 3       | 9     |
| <b>North Yorkshire</b> | 2                      | 1   |                  |         | 3     |
| <b>Sheffield</b>       | 3                      | 1   |                  | 1       | 5     |
| <b>York</b>            | 1                      |     |                  |         | 1     |
|                        |                        |     |                  | Total   | 28    |

<sup>2</sup> Safeguarding the Convoy – a key Campaign publication

## 4.1 Evidence from HWBs themselves

We spoke to 15 people representing 14 HWBs, and asked them what had influenced strategy development. It must be noted that many people help to shape a strategy, and the influences on all these people may not have been known by our interviewees.

### ***More emphasis on loneliness***

Most of the interviewees said they were now doing more locally to tackle loneliness or isolation in older people than before the development of this recent strategy.

Of the 14 areas, nine said their new strategy contained more to tackle loneliness in older people than they had delivered previously. For example one explained that they 'used to be much more traditional and service based, but now there is a stronger focus on health determinates such as loneliness.'

Of the remaining four areas, respondents either said the level of loneliness-related work had either stayed the same or no response was given.

### ***Knowledge of the Campaign***

Although most of the interviewees had heard of the Campaign, only about a third had used the toolkit.

Most (11) of the 14 HWBs interviewed had heard of the Campaign before speaking to us:

- all four gold HWBs interviewed
- seven of the ten silver HWBs.

For some, this involvement was limited. Others described some quite significant involvement. For example, one explained how they had:

- attended a Campaign event in London
- shared evidence with the Campaign
- completed a dissertation on loneliness which was used by the Campaign
- used the HWB toolkit.

Five had used the Campaign's toolkit for HWBs, or knew a colleague had used it. Three of these were from gold areas, three from silver.

One respondent from a gold HWB explained that although they hadn't come across the toolkit in time for the current draft of the strategy, they would 'definitely consider using it as part of any future reviews'.

### ***Influence of the Campaign***

Five of the respondents said the Campaign had positively affected their plans to tackle loneliness in older age; two of the gold areas and three of the silver. One explained how the Campaign had influenced their silver-ranked strategy:

*We've got (loneliness) referenced in the health and wellbeing approach and a specialist topic paper on it for the JSNA. ... It's got into the strategy mainly because of CTEL. We haven't specifically addressed loneliness and isolation as an issue (before). ... We are aware of the older person demographic in Essex, so we tended to approach it in an 'ageing pressure' way – so you're going to get increased demand in services, how do we cope with this, rather than crediting loneliness and isolation for its contribution to creating that demand. We now have a better understanding within the county of that and can build it into our work.*  
Gary Raynor, Senior Commissioning Officer, Essex County Council.

One of these five respondents said they had used the Campaign's evidence base to develop their work, and three had used the toolkit to develop their strategies. A respondent explained the importance of the Toolkit in developing their gold-ranked strategy:

*We used the toolkit to draft the initial paper to the health and wellbeing board prior to the strategy...this resource was really helpful. Loneliness and isolation can seem just concepts and the tools give you a way of putting numbers to it, it becomes tangible.* Sarah Turner, Commissioner for Older People and Dementia Commissioner, Thurrock Council

One respondent said that the Campaign had helped shape their strategy, but not by introducing a new idea. This person explained that for them, loneliness work is not new but the work of the Campaign, combined with the efforts of public health, has 'brought the issue into sharper focus'.

### ***Other influences on strategy development***

Eleven interviewees told us about other influences on their plans to tackle loneliness. These included:

- Feedback from older people and other community members, usually via the formal consultation process.
- Evidence about the needs of the population in their local area.

The role of individuals in shaping the HWB strategy was highlighted by two interviewees. One explained that because the chair of their HWB was interested in the issue of loneliness in older people, this had given the issue an extra push. Another explained how their own personal experiences as a carer for an older person had influenced their work on loneliness.

## 5. Summary

Of the 128 joint health and wellbeing strategies we found online in early April 2013, almost half acknowledged loneliness and/or isolation as a serious issue to be addressed. Eight contained measurable actions and/or targets on loneliness, and a further 25 stated commitments to learning more about loneliness in a local area, or measurable actions/targets on social isolation. We know from interviews that for some of these HWBs, their strategies describe a greater focus on loneliness in their work than previously.

Finding conclusive proof of the impact of a campaign like this one is unlikely to be possible, although we are continuing to collect evidence as part of our wider impact evaluation of the Campaign. We cannot prove the extent to which the Campaign has brought about these changes, for a number of reasons, including:

- We know from at least some HWBs that a number of things have brought about change, not just the Campaign.
- We cannot prove cause and effect. For example, an interest in loneliness in some regions may predate the Campaign; these regions might have been more likely to ask the Campaign to speak, or to join as supporters.

However, with this important caveat in mind, there are reasonable grounds to infer that the Campaign has achieved its aim of influencing the content of some HWB strategies:

- some HWBs have told us the Campaign has influenced their work
- the Campaign has been active in many ranked areas, including all gold areas
- there is evidence of good use of Campaign outputs in areas with ranked strategies
- there is good evidence of greater interest in the Campaign in ranked areas.

## Appendix 1: HWBs with silver-ranking strategies

The following HWBs' strategies were given silver rankings by the Campaign:

1. Bournemouth and Poole Health and Wellbeing Board
2. Buckinghamshire Health and Wellbeing Board
3. City of London Health and Wellbeing Board
4. Cornwall Health and Wellbeing Board
5. Devon Health and Wellbeing Board
6. Essex Health and Wellbeing Board
7. Hull Health and Wellbeing Board
8. Lancashire Health and Wellbeing Board
9. Liverpool Health and Wellbeing Board
10. Medway Health and Wellbeing Board
11. Merton Health and Wellbeing Board
12. Milton Keynes Health and Wellbeing Board
13. Redbridge Health and Wellbeing Board
14. Redcar & Cleveland Health and Wellbeing Board
15. Rotherham Health and Wellbeing Board
16. Sandwell Health and Wellbeing Board
17. Solihull Health and Wellbeing Board
18. South Gloucestershire Health and Wellbeing Board
19. South Tyneside Health and Wellbeing Board
20. Stockport Health and Wellbeing Board
21. Stoke-on-Trent Health and Wellbeing Board
22. Tameside Health and Wellbeing Board
23. Warwickshire Health and Wellbeing Board
24. West Berkshire Health and Wellbeing Board
25. Westminster Health and Wellbeing Board

## Appendix 2: HWBs with bronze-ranking strategies

The following HWBs' strategies were given bronze rankings by the Campaign:

1. Barking and Dagenham Health and Wellbeing Board
2. Barnet Health and Wellbeing Board
3. Bristol Health and Wellbeing Board
4. Cambridgeshire Health and Wellbeing Board
5. Central Bedfordshire Council Health and Wellbeing Board
6. Croydon Health and Wellbeing Board
7. Derby City Health and Wellbeing Board
8. Derbyshire Health and Wellbeing Board
9. Greenwich Health and Wellbeing Board
10. Hampshire Health and Wellbeing Board
11. Harrow Health and Wellbeing Board
12. Havering Health and Wellbeing Board
13. Kent Health and Wellbeing Board
14. Kingston Health and Wellbeing Board
15. Norfolk Health and Wellbeing Board
16. Nottingham City Health and Wellbeing board
17. Nottinghamshire Health and Wellbeing Board
18. Oldham Health and Wellbeing Board
19. Oxfordshire Health and Wellbeing Board
20. Reading Health and Wellbeing Board
21. Southend-on-Sea Health and Wellbeing Board
22. St Helens Health and Wellbeing Board
23. Stockton-on-Tees Health and Wellbeing Board
24. Suffolk Health and Wellbeing Board
25. Tower Hamlets Health and Wellbeing Board
26. Waltham Forest Health and Wellbeing Board
27. Wandsworth Health and Wellbeing Board
28. Worcestershire Health and Wellbeing Board

## Appendix 3: HWBs that have not included loneliness and/or isolation in their strategy

The following HWBs had not included loneliness or isolation in their strategy at the time of our research:

1. Barnsley Health and Wellbeing Board
2. Bedford Health and Wellbeing Board
3. Bexley Health and Wellbeing Board
4. Birmingham Health and Wellbeing Board
5. Blackpool Health and Wellbeing Board
6. Bolton Health and Wellbeing Boards
7. Bracknell Forest Health and Wellbeing Board
8. Bradford Health and Wellbeing Board
9. Brent Health and Wellbeing Board
10. Brighton and Hove Health and Wellbeing Board
11. Bromley Health and Wellbeing Board
12. Bury Health and Wellbeing Board
13. Calderdale Health and Wellbeing Board
14. Camden Health and Wellbeing Board
15. Cheshire East Health and Wellbeing Board
16. Cheshire West and Chester Health and Wellbeing Board
17. Coventry Health and Wellbeing Board
18. Cumbria Health and Wellbeing Board
19. Darlington Health and Wellbeing Board
20. Doncaster Health and Wellbeing Board
21. Dorset Health and Wellbeing Board
22. Dudley Health and Wellbeing Board
23. Durham Health and Wellbeing Board
24. Ealing Health and Wellbeing Board
25. East Riding Of Yorkshire Health and Wellbeing Board
26. East Sussex Health and Wellbeing Board
27. Gloucestershire Health and Wellbeing Board
28. Hackney Health and Wellbeing Board
29. Halton Health and Wellbeing Board
30. Haringey Health and Wellbeing Board
31. Hartlepool Health and Wellbeing Board
32. Hertfordshire Health and Wellbeing Board

33. Hillingdon Health and Wellbeing Board
34. Hounslow Health and Wellbeing Board
35. Isle Of Wight Health and Wellbeing Board
36. Islington Health and Wellbeing Board
37. Kensington and Chelsea Health and Wellbeing Board
38. Kirklees Health and Wellbeing Board
39. Leeds
40. Leicester City Health and Wellbeing Board
41. Leicestershire Health and Wellbeing Board
42. Lincolnshire Health and Wellbeing Board
43. Luton Health and Wellbeing Board
44. Middlesbrough Health and Wellbeing Board
45. Newham Health and Wellbeing Board
46. North East Lincolnshire
47. North Tyneside Health and Wellbeing Board
48. Northamptonshire Health and Wellbeing Board
49. Northumberland Health and Wellbeing Board
50. Peterborough Health and Wellbeing Board
51. Portsmouth Health and Wellbeing Board
52. Richmond Health and Wellbeing Board
53. Rochdale Health and Wellbeing Board
54. Sefton Health and Wellbeing Board
55. Shropshire Health and Wellbeing Board
56. Slough Health and Wellbeing Board
57. Somerset Health and Wellbeing Board
58. Sunderland Health and Wellbeing Board
59. Surrey Health and Wellbeing Board
60. Torbay Health and Wellbeing Board
61. Wakefield Health and Wellbeing Board
62. Walsall Health and Wellbeing Board
63. West Sussex Health and Wellbeing Board
64. Wigan Health and Wellbeing Board
65. Wiltshire Health and Wellbeing Board
66. Windsor and Maidenhead Health and Wellbeing Board
67. Wolverhampton Health and Wellbeing Board

## Appendix 4: HWBs with no strategy

The following HWBs had no strategy available at the time of our research:

1. Bath and North East Somerset Health and Wellbeing
2. Dover and Shepway Health and Wellbeing Board
3. Enfield Health and Wellbeing Board
4. Gateshead Health and Wellbeing Board
5. Hammersmith and Fulham Health and Wellbeing Board
6. Herefordshire Health and Wellbeing Board
7. Isles of Scilly Health and Wellbeing Board
8. Knowsley Health and Wellbeing Board
9. Lambeth Health and Wellbeing Board
10. Lewisham Health and Wellbeing Board
11. Newcastle Health and Wellbeing Board
12. North Somerset Health and Wellbeing Board
13. Plymouth Health and Wellbeing Board
14. Rutland health and wellbeing board
15. Salford Health and Wellbeing Board
16. Southampton Health and Wellbeing Board
17. Southwark Health and Wellbeing Board
18. Staffordshire Health and Wellbeing Board
19. Swindon Health and Wellbeing Board
20. Telford & Wrekin Health and Wellbeing Board
21. Trafford Health and Wellbeing Board
22. Warrington Health and Wellbeing Board
23. Wirral Health and Wellbeing Board
24. Wokingham Health and Wellbeing board

## Appendix 5: Questions to HWBs

1. Confirm name and job title
2. Remind them of what is in the strategy
3. Had you heard of the Campaign to End Loneliness before we got in touch? If yes, what have you heard?
4. Have you seen or used the Loneliness Toolkit for health and wellbeing boards?
5. Can you tell me, in brief, what your plans are regarding tackling loneliness in older age in your area?
6. Are you measuring loneliness? If yes, how? If no, do you intend to? (accept data on isolation, but clarify the distinction)
7. Has the Campaign to End Loneliness had any effect on your plans to tackle loneliness in older age? If yes, how?
8. How much were you doing to tackle loneliness in older people before this strategy?
9. Has anything else affected your plans to include loneliness in your strategy?
10. What more would you need to know to improve your work in addressing loneliness?
11. *If time:* What would help you to better measure loneliness?
12. *If time:* What would help you to better tackle loneliness in older age?
13. Is there anything else you'd like to add?