

Brightlife

 **COMMUNITY
FUND**



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Legacy Progress Report

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Introduction

Everyone who has ever worked to help reduce loneliness and social isolation amongst older people will at some point have asked themselves: How do we know what really works?

Since 2015, Brightlife has been dedicated to answering this question. As an Ageing Better programme partner, it has commissioned, delivered and evaluated a diverse range of projects, services and activities designed to tackle loneliness and social isolation amongst people aged over 50 in Cheshire West and Chester.

Now, as the end of its five-year lifespan approaches, Brightlife is gathering the results of this 'test and learn' approach, so that commissioners, service providers and communities alike can build on the experience, knowledge and legacy it leaves behind.

About Ageing Better

Ageing Better is a £78 million National Lottery Community Fund programme set up to address the issue of loneliness and social isolation amongst older people, improve social connections and enable people aged over 50 to be more engaged in the design of services for their communities.

Between 2015 and 2021, Ageing Better is distributing funding to partnerships in 14 regions of the UK (including Brightlife in Cheshire West and Chester). Partners are taking a range of approaches to meeting the aims of the programme, including contracting services from local providers, delivering services directly, and funding grassroots activity.

The learning from the programme will be made available to inform and influence future projects, policies and services, giving it the potential to improve the lives and communities of people aged over 50 for many years to come.

About Brightlife

Brightlife is a partnership of organisations from the public and third sectors in Cheshire West and Chester, led by Age UK Cheshire and set up in 2015 as one of the 14 regional partners for the National Lottery Community Fund Ageing Better programme. Over the past five years it has commissioned and delivered more than 50 projects and services worth over £2 million, to improve the lives of older people and to promote their role as assets within their communities.

Loneliness and social isolation are recognised nationally as a growing issue, however little evidence currently exists about how to tackle them. Through its 'test and learn' approach to both commissioning and delivery, Brightlife is gathering valuable evidence about what works (and what doesn't) to tackle loneliness and social isolation within the specific geographic and social context of the Cheshire West and Chester region.

Commissioning

In terms of commissioning services, Brightlife has taken two very different approaches. For most of its core projects and services it has followed a traditional contract commissioning route. Contract specifications for these 'key commissions' were designed by Brightlife in close consultation with older people, before being released as part of a competitive tendering process that was open to all eligible organisations in Cheshire West and Chester.

Alongside these core projects and services, Brightlife also developed a scheme to enable local groups and organisations to propose and implement solutions for tackling loneliness and social isolation in their own communities. Successful applicants to this 'Bright Ideas' scheme were awarded funding of up to £20,000 to develop and deliver their idea for a project or service.

Direct Service Delivery

The only service delivered directly by Brightlife is its Social Prescribing scheme, which aims to reconnect people with their communities and to improve their well-being by facilitating access to activities that suit their unique interests and skills.

Initially rolled out as a pilot project in three locations - at village, town and city scale (Malpas, Winsford and some parts of Chester) - the scheme was extended to include an additional rural area (Tarporley) in October 2018.

The scheme is open to anyone aged over 50 who is experiencing (or at risk of) loneliness or social isolation. Referrals are accepted from health and social care professionals, community organisations and individuals (including self-referrals, which are encouraged through regular drop-in sessions in each area).

Those coming into the scheme receive one-to-one support from a Brightlife Social Prescribing Coordinator, who helps them to explore their needs and to overcome any barriers that are preventing them from becoming more socially active. A range of levels of support are available - from signposting to accompanied visits - depending on the needs of the individual.

Evaluation

Every project or service commissioned by Brightlife is required to participate in the formal evaluation, conducted on both a local scale (by the University of Chester) and a national scale (by Ecorys UK). The purpose of the formal evaluation is to provide evidence about what works - and what doesn't - to reduce loneliness and social isolation amongst over-50s. This evidence has the potential to not only improve the lives and well-being of current service users by informing the transformation of existing provision, but also to achieve long-term improvement of delivery within the sector by influencing future commissioning decisions.

The Ageing Better programme is being evaluated at a national level by an organisation called Ecorys UK. Participants and volunteers from all projects and services commissioned or delivered by regional Ageing Better Partners - including Brightlife - are asked to complete a questionnaire called a CMF (Common Measurement Framework). The responses provided are

then entered into a national database and analysed to capture the journey of participants and volunteers from when they enter a project or service to when they leave.

Brightlife is evaluated at a local level by the University of Chester, through its Centre for Ageing and Mental Health. In addition to analysing the data from the CMF questionnaires, the university team have carried out interviews with participants, volunteers, commissioned providers and project staff. They have also undertaken a Social Return on Investment (SROI) study to understand the wider impact of Brightlife on the local health and social care sector. Their findings are being compiled as a comprehensive report on the social connectivity of older people living in Cheshire West and Chester, to inform the development of a sustainable community engagement plan.

Commissioned providers have been supported through the formal evaluation process, with various levels of training and advice available according to the needs of each provider.





Key Learning

This section presents, as a series of Key Learning Points, the knowledge that Brightlife has gathered about what works to improve the lives of older people in Cheshire West and Chester, and the best practice that it has developed over the past five years.

In order to accommodate the significant overlap that exists within the process of commissioning, delivery and evaluation, whilst also addressing the broader themes of volunteering, marketing and partnership working, the Key Learning Points are broadly divided into five stages: Meeting Needs; Making Connections; Supporting Success; Future-Proofing; and Capturing Impact.

Each of these five stages represents a vital part of the ongoing cycle of planning, action and reflection that is required to create meaningful, enduring change for older people and their communities.



Meeting Needs

What have we learned when it comes to identifying needs, and about designing/planning interventions that meet those needs effectively?

Making Connections

What have we learned about how we can best reach older people who are in need of support?

Supporting Success

What have we learned about how to manage, support and deliver successful projects and services?

Future-Proofing

What have we learned about best practice for making projects and services sustainable?

Capturing Impact

What have we learned from both the formal and informal evaluation process, and how can this be applied to future interventions?

1.

Meeting Needs

What have we learned when it comes to identifying needs, and about designing/ planning interventions that meet those needs effectively?

Key Learning Point 1.1

Involving older people in the design of projects and services is crucial.

One of the core aims of the Ageing Better programme is to 'enable people aged over 50 to be more engaged in the design of services for their communities.' Research shows that when decisions about the type, format and scope of projects and services are made without the involvement of the target audience, it can disempower and discourage the very people those interventions are designed to help.

This is why Brightlife has been committed from the start to 'co-production' - the meaningful involvement of older people in the design, planning and commissioning of its projects and services. For involvement to be meaningful, there must be more than just token inclusion.

Co-production at Brightlife is facilitated by an advisory group called the Older People's Alliance (OPA) - a group of eight individuals, all aged over 50 with a wide range of skills, who are tasked with championing input from older people into all Brightlife projects. The OPA had a key role in the commissioning process: while extensive training and support was provided by Brightlife, final decision-making powers for awarding funds were retained by the older people themselves. Brightlife found this model of co-production to be extremely effective, not only in giving older people a powerful voice during the commissioning process, but also in recognising and challenging any assumptions that might be made when designing interventions.

In order for older people to have meaningful influence over all aspects of the services they use, their involvement in project design should continue beyond the point of commission. Ongoing consultation by providers with a target cohort during delivery can be a valuable project development tool, enabling activities to be tailored to specific needs (see 'Supporting Success').

Key Learning Point 1.2

Potential providers should be involved in project/service design and supported from an early stage.

Older people are not the only group that needs to be involved from the very earliest stages of design in order for an intervention to be a success: potential delivery partners must also have a voice. Local service providers often have extensive experience working with older people, so are well-placed to identify (and create innovative solutions for) specific challenges in their communities. By involving local providers at the ideas stage, Brightlife has successfully harnessed this innovation to reach a more diverse range of older people, including those from marginalised groups whose needs might not otherwise have been catered for.

Involving a wide range of providers in the earliest stages of service development also helps to avoid duplication of existing provision, for example in cases where existing projects informally cover areas or meet needs outside the scope of their publicised remit.

Of course, before any conversation with potential service providers can even begin, it is necessary to get the right people 'into the room'. Effective promotion of opportunities for consultation, collaboration and funding is crucial to making sure that the right providers come forward, both in response to formal tenders and to informal calls for views, ideas and proposals - which in turn requires adequate investment in marketing and communications.

The value of involving potential providers in service design is closely linked to the importance of supporting those providers from the earliest stages of the commissioning process. This became clear very early on at Brightlife, with feedback from the first commissioning round suggesting that less experienced providers required more support in preparing their bids. Thanks to the flexibility of its 'test and learn' approach, Brightlife was able to adapt the application process accordingly to offer more appropriate levels of support in subsequent funding rounds.

Key Learning Point 1.3

The most successful interventions are based on interests and themes.

When designing projects and services for older people, it is important to consider the huge range of diversity in the skills, confidence, interests and circumstances of potential participants. As many as three generations could be included in the term 'over 50s', with the needs of each individual strongly dependent on their health, past experience and current situation: a fit, healthy 80-year-old might be far more able and adventurous than a recently-bereaved 60-year-old with limited mobility.

In failing to take this diversity into account, interventions that use age-based targeting are often ineffective.

Brightlife has found that its most successful projects and services are those that are based on themes, rather than on the ages of participants. Themes may involve factors that are known to increase the risks of social isolation and loneliness, such as health conditions, digital exclusion, retirement/bereavement, having reduced access to transport or being a carer; or they may be linked to activities and interests such as gardening, exercise, art, wildlife or photography. In creating open specifications based around themes rather than age, Brightlife has been able to commission interventions to meet the needs of a wide range of individuals.



2.

Making Connections

What have we learned about how we can best reach older people who are in need of support?

Key Learning Point 2.1

Recruitment of participants must be done sensitively - people don't want to be made to feel 'old' or 'lonely'.

Very few over-50s self-identify as 'old', while equally few define themselves as 'lonely' - a term that can have negative connotations of sadness, desperation and vulnerability. But how do you recruit relevant participants for a scheme to combat loneliness and social isolation amongst older people, if they don't want to be told they are old and don't want to admit they are lonely?

This is a question that has been explored in great depth by Brightlife over the past five years, including in the development of the Brightlife brand itself. While many of the Ageing Better regional partnerships chose names that referenced their membership of the 'age' sector, the name 'Brightlife' was chosen for Cheshire West and Chester to reflect an ambition to 'make age irrelevant'.

This principle has since become central to all communications at Brightlife, with messaging and imagery being carefully selected to be positive and aspirational while making age implicit. In recognition of the fact that many of the people with whom Brightlife engages are in the darkest times of their lives, Brightlife brand guidelines also emphasise the need for all communications to be thoughtful and compassionate, with a focus on connection rather than on isolation.

Key Learning Point 2.2

Coordination with existing agencies and community networks is vital.

Older people who are experiencing loneliness and social isolation are, by definition, hard to reach - their social networks are small or non-existent, they often have little contact with existing agencies and services, and perceived stigma can make them reluctant to seek help. For many, loneliness is compounded by additional barriers to well-being, such as financial uncertainty, bereavement, loss of mobility or physical and mental health problems.

The combination of any of these factors can lead to a significant loss of confidence, so relying on self-referral for recruitment into projects and services is unlikely to be effective. Recruitment of vulnerable people can be facilitated through referral networks - either formalised and involving professionals (for example a social prescribing scheme), or informal and community-based (for example a network of service providers, agencies and social groups).

Key Learning Point 2.3

Trust is important in building relationships with vulnerable groups.

Even once a referral is made, many of the most vulnerable older people will need support to engage with a project or service. This support does not need to be formalised, but what it does need to do is to build trust - something that can often be achieved with a simple phone call or visit from a friendly volunteer ahead of an activity session, giving participants an opportunity to put a familiar face or a name to an organisation.

Related to this is the success that Brightlife has seen with using drop-in sessions as a recruitment tool for its various projects and services. The neutral, 'no-strings' nature of these sessions allows people to try out existing activities - or to find out what opportunities are available - without having to commit long-term, enabling them to engage at their own pace.

It is important to remember that the process of building trust cannot be rushed or forced - it can require a great deal of sensitivity and patience. By offering gentle, encouraging support at a level appropriate to individual needs, providers can successfully build lasting, mutually-trusting relationships with all those they seek to engage.

Key Learning Point 2.4

Volunteering has an important role, both as a gateway to services and as an intervention.

Volunteering can present an opportunity to individuals who might not otherwise engage as service users. Hundreds of volunteers have been involved in the Brightlife programme, both as part of commissioned projects and services and as core Brightlife volunteers. While the majority of these volunteers are over the age of 50, most would not consider themselves as 'old' - so even if they were to experience feelings of loneliness, they would be unlikely to seek out any kind of formal provision for 'older people'. However, feedback suggests that many of those who have volunteered with Brightlife have received significant personal benefit from doing so. A 2018 review of the national Ageing Better programme

found that this was also the case for many other regional Ageing Better partners. The ubiquity of this experience shows that the role of volunteering as 'help by stealth' should not be underestimated when considering the format of future interventions.

Volunteering can also give older people an opportunity to use valuable, often specialist skills - not only as part of projects involving the direct application of manual skills, like woodwork or sewing/knitting, but also for activities that require strategic, leadership or critical thinking skills, such as project development and management.

It is important to remember that some people are not willing to commit as a formal volunteer, but want to 'help out' on an ad hoc basis. Providers need to offer a range of formal and informal volunteering opportunities to suit everyone.



3.

Supporting Success

What have we learned about how to manage, support and deliver successful projects and services?



Key Learning Point 3.1

The most effective services are those which build confidence and allow support to be gradually withdrawn.

Successfully reducing loneliness and social isolation often depends less on the type of intervention being offered than on the context in which it is delivered: the projects and services that are most successful are those that support participants in developing the confidence, resilience and social connections to thrive outside the confines of the intervention itself.

One way to build the confidence of participants is through volunteering. While volunteering can in itself improve well-being (see 'Reaching People'), it also has a useful role in enabling participants to become self-sufficient. Enabling participants to 'graduate' into becoming volunteer buddies for newcomers can be an extremely effective way to build their confidence. Not only does this allow participants to 'give something back', it also facilitates the transfer of social confidence between members of the group, reducing the need for external intervention.

Key Learning Point 3.2

Taking a 'test and learn' approach allows providers to learn from experience and adapt delivery accordingly.

The 'test and learn' approach, a central principle of Brightlife and the wider Ageing Better programme, has been crucial in enabling Brightlife and its partners to learn from experience and adapt delivery accordingly. This approach requires a commitment to flexibility from both the commissioner and the delivery partner, as any modifications that are made during delivery can potentially affect everything from the budget and timescale of a project to the scope and format of its agreed outcomes.

'Test and learn' can also be a useful way of facilitating ongoing input from older people in project development. For older people to have meaningful input into how the projects and services they use are developed and delivered (the importance of which is outlined in 'Meeting Needs'), ongoing consultation is required throughout the delivery process, so that interventions can be tailored to specific needs.

Key Learning Point 3.3

Delivery partners can improve the success of their projects and services by working together, with commissioners and other providers.

While delivery partners obviously have a great deal of influence over the effectiveness of the projects and services for which they are responsible, it is the quality of their working relationships - with both commissioners and other providers - that often makes the crucial difference between success and failure.

As a commissioner, Brightlife has contributed to the success of all of the interventions it has funded, by providing ongoing support through regular contract meetings with delivery partners. Those partners that have engaged most enthusiastically with this process of collaboration have seen the greatest rewards, in terms of both impact and sustainability (see 'Future Proofing').

The success of projects and services can also be promoted through the sharing of knowledge, skills and resources between delivery partners. At Brightlife, this has been facilitated by regular meetings of a 'provider network', commissioned as part of its main business support contract. One advantage of formalising partner networks in this way is that a dedicated network coordinator can help to maintain activity and ensure that meetings between providers are regular, useful and productive.

4.

Future-Proofing

What we have learned about best practice for making projects and services sustainable?

Key Learning Point 4.1

Developing an appropriate model for sustainability should be a priority for all projects and services.

The successful delivery of any project or service requires a significant investment of money, time and effort. The purpose of this, as with any investment, is to ensure a return - albeit in terms of social value rather than financial gain. To maximise this gain, it is crucial that projects and services are sustained beyond the end of any initial funding period.

There are many different models that can be used for sustainability, each of which has its own benefits and drawbacks. The most appropriate model to use depends on the type, format and requirements of the individual project or service to which it is being applied.

One option is for delivery partners to seek access to alternative funding sources, either from the original commissioner or from a new funder. While this can seem like a straightforward way to maintain provision while minimising disruption to delivery, it can be surprisingly difficult to find funding for the continuation of existing programmes. Most funders have strict conditions for awards, including requirements for projects to meet specific objectives, which are unlikely to be exactly the same as the original aims of the project for which further support is being sought.

Another option is to introduce affordable charges for services. For projects that involve large numbers of participants meeting on a regular or semi-regular basis to learn new skills, this can be a sensible option - participants are usually willing to pay for what they perceive to be a valuable service. However, for projects that involve a smaller number of participants, or which deliver services or benefits that are less tangible, a charging model may be less appropriate.

Projects and services involving mainly social activities can also potentially be maintained by training volunteers to take over their delivery. While this may appear to be a low-cost option, there is likely to be a significant outlay involved in terms of skill development. Volunteers may need a great deal of training and experience before taking over delivery, especially for 'facilitating' roles, which often involve the challenge of managing the more

vocal members of a group while catering to the needs of those who are less forthright.

Key Learning Point 4.2

Investment in (and support with) marketing and promotion is crucial to the continued success of projects and services.

There is a common misunderstanding across the voluntary sector that spending money on marketing (rather than directly on service delivery) is somehow wasteful. But without effective marketing and promotion, it is not only difficult to attract, recruit and retain participants and volunteers, it is also very hard to secure ongoing support from potential funders and partners. In risking both the success and the sustainability of their projects, providers that fail to invest in marketing and promotion are ultimately far more wasteful than those who do.

However, delivery partners may not always have the necessary skills or resources available in-house. While Brightlife has encouraged all its delivery partners to allocate 5-10% of their budget to marketing, many providers - especially smaller ones - have struggled to develop and implement an effective marketing plan (a frequent misconception being that producing basic flyers is 'marketing'), with few developing any branding, PR or digital strategies.

A commissioner can help by providing support with marketing and communications, including training. At Brightlife, this means offering delivery partners ongoing support with marketing and promotion, the duration and extent of which is based on individual needs. Providers are given help to create a strong visual brand (and digital presence where relevant), as well as help with promotional activities including PR, advertising, networking, partnership promotions and events.

Key Learning Point 4.3

Commissioners have a key role in supporting delivery partners with sustainability.

Commissioners have a responsibility for the sustainability of the projects and services they fund, not only in designing contract specifications with the

capacity for longevity beyond the initial funding period, but also in supporting providers from the earliest stages of their application all the way through to the end of the delivery phase.

Just as delivery partners may require support with marketing and promotion, many will also require help with the logistics of delivery, especially if they are less experienced service providers, or if they have not worked directly with older people before. In providing the necessary training and support, commissioners are not only facilitating the efficient use of their own funds - they are also giving providers the skills and experience to continue delivery into the future, ultimately improving the range and quality of services available for older people.

Commissioners can also facilitate sustainability by challenging and supporting delivery partners to develop their own sustainability plans. Affording delivery partners more control over the models they choose can build confidence in their own strategy, increasing the likelihood that their plan will be successfully implemented.



5.

Capturing Impact

What have we learned from both the formal and informal evaluation process, and how can this be applied to future interventions?

Key Learning Point 5.1

Providers and service users can both be resistant to engaging with formal evaluation.

Formal evaluation has an important role to play in improving the lives of older people, by providing rigorous and scientific evidence upon which to base future interventions and policies. However, a great deal of resistance to engaging with the formal evaluation process can be encountered from service users and service providers alike. Many vulnerable service users report that they find formal evaluation to be invasive, intimidating and insensitive, while providers often have difficulty reconciling their typically holistic, person-centered approach with the more structured, academic approach that formal evaluation requires.

Data questionnaires, such as the Common Measurement Framework (CMF) questionnaire that was used throughout the Ageing Better programme to measure loneliness and social isolation, can be particularly troublesome, as in order to obtain a baseline measurement an initial questionnaire must be administered upon first contact with any new participant. It is perhaps understandable that some providers are reluctant to jeopardise trust - a crucial aspect of engagement with vulnerable people (see 'Reaching People') - by pushing new participants out of their comfort zone at this delicate stage.

Engagement with the evaluation process can be encouraged by offering delivery partners practical tips - for example, how to promote the significance of the evaluation to participants in a positive way, and how to anticipate common questions that participants reluctant to take part in the evaluation might ask.

Brightlife and the University of Chester have worked proactively to support and encourage providers to take a positive approach to delivering the national evaluation.

Key Learning Point 5.2

Quantitative data should be considered alongside qualitative evidence.

An important consequence of resistance to quantitative evaluation techniques is that the impact of interventions on the most vulnerable participants, however significant, is unlikely to be reflected by the resulting data. Even in cases where quantitative techniques have been successfully employed, the resulting data can fail to capture essential nuance and context. In order to accurately assess the broader impact of projects and services on the well-being of participants, it is therefore important that the results of any quantitative evaluation are considered alongside qualitative evidence.

This was facilitated at Brightlife by the addition of an extra section to the CMF questionnaire, to enable participants to add comments to provide further context to their answers - comments which are now being analysed as part of the local evaluation conducted by the University of Chester. As an example of successful implementation of the 'test and learn' approach, this modification has not only provided a valuable mechanism for researchers to identify common themes - it has also enabled service providers to be more responsive to the needs of participants (in this case, a need to feel heard and understood by the formal evaluation).

It is important to consider the potential limitations of using self-reporting models for both quantitative and qualitative evaluation, particularly when working with older people. Those of an older generation often share a cultural aversion to expressing negative feelings, tending to place a higher value on stoicism or 'just getting on with it' than their younger counterparts might. As a result, they may be less likely to admit to experiencing loneliness, and more likely to understate the extent of their own problems. These limitations can be addressed by using independent assessments (made by health professionals or by providers) alongside self-reporting techniques.

Key Learning Point 5.3

Personal stories can capture impact effectively, but they need to be handled carefully and sensitively.

Informal qualitative evaluation tools can also be used to capture the impact of interventions. Case studies, interviews and other personal narratives are memorable, emotive and flexible - they can be employed to assist with everything from brand-building and recruitment to PR and fundraising. As such, they can be extremely effective in engaging potential funders, supporters and service users alike. However, when gathering and using personal stories, great care must be taken to respect and protect the individuals to whom they belong.

People should be encouraged to share their stories at a pace and in an environment with which they are comfortable. For some, this may involve speaking on camera to an interviewer during an activity session; others may prefer talking quietly to a trusted volunteer in their own home.

Consent to use personal stories must be fully informed at the point of recording. Even where case workers and volunteers are already aware of stories that would be suitable to use as case studies, they should not be recorded without the knowledge of the relevant individual. When seeking consent, it is important to make the person fully aware of where their story may potentially appear (for example in a newspaper, in promotional material or in a fundraising campaign), as it is unlikely to be practical to obtain their separate permission every time it is used.



Next Steps

Brightlife has overseen the development and delivery of a huge range of innovative and successful initiatives over the past five years, which together have improved thousands of lives across Cheshire West and Chester. While the national Ageing Better programme comes to an end in 2021, Brightlife is committed to leaving a legacy that will continue to provide benefits - for older people, for their communities and for the region as a whole - well into the future.

Brightlife Legacy Website

The existing Brightlife website (www.brightlifecheshire.org.uk) is being modified to present the key learning outlined in this report, along with detailed information and analysis including evaluation reports, project overviews and case studies. It is anticipated that the website will be a valuable resource for commissioners, policy-makers and those involved in service delivery in Cheshire West and Chester and beyond.

The Brightlife Social Prescribing Scheme

After receiving additional funding from the National Lottery Community Fund, the Brightlife brand will continue with support and supervision from Age UK Cheshire as a vehicle for the Social Prescribing scheme, in order to learn more about social isolation in rural areas.

This uplift funding will allow the scheme to be expanded to cover the full 'Rural Alliance' Primary Care Network area and one additional semi-rural location, while facilitating continued collaboration between the Brightlife Social Prescribing team, the Data Coordinator and existing delivery partners and supporting the introduction of NHS England Link Workers.

Drop-in sessions and activities in existing delivery areas will continue as volunteer-led groups, supported by the Brightlife Social Prescribing team. Drop-in sessions are also planned for new delivery areas, although these will direct service users into existing local provision rather than offering activities directly. Brightlife staff will continue to assess both the availability of and demand for activities in the areas covered by the scheme, to identify gaps and opportunities.

The Brightlife Social Prescribing team will also continue to provide strategic input into the development of a pan-Cheshire Social Prescribing Network Forum, which is being set up to facilitate the sharing of knowledge and best practice between agencies and professionals involved in community health and social care in Cheshire.

Age-friendly Cheshire West

A key ambition of the Brightlife programme was fulfilled in 2018, when Cheshire West and Chester was officially awarded 'Age-friendly' status, as part of the World Health Organization (WHO) Global Network of Age-friendly Cities and Communities and as a member of the UK Network of Age-friendly communities.

The addition of the region to both of these networks was championed by the Age-friendly Cheshire West partnership, of which Brightlife is a member. Age-friendly Cheshire West, under the leadership of Cheshire West and Chester Council, will continue beyond the end of the Brightlife programme to make Cheshire West and Chester a great place to live and grow older.

To help raise awareness of the formal 'handover' of Brightlife's Legacy and learning to Age-friendly Cheshire West, we are working in partnership on the Social Butterflies campaign running from October 2019 – January 2020. Social Butterflies is designed to encourage people to get together and have some fun by taking part in a spectacular art project. Community groups, schools, clubs, local businesses and individuals are invited to create decorative butterflies out of wool, paint, wood, wire, flowers, metal, in fact, absolutely anything they like. The butterfly has become synonymous with Brightlife as a symbol of change and transformation. It forms part of the identity for Age-friendly Cheshire West.





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