

Integrated Action Plan



Heerlen



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City Context



2000 years in a nutshell

Heerlen has a long and rich history, starting in the Roman Period. About two thousand years ago Roman militaries settled in Heerlen and named it 'Coriovallum'. The settlement was located at the crossroad of two important roads. The Romans built a bath house, of which the archeological remains can still be visited in the Thermenmuseum. It has been scientifically proven that the bath house in Heerlen is the oldest building in The Netherlands. In the Middle Ages the place was only a small village of farms and mills and it was called Herle.



In the period 1900 - 1965 Heerlen became very prosperous, because of the rise of the coal industry in the area. The population grew very fast. Houses, schools, shops and a hospital were built. After the last mine closed in 1974, Heerlen suffered from a huge economic decline and a social crisis. The last decades of the 20th century were very hard for Heerlen. There was a lot of poverty, a high crime rate and there were many people with a drugs and/or alcohol addiction. But in the past twenty years Heerlen created a new perspective and growth, focussing on economic spearheads like retail, tourism and logistics. The old railway station area, in the eighties a gloomy and dangerous place, made way for a beautiful new area, the Maankwartier (Moon Quarter).

Heerlen still has its disadvantages in the social and safety domain. This also applies to the rest of the region. Both income level and education level are much lower than the Dutch average, so people quickly turn to the local government for assistance. People age in a less healthy manner, compared to other regions in The Netherlands. Elderly develop chronical illnesses and need care at a younger age.

Back on track

Heerlen is a former mining city that had to reinvent itself after the mines closed. In the past two decades it focused on the local economy, culture and education. It developed several business parks and focuses on medical logistics, smart services, culture and tourism. It was elected national event city of the year in 2016. In 2016 Parkstad (Heerlen + neighboring towns) won the Tourism for Tomorrow Award in the category 'Best Travel Destination in the World'. Heerlen has over 60 events per year (not during covid measures).

Heerlen focusses on urban culture and has major cultural events, like Cultura Nova and the international break dance event IBE. In the past years Heerlen turned into an open-air museum with dozens of murals and other pieces of art by national and international artists.



Heerlen has many care facilities: a large medical hospital, a rehabilitation centre, a psychiatric hospital, a dozen nursing homes and several communes for people with a mental disability.

The city also has a large refugee centre (412 persons) and a shelter for asylum seekers who have exhausted all legal remedies. There are facilities for the homeless.

Every neighborhood in Heerlen has a community center and a social team in which adult care, the youth service and social work are represented. There is a lot of attention for safety in Heerlen.

Heerlen has two universities: the Open University and Zuyd Hogeschool (the latter is a University of Applied Science).



ROMAN QUARTER

Soon Heerlen will start with the development of the so called Roman quarter. The museum that protects the roman bath house, will get a new look. In the public space around it, attention is drawn to the Roman history of Heerlen.

Some geography

Heerlen is a city in the South of the Netherlands, in the province Limburg. The city is part of a green urban area. It's the center city of Parkstad, an agglomeration with 250,000 inhabitants and 8 municipalities.



Heerlen is situated in the EU-region (10 km from Germany and 24 km from Belgium). Cities like Brussels and Cologne can be reached by car within 1.5 hours.

Surface: 45.53 km² → 44.94 km² land and 0.59 km² water

Demography

Heerlen has 87,035 inhabitants (Netherlands 17,475,415).

Number of inhabitants in 2009: 89,384. This means a decrease of 2.69%

Population density: 1.936 inh./km² (land surface)

Male 43,309 and female 43,726

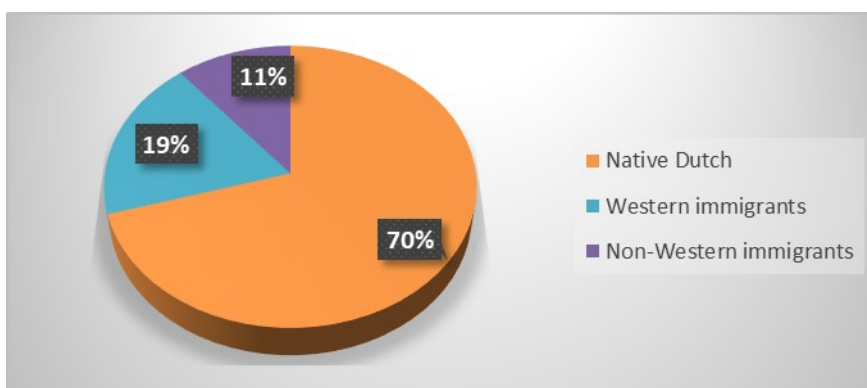
Age

Heerlen is an aging city:

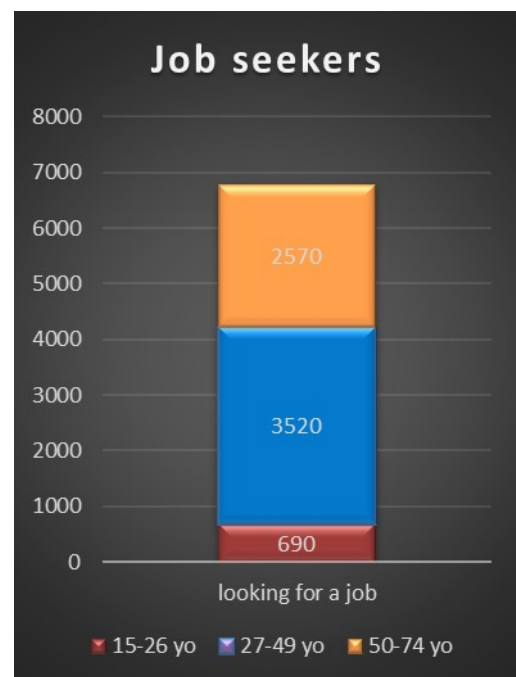
Age 60+: 26,863 (of which 12,489 are male and 14,374 are female).

Almost 31% of the inhabitants are older than 60 years. In 2035 that will be approximately 35%.

Ethnicity



Employment



Institutional context

The Netherlands is the largest of four countries of the Kingdom of the Netherlands. The Netherlands is a decentralized unitary state and it has a parliamentary democracy. The King and Queen mainly have a ceremonial function. The Netherlands has a number of levels of government:

- the national government in The Hague.
- the provincial governments
- the municipal governments
- Several water boards

Article 124 of the Constitution provides that provinces and municipalities have the autonomy and power to regulate and manage their own domains. However, regulations can be demanded by the national government.

Municipal Policy

In the previous decade the national government of the Netherlands has put its focus in the social domain on the decentralisation of social services. Providing support and care became a very important task of municipalities in our country. Municipalities for example have to provide youth care and must ensure that elderly can live at home for as long as possible. The social domain receives a lot of attention from our municipality. Within the municipality it is intertwined with the safety domain. Heerlen is known as a social city, we provide support and care to inhabitants in need.

Unfortunately the decentralisation of social services came with a large cutback in financial resources. Municipalities are easily reachable by people in need, so as a result of the decentralisation the demand for aid and services grew. Our municipality also wants to help every citizen in need. At the same moment the financial space decreased, sometimes even by 40%. In order to continue to help their residents, municipalities had to become very inventive. Our municipality chooses to stay close to the inhabitants that need help. Therefore aid for people has been organized close by as much as possible, in their own neighbourhood. To make the support and care affordable, our municipality has focused on cooperation instead of market-driven thinking. When the national government decided to decentralise the help to young and old, the municipality of Heerlen chose for a care construction based on lump sum financing and outcome-based contracts.



Relevant plans and policies

Outcome-based contracting

The Municipality of Heerlen has concluded two contracts (JENS for youth care, Stand-By! for adult care) in the social domain that are outcome-based. Instead of contracting many different service providers for a variety of services, Heerlen has incited service providers to form a cooperative and the city contracts that cooperative. The service providers come from different disciplines. The cooperative tackles the care questions at its own discretion, with regular consultations with the municipality in the background.

A fixed lump sum has been agreed for the entire contract period of 4 years and the contract is managed based on qualitative criteria such as improving self-reliance and customer satisfaction. When the cooperative cannot provide care in a specific situation, it will hire specialist care for it. In this way every resident can receive help. After 3 years of experience with outcome-based contracting the city can conclude that qualitative criteria are quite difficult to measure. It is easier to manage a delivered performance multiplied by an hourly rate, but it contains no information about the quality of the product delivered.

A large amount of the support provided by co-operative Stand-By! is aimed at the growing group of elderly citizens in Heerlen. Stand-By! provides help to elderly in and around the house, for example by giving information, providing cleaning aid in the house in case an elderly is not mobile anymore, organising activities so elderly can meet each other and providing a sports program for people aged 55 and up. Stand-By! is present in every neighbourhood.

Elderly Agenda

More than 38% of the inhabitants of Heerlen are older than 55 and this percentage will increase in the coming years. Therefore the target group seniors/elderly is a target group that we cannot and should not overlook. It is a very diverse target group, with a wide variety in age, vitality, background, lifestyle, level of education and income position. People with very different needs and interests. THE elder does not exist, despite the fact that the entire target group is mainly seen as vulnerable.



As the group of elderly is so large and important to the city, the municipality of Heerlen decided in 2018 to make elderly policy an independent core theme in the coalition agreement and the Multi-Year Administrative Programme. Core themes indicate which topics, in the opinion of the municipality, deserve extra attention. We decided to choose an integrated approach toward the elderly policy, so we approach the topic from many sides. Heerlen has written a development agenda for the elderly. This agenda is written in close cooperation with partners from all parts of society (e.g. housing associations, elderly organisations, universities). The agenda aims at happily and healthy ageing in a safe environment. The agenda describes the goals for the years 2019-2022.

The agenda has ten tracks:

- fighting loneliness;
- making intergenerational connections;
- becoming a dementia friendly city;
- tackling poverty among the elderly;
- promoting vitality and healthy aging;
- help people to age in a digital society;
- increase participation of the elderly;
- creating a safe and accessible environment;
- understandable communication;
- changing the image of elderly in society;
- knowledge-sharing about aging.

Battling loneliness is the core theme within the elderly policy. Our Urbact SIBdev project is part of the 'know-ledge sharing' track and aims at battling loneliness and promoting healthy and happy aging. In our tracks we pay extra attention to several specific groups of elderly, like pink elderly and elderly with a mental or physical disability. For this last group Heerlen has written a local inclusion agenda that aims at a safe and accessible living environment.

Pink elderly and gender diversity

LGBTIQ+ elderly with a different gender identity or sexual orientation are called 'pink elderly'. Often pink elderly are afraid to come out, or they go back into the closet, for fear of prejudice from other elderly. Because LGBTIQ often are childless, the loneliness rate among pink elderly is high. The municipality offers several activities that are aimed at pink elderly.

Our partner COC organises activities, meetings and lectures for the pink elderly. Also in our Urbact project we pay attention to elderly. When questions arise that are connected to LGBTIQ, our partner COC will advise and help the pink elderly. In 2022 we will raise awareness about the situation of pink elderly in a large outside exposition in the city center.



Digitalisation

Another track in our elderly agenda is helping elderly to age in a digital environment. The digitization of society is progressing rapidly. The elderly often do not keep up with the developments and feel isolated from the rest of society due to their lack of knowledge of digital and social media. The Open University has conducted a study in various

neighborhoods in Heerlen in which a correlation has been shown between the use of social media and loneliness. People who are digitally proficient can keep in touch with friends and family more easily and because of that, they are often less lonely. However, many elderly people are afraid of using social media. That's why the municipality supports projects that teach elderly to use a tablet or mobile phone, the PC or social media.

Local Inclusion Agenda

Heerlen wants to be an inclusive municipality in which all citizens can live in a safe and accessible environment. By drawing up its Local Inclusion Agenda (LIA) about the accessibility of the city and its services, in close collaboration with the Heerlen Client Council for People with a Disability, the municipality gives substance to a central principle of the UN Convention on the Rights of Persons with Disabilities: Nothing about us, without us. It all starts with awareness and the genuine motivation to really do things differently. The motto of the Heerlen LIA is 'Everyone for each other!'

Citizen Participation and neighbourhood management

Constantly the municipality is trying to build a relationship with its citizens, by increasing visibility in the neighbourhood, connecting people and organisations in the neighbourhood, supporting local initiatives and improving its communication towards the residents. We organise many projects and activities in the neighbourhoods, aimed at citizen participation. The program 'Together we build the city' focusses on raising citizen participation in the neighbourhoods and raising awareness on the subject within the municipal organisation. The citizen is our starting point, we need to think from the outside in. We create new plans for our city together with the people that are concerned.

'Not only for you, but also with you'

Program Heerlen North

The northern part of Heerlen is a vulnerable area. People in this area have a lower education and income level. There is more poverty and more crime. Heerlen faces a lot of challenges, but even more in this part of town. Elderly age in a less healthy manner in Heerlen North. The average life expectancy is 6 years lower in Heerlen North as compared to the southern half of the city.

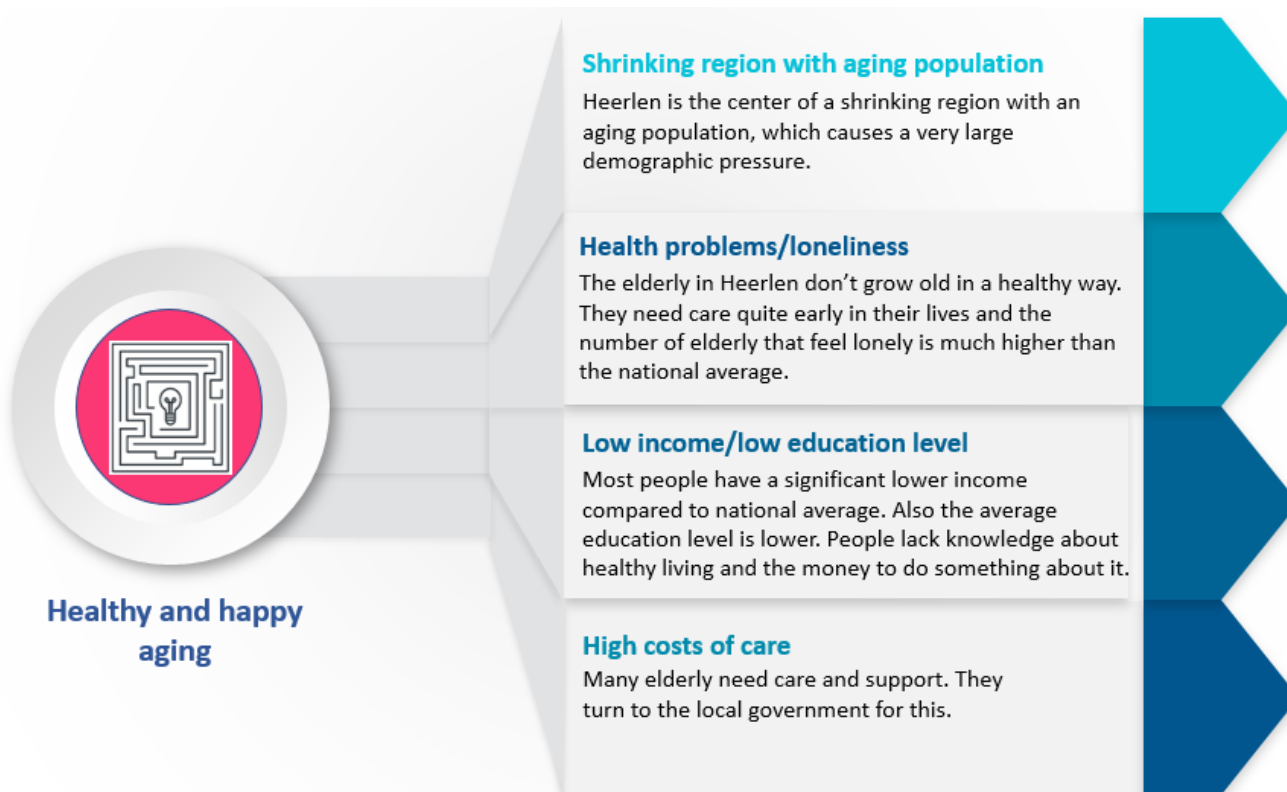
With the support of the national government and together with social partners and residents, we want to tackle the disadvantages in the next generation (25 years) and realize real changes for the future of young people. We make plans on important areas of life: education, work, health, housing and safety.

Our Urbact SIBdev project



Challenges we aim at

As an aging city, Heerlen faces a lot of challenges, social as well as financial. The population ages and the loneliness number increases fast. The demographic pressure rises, as well as the costs for professional elderly care and support, especially because our elderly on average don't age in a healthy and happy manner.



Heerlen has by far the most inhabitants who have to live on social assistance benefits. More children are growing up at risk of poverty (27% in Heerlen compared to 13% in the Netherlands). The average level of education is lower in Heerlen and people have an unhealthier lifestyle (for example: there are more smokers and more people who are overweight). In fact, the average life expectancy for Heerlen residents is 1.5 years shorter than for the average Dutch person. In Heerlen North even 6 years shorter!

In the SIBdev project we focus on aging in a healthy and happy manner. Our most important focal point is fighting loneliness, as loneliness can be the cause of many health problems.

Learning needs

Our learning needs in this project are:

- How to reduce loneliness and health issues among the aging population?
- How to find ways to raise the awareness of the elderly towards self direction, participation and the importance of healthy living.
- How can we keep care and support affordable in the future in our aging society?
- How to lower claims on the local government?
- How to find partners that are willing to participate and invest in interventions?
- How to measure the outcome of efforts?

What have we learned so far?

A social impact bond has a social and a financial side to it. We have no experience with social impact bonds. Together with our members of the ULG we tried to organise a small scale action and eventually establish a social impact bond. Establishing a SIB is a complex process. The masterclasses taught us about SIB's and were very informative. The e-university gave us extremely useful information about connecting to the ULG in times of covid lockdowns and in writing an integrated action plan.

Outside of Urbact we learn a lot from our partners in this project. We learn from participating in research with our partners the Open University and the University of Applied Science Zuyd Hogeschool. We learn from statistical information provided by the National Bureau of Statistics and our own questionnaires and monitors.

Writing this integrated action plan makes us more aware of the topic we want to focus on. It forces us to make clear choices, to map out who has to be involved in the project and what steps we should take, to consider possible risks.

Vision – Mission – Goal

Our Urbact SIBdev project focusses on the elderly. Heerlen wants to be a vital city where people can age in a happy, healthy way in a safe environment. A vital city stands for a green, safe and accessible living environment, residents who are appreciated and who are welcome to participate, a place where people can be themselves, where good (basic) facilities are available and where people get enough possibilities for self development. It is a place where the elderly can lead an active life, a life that they can control themselves for as long as possible. Where people can age in a healthy manner and have access to care when needed. It is also a city in which the elderly are treated with respect and seen as valuable people with a lot of knowledge and experience.

A vibrant city is not a place where its inhabitants are patronized and where they are dependent on the government or on professionals for their entire lives. A happy life for the elderly in Heerlen is based on (as much and as long as possible) self-reliance, control over one's own life, being seen and participating: full citizenship. This life is supported by the government and professional organizations when necessary, but attention is also paid to informal care by family, neighbors, friends and volunteers. It is very important to use the knowledge and skills of residents for the benefit of other residents.

An important question in an aging city, is how to provide the support and care needed while keeping it affordable for the municipality.

Vision	Mission	Goal
Heerlen wants to be a city in which the population ages in a healthy and happy way.	Heerlen promotes aging in a healthy and happy way through interventions in the social area and by making people aware of possible health benefits and risks. Aging healthy decreases the claim on the social budgets of the municipality.	Find investors to participate in the goal to make people age in a more healthy and happy way. Find ways of intervention that make people more aware of health benefits and causes of health risks. Set up interventions to fight age related social and health problems, together with private and public partners.

The role of Urbact SIBdev

People in Heerlen age in a less healthy manner, compared to other regions in The Netherlands. Elderly develop chronic illnesses and need care at a younger age. The risk of loneliness increases with age. Although everyone can become lonely, we notice that there is a connection between loneliness and age. Loneliness increases strongly from the age of 75, for example due to the death of loved ones or because people become less mobile. The South of our province Limburg is one of the regions in the Netherlands where the percentage of residents who feel very lonely is quite high compared to other regions (12.6% on average). In Heerlen this percentage is even higher (16%).

This situation has partly arisen because people who receive government assistance do not necessarily need to maintain a social network or stay healthy in order to 'survive'. Some decades ago the mining companies took care of the miners and their families from the cradle to the grave. Later national and local governments took over that role. Over the years, government and inhabitants became trapped in a vicious circle of care, dependence and unhealthy habits. This dependence on the government will not only be unaffordable in the near future. It is also not desirable for the people themselves. People should be able to control their own lives as long as possible. Heerlen wants to turn the tide and has to find ways to do so. But it's not an easy task to do.

The challenges we face as an aging city were the main basis of our motivation to join this Urbact project. Urbact SIBdev gives us the opportunity to exchange knowledge and good practices with our partner cities who are dealing with an aging society too. We support each other and share information and ideas. The transnational meetings in partner cities allow us to visit projects and experience actions from a different perspective. We are very happy with the inspiration we get from our partners. It helps us in making Heerlen a better place for our elderly.

We tackle the challenges in our municipal projects and programs and in our small scale action. In our small scale action we specifically focus on an intervention to stop loneliness. By fighting loneliness, we want to promote happy and healthy aging. We see happiness primarily as a product of meaning and pleasure in life. We want to help the elderly to keep or find meaning in life. Because people who continue to experience their lives as meaningful, feel more comfortable and have better physical and mental health. Good relationships with other people contribute greatly to a happy life.

Unfortunately, many elderly people feel lonely and no longer consider their lives as meaningful. We realize that probably no one is always happy and that bad luck or illness are part of life. Anyone can be affected by loneliness, but the elderly are much more vulnerable, especially from the age of 75. Loneliness is a common problem, many people experience loneliness at some point in their lives and it is part of life. Part of the problem lies in the fact that people don't like to talk about loneliness, it's hard to admit that you are lonely. By choosing a small scale action that tackles loneliness and communicating actively about it, we want to remove the taboo around loneliness. We want to make it a topic for a general discussion and the Urbact project gives us the opportunity to communicate at a higher level. With the small scale action we try to strengthen the approach of the municipality.

We want to change their lives with our policy, with our small scale action and later on with our SIB!

Process and our ULG

We cannot do this project without our great ULG members. We are very grateful to them for their commitment, time and effort. Our ULG supports us since the start of SIBdev. Four important aspects characterize our ULG:

Commitment
The participants in the ULG, are all very committed to find solutions to the social challenges that we face.

Diversity
Our ULG members: health care facilities, a housing corporation, a health insurance company, a bank, business investors, a general practitioner, neighbourhood volunteers and professors from two universities.



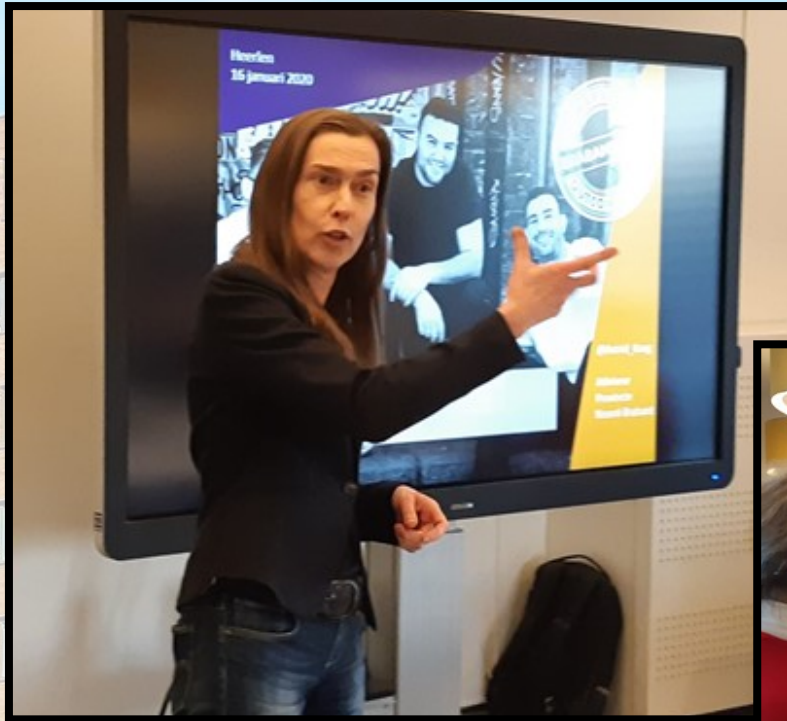
Cooperation
Our ULG members want to explore innovative ideas together. There is a great sense of solidarity and cooperation: Let's do this together!

Knowledge
The participants in our ULG have a lot of knowledge about topics related to aging and loneliness

Our ULG is very diverse, there are people from over a dozen organisations who join brainstorm sessions and discussions. The enthusiasm about the project is contagious. We planned on conducting a small scale action with two general practitioners, but now we will start with patients from six general practices and one pharmacy. At first there was some scepticism about the SIBdev project, but soon enthusiasm took over.

The ULG members help us focus on what is really important when it comes to battling loneliness and taking care of a healthy lifestyle. The members are mainly professionals and some neighborhood volunteers. The ULG members provide feedback on our ideas and the communication strategy. Covid measures, like lockdowns, made it really difficult to meet with our ULG members. We tried to have online meetings, but it is not easy to keep the flow going in an online environment. So at times when it was even possible, we planned a physical ULG meeting. In between ULG meetings, we had small meetings with direct stakeholders like the general practitioners for our small scale action.

We keep the ULG members engaged by actively involving them in the thinking process and in other parts of the project. We chose our small scale action because the ULG concluded, based on everyone's own professional expertise, that this was the most suitable small scale action to fight loneliness in a low-key way, close to the people concerned, in their own neighbourhoods. The ULG helped us design an infographic of the project and to write a press release. Several ULG members are main actors in our small scale actions.



Schedule of the ULG meetings

Meeting	ULG meeting 1
Location	City Hall
Date	January-2020
Topics	Getting to know each other
	Explanation about Urbact and SIBdev
	Presentation of a SIB
	Discussion

Meeting	ULG meeting 2
Location	De Twee Gezusters
Date	July-2020
Topics	Information about 2nd phase
	Two presentations of possible SSA's
	Commitment
	Discussion

Meeting	ULG meeting 3
Location	online
Date	February-2021
Topics	What are our main goals/problems?
	What SSA would fit that goal
	Loneliness
	Discussion

Meeting	ULG meeting 4
Location	De Twee Gezusters
Date	November-2021
Topics	introduction small scale action
	Content for external communication
	Discussion

Meeting	Small ULG meeting 5
Location	Municipality
Date	February-2022
Topics	Evaluation start ssa
	Commitment
	Discussion

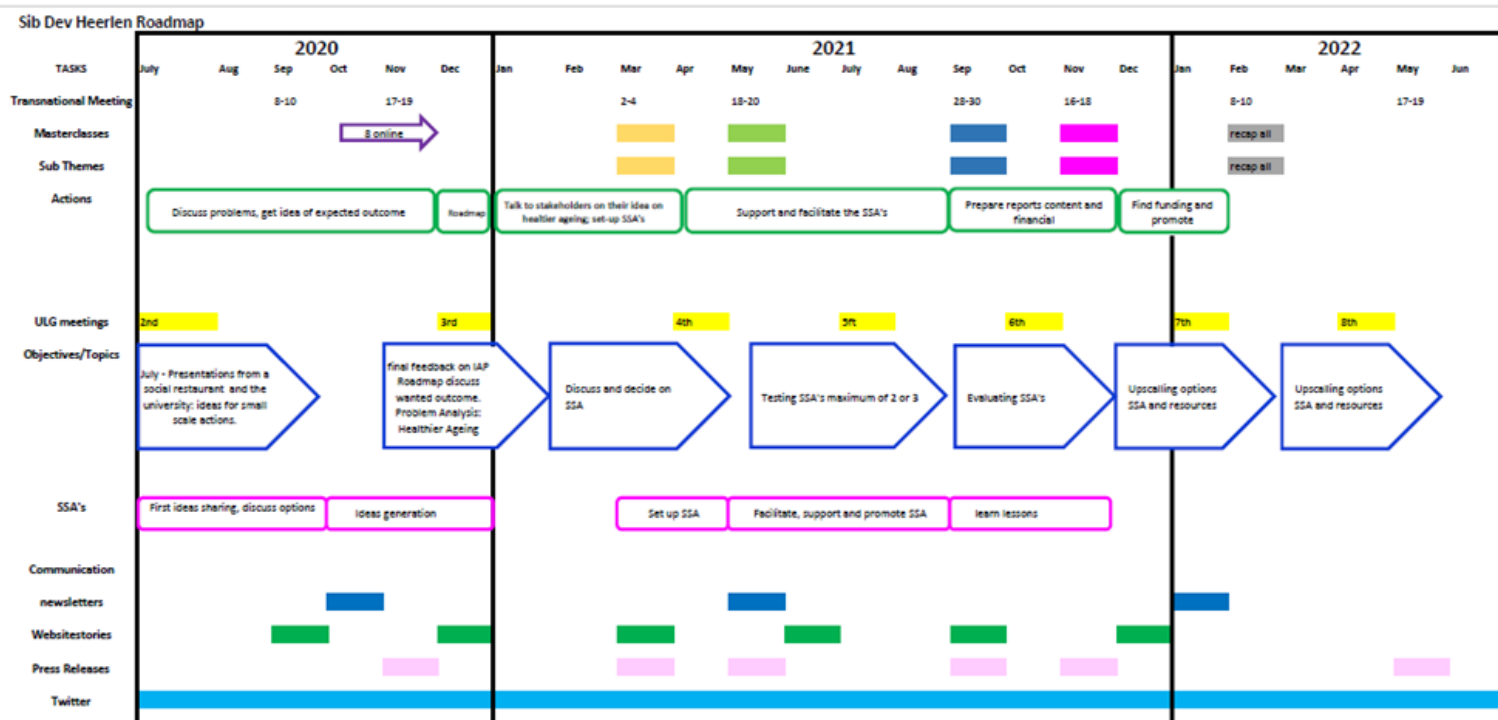
Meeting	Small ULG meeting 6
Location	Municipality
Date	April 2022
Topics	Experiences ssa so far
	Content for external communication
	Discussion

Meeting	ULG meeting 7
Location	Golden Tulip
Date	May 22
Topics	Visit partner cities
	What are the lessons from SSA so far?

Meeting	ULG meeting 8
Location	
Date	July 2022
Topics	Presentation of final IAP
	Future of the network/ULG
	Evaluation project

Communication

Our communication consists of messages on social media, press releases, photos, an infographic and short films. As a lead partner we organise online transnational meetings, masterclasses and thematic meetings. Our time table on communication and the small scale action:



In **yellow** you see our ULG activities, necessary to define the social issue we want to tackle and the target population we are going to focus on.

The actions in **green** are meant to define the intervention and the outcome metrics.

The **blue** actions help us to build the business case and to make a calculation and a program design.

The **pink** action handles the procurement and sets a time line for the small scale action.

Small Scale Action



Our small scale action 'Happy in the neighbourhood'

As part of URBACT SIBdev, Heerlen has set up a collaboration with general practices and coaches in two very different neighborhoods. The small scale action started on December 1st 2022 and lasts for six months.

The target group consists of 35 people in the age of 55 or older. These people visit their GP regularly with complaints caused by loneliness. 24 Patients from five GP's in the city center and 11 patients from a GP in Hoensbroek (Heerlen North) are participating in the project. We chose these two neighborhoods, because their population is quite different from each other. People living in the city center on average have a higher education and income level as compared to people coming from Hoensbroek. We not only want to research whether the small scale action works, but we also want to compare the two neighborhoods when it comes to interventions that are needed.

As opposed to providing a traditional medicine, a 'prescription' is issued for a few meetings with a neighbourhood connector who helps looking for suitable activities or possible friends in the neighborhood. The goal is to change the usual course of action, which is medicalization, into socializing. After referral from the neighbourhood connector and the care recipient look for the underlying causes of the complaints in a very informal way. No dossiers or questionnaires, just a cup of coffee and some friendly conversations. Then they investigate together which activity can help the care recipient to deal with the cause. The activity can be anything: joining a walking group or cooking club, getting acquainted with the a yoga group or looking for a buddy.

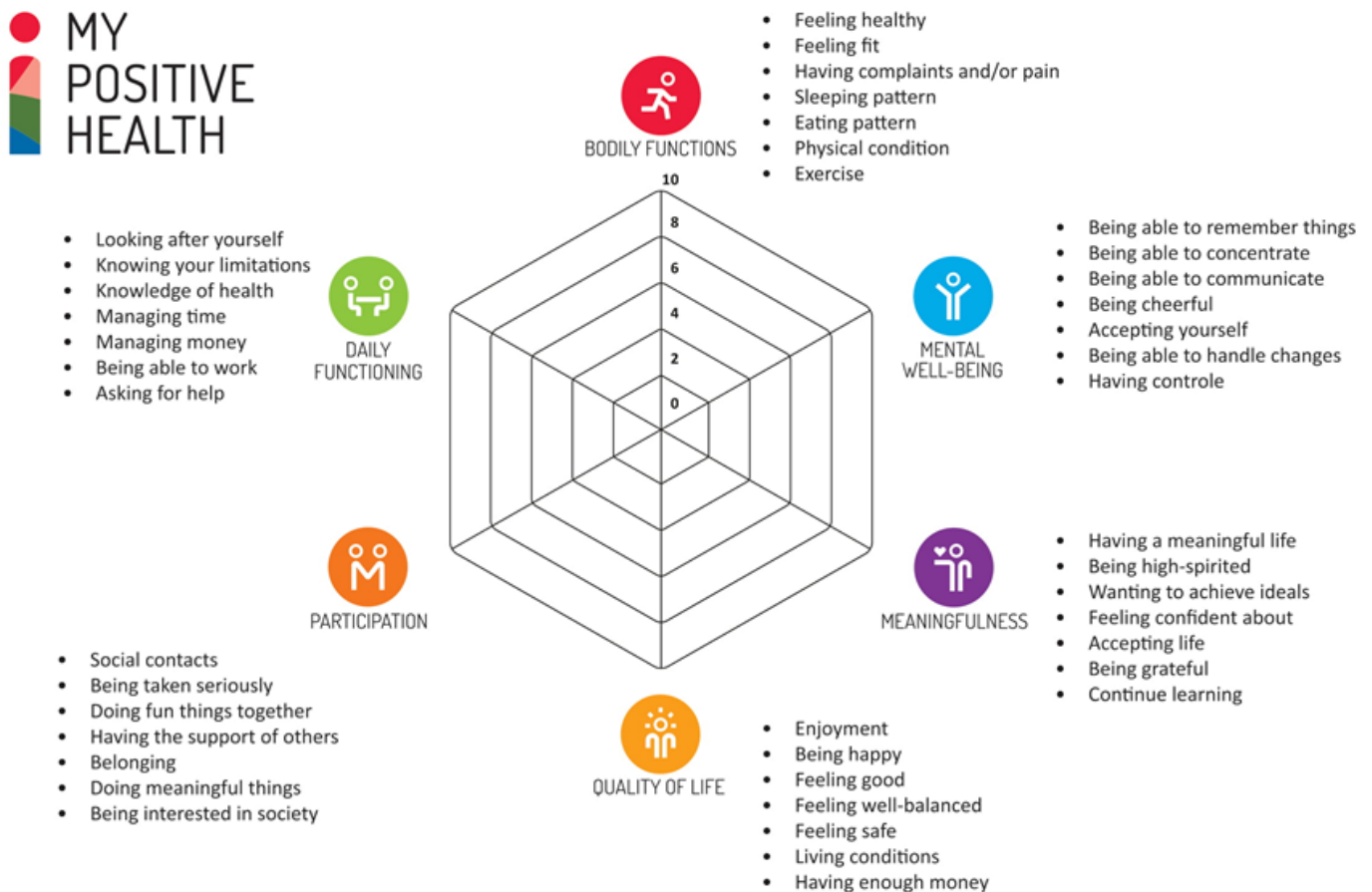
In addition to the intervention of the wellbeing coach, ten care recipients from the pilot will also receive a health check performed by BENU Pharmacy. This zooms in on lifestyle and health. Again, it is not about prescribing medication. It focuses on other factors that can contribute to good health, such as sufficient exercise and relaxation, a healthy weight and good blood values.

This URBACT small scale action is used to monitor whether the patient's vitality and feeling of happiness increase as a result of the prescribed activities. The ultimate goal is for everyone in Heerlen to grow older in a healthy and happy way. It is to be expected that this will lead to lower healthcare costs because people are less likely to end up in specialized mental health care.

We measure the intervention with objective and subjective methods.

The basis of our small scale action

When setting up an intervention we use the spider diagram of positive health as a starting point of our subjective measurement. The neighbourhood connector uses the spider diagram as a tool to measure the wellbeing of participant.



Institute for Positive Health (iPH) | Dialogue tool 1.0

It focusses on the areas in life that need attention when it comes to healthy and happy aging. By checking at the beginning of the project and at the end whether the patient has made or experienced progress in the diagram of positive health, we can see whether the vitality and happiness of the patient rises due to the prescribed activities. Our goal is to decrease or delay health problems, and as a result of that also the expected health care costs. One of the requirements of our target group is that it concerns people who score low on the positive health spider diagram.

Objective measures are collected by researching whether the patients visit their GP less after participation in the pilot.

First results

Loneliness is a subjective matter. People can be alone, but not lonely. People can be in a social relationship with others and still feel lonely. Therefore participants are regularly asked about their feeling of wellbeing during the pilot. The first evaluation of the small scale action turns out to be positive. Subjective measures show that the informal visits of the connector are very much appreciated by the participating elderly. The clients appreciate being heard, that someone takes the time to find out what is really going on in their lives. No files or questionnaires, just a friendly and sincere person-to-person conversation. People don't have to wait weeks for professional care,

‘Strange name, neighborhood connector. They should call you a neighborhood angel.’

Client to the neighborhood connector

Though the connector is a professionally trained social worker, the participants feel like talking to a friendly neighbor. They appreciate that the connector is not tied to professional care, because professional care often has a very tight framework and some people were disappointed before by the formal approach. The informal approach of the neighborhood connector makes participants open up quite quickly. Clients trust the connector, so the real question behind the question can be found more easily by the connector than by a professional care worker. Being heard gives people space in their heads to participate in our society again.

Already early in the small scale action we noticed differences between the situation in Heerlen Center and Hoensbroek. The elderly in the city center especially look for help in finding a solution themselves. They need shorter interventions than the elderly in Hoensbroek do. The elderly in Hoensbroek often receive a lot of professional care already and their social problems are very complex. People in this neighborhood have been through a lot in their lives, more than the average patient living in the city center. The elderly in Hoensbroek also often lack the ability to find solutions themselves, so the connector has to take more time for them.

Concrete results show that some participants joined to go to activities together, other participants started volunteering in their neighborhood and some people found new friends or even a new partner. Their wellbeing increased because of the intervention and they feel less lonely. The number of visits or calls to the general practitioner went down.

The elderly participants, as well as the neighborhood connectors and the general practitioners are very positive about the effect of the intervention.

‘By increasing the feeling of wellbeing, you decrease the demand for professional care’

neighborhood connectors Andrea and Wendy

The ssa provides an individual approach for 35 elderly residents. It is not the only action we are taking to help people age in a happy manner and to battle loneliness. Heerlen is an aging city, about one third of our population is senior citizen. The loneliness rate among our elderly is between 50% and 56%, depending on the neighborhood they live in. The rate of elderly with other social problems is also quite high. We grant our population to grow old happily and therefore the municipality has taken all kinds of actions to support the goal of happy and healthy aging. These are all general actions.

When the small scale action shows the expected results, we hope to be able to implement the project on a larger scale. We need the commitment of the general practitioners and of the health insurance company. When the individual approach leads to a decrease in the number of visits to the general practitioner and in drug use, the project would be very interesting for the health insurance company. With a relatively small investment in a patient, they can potentially lower the individual care costs significantly. This idea fits within their concept of prevention.

Regional information

The region is known for high incidence and prevalence of chronic diseases (pulmonary and cardiovascular) and unhealthy lifestyle behaviour. There is an aging population with a high amount of elderly people above the age of 70. The Dutch health care system in general and GP's in particular are confronted with serious health care challenges regarding the frail and vulnerable elderly population. Not only in a way of curing a disease but especially in care and prevention.

Dutch health care system

0 line: selfcare, family/friends and informal care organisations.

1st line: free accessible care by the municipality (social care, youth care, etc.)

1st line: free accessible care by GP's, pharmacies, physiotherapy, psychologists, home care organisations.

2nd line: only by referral of the GP to hospital or medical specialist.

Only 10% of the contacts with the GP is followed by a referral to the hospital or the medical specialist. GP's often are visited by patients with mental or social problems. Because of that, recently the diagnostic approach changed. A Frailty Index Score was introduced, which measures limitations provoked by physical, mental and/or social discomfort. The score determines which elderly patients are socially vulnerable. The score shows that the number of elderly suffering from social discomfort are a lot higher than expected, especially when it comes to loneliness. Often physical complaints appeared to be related to social vulnerability.

Tilburg Frailty Indicator (TFI)

Gobbens RJJ, van Assen MALM, Luijckx KG, Wijnen-Sponselee MTh, Schols JMGA. The Tilburg Frailty Indicator: psychometric properties. J Am Med Dir Assoc 2010; 11(5):344-355.

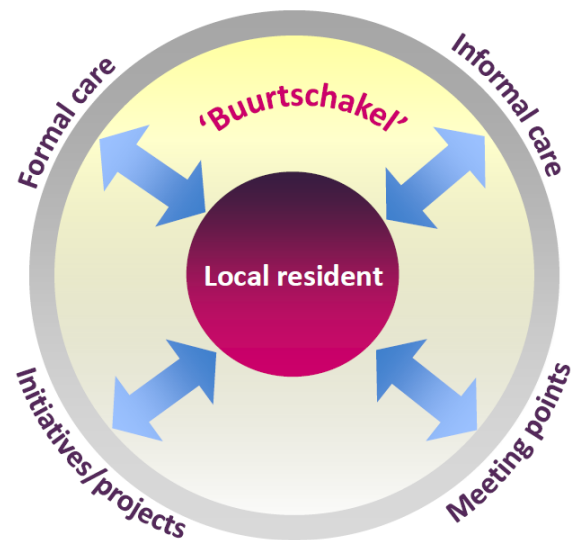
B1	Physical components		
11.	Do you feel physically healthy?	0 yes	0 no
12.	Have you lost a lot of weight recently without wishing to do so? (<i>'a lot' is: 6 kg or more during the last six months, or 3 kg or more during the last month</i>)	0 yes	0 no
	Do you experience problems in your daily life due to:		
13.	.....difficulty in walking?	0 yes	0 no
14.	.....difficulty maintaining your balance?	0 yes	0 no
15.	.....poor hearing?	0 yes	0 no
16.	.....poor vision?	0 yes	0 no
17.	.....lack of strength in your hands?	0 yes	0 no
18.	.....physical tiredness?	0 yes	0 no
B2	Psychological components		
19.	Do you have problems with your memory?	0 yes 0 sometimes	0 no
20.	Have you felt down during the last month?	0 yes 0 sometimes	0 no
21.	Have you felt nervous or anxious during the last month?	0 yes 0 sometimes	0 no
22.	Are you able to cope with problems well?	0 yes	0 no
B3	Social components		
23.	Do you live alone?	0 yes	0 no
24.	Do you sometimes miss having people around you?	0 yes 0 sometimes	0 no
25.	Do you receive enough support from other people?	0 yes	0 no

GP's are trained to treat physical and mental problems. But what to do with social discomfort and loneliness? We started our small scale action because we wanted to find a solution to this question. The GP's were happy to join and one of the results of the small scale action is less visits to the GP. The GP's notice that the participating patients have a renewed feeling that their lives still matter.

The strength of the neighborhood connector (buurtschakel)

The neighborhood connector makes a connection between the patient and the neighborhood, other residents, projects in the neighborhood, meeting points, etc. The neighborhood connector is not a care provider

- Encouraging local residents to help each other
- Keeping track of the social network / keeping up with and making the social map insightful
- Increasing prevention
- Working more neighborhood-oriented
- Knowing what's going on behind closed doors
- Not letting go before transferring to (in)formal authorities
- Preventing the medicalization of welfare issues
- Improving the quality of life
- Figuring out care needs and listening to the people



and works on insight. This creates trust among the local residents.

By increasing well-being, we are able to lower the demand for care.

Time frame small scale action

2020

July	August	September	October	November	December
presenting first ideas			research on ideas		

2021 – S1

January	February	March	April	May	June	July
	selection of ssa	which steps to take?		commitment partners		

2021 - S2

August	September	October	November	December
necessary arrangements	selection participants	design infographic	communication	start ssa

2022

January	February	March	April	May	June	July
	Evaluation start ssa		First conclusions	Presentation results	Final evaluation	Follow up



Actions and activities small scale action

Activity title: small scale action – Together1		Action owner: municipality – elderly policy	
Short description: set up a small scale action (pilot) to try out an intervention in two neighborhoods in which we try to make people less lonely and more happy and healthy.	Stakeholders: Municipality policy officers, 5 gp's in Heerlen City Centre, 1 gp in Hoensbroek, Meander Care Group (wellbeing coaches), pharmacy BENU	Links to strategy: Elderly development agenda	Finance: € 4.999 Urbact, € 8.400 municipality – elderly policy Resources: 2 project leader 4 hours per week (HPW) 2 wellbeing coaches 20 HPW 2 gp's 15 hrs in total 4 gp's 10 hrs in total 1 pharmacist 10 hrs in total 1 financial analyst: 4 hrs in total
Target group: - 35 patients - aged 55 and older - living in Heerlen Centre or Hoensbroek - low scores on spider diagram of positive health		Action readiness: Idea approved by alderman and ULG. Kick off December 1, 2021. End May 30, 2022	Risks: people don't believe in positive impact of project, Cherry picking at the start, only the best ones finish the program.

Activities, outputs and risks

Activity	Dates	Outputs	Related activities	Risks
Present several ideas for ssa	08-07-2020	Presentations on possible ssa's	ULG meeting	Not enough good ideas for a ssa
Research possibilities and risks ideas	Sept-dec 2020	Preference for one ssa based on feasibility and risk avoidance	Look at other good ideas	Too many risks that can jeopardise the ssa, no realistic idea for an ssa
Choose ssa	25-02-2021	ssa	Find finance	ULG members have different preferences
Define steps	March 2021	project schedule	Make connection to other elderly projects	
Find commitment for ssa	May 2021	ULG members who want to participate in the process	ULG meeting	Not enough commitment, nobody willing to invest in the project
Find stakeholders for ssa	May 2021	Stakeholders input	Contact gp's in two neighborhoods	Stakeholders have different views
Define target group and time frame	June-August 2021	List of selection criteria for target group, time frame	ULG meeting	Time frame is not realistic due to covid
Find wellbeing coaches	July-Sept 2021	Engagement of care company to the project, two committed wellbeing coaches	Meeting with care providers	There are no suitable applicants
Find participants	Oct 2021	List of participants	Meeting with gp's about target group and purpose of the project.	Not enough participants that are willing to join the project
Design infographic	Oct 2021	Infographic	ULG meeting	Infographic is not able to explain ssa
Write press release	Oct 2021	Press release	ULG meeting	
Start ssa	1 Dec 2021	Project start	Kick off meeting	Delay due lack of personnel or covid measures
Facilitate ssa	January-May 2022	Intervention for target group		Dispute over sources, covid measures
Midterm evaluation	Feb 2022	Midterm evaluation o how the		Ambiguous results
End of ssa	30 May 2022		Final meeting	
Measure results/evaluation	June-July 2022	report on usefulness of project, evidence based measurements	Ask Open University, gp's and pharmacy to measure and deliver results	Ambiguous results, not enough cooperation, professional secrecy

Other actions in our battle against loneliness

Total budget € 250.000

Action 1 – visiting elderly when they turn 66 (2021-2022)

In this action we offer a house visit by a trained social volunteer to elderly citizens who turn 66. The volunteers (often elderly themselves) talk about daily challenges, health and wellbeing. They offer personal information about existing facilities in the field of housing, finances and participation. They can also signal loneliness and other problems.

Stakeholders

- The University of Applied Science: create a training for volunteers
- Care co-operative Stand-By! to find and coach volunteers

Action 2 – opening a loneliness hotline and a listening line (2020)

It is not easy for the municipality to find out which people are lonely and need support. People can call the loneliness hotline when they feel lonely or when they notice that somebody in their family or neighbourhood feels lonely.

Listening line Sensor provides a listening ear 24/7. People who want to talk to another person, about sad things or happy things or just for any conversation, can call Sensor. Trained volunteers are standby to listen and talk with callers.

Stakeholder

- Contact point Sociaal Portaal
- Telephone line Sensor

Action 3 – aging in a digitally skillful way (2021-2022)

Especially during covid lockdowns we experienced how important the digital world is to us. For example, to stay in touch digitally with loved ones, if necessary digital contact with the GP or practice nurse, arrange online banking, or order groceries online at the supermarket. Research by the Open University has shown that improving digital skills can also contribute to reducing loneliness.

For this reason, the Open University and the municipality of Heerlen jointly develop a neighbourhood-oriented program to familiarize people over 65 in the digital world: Senior Digi Skills. This is a project that helps elderly of 65 years and older to become skillful in using a computer, tablet or smart phone. This action is a collaboration with the local Open University. The elderly are offered lessons in which they learn basic internet skills and how to use social media.

- Open University
- Elderly organisations
- Neighbourhood support points

Action 4 – the Neighbourhood Bus and the Plus Bus (2022)

The idea for a neighbourhood bus came from our residents. Almost all neighbourhoods have neighbourhood support locations. People can go these locations to ask for help, but also for a chat and a cup of coffee. When the weather is bad, elderly often are not able to go to the neighbourhood location. In that case they can take the neighbourhood bus. The bus brings them to the location. The bus also helps to lower the threshold for people who find it hard to go to the support location alone. The first few times the bus can pick them up, so they can go to the support location together with other neighbourhood residents. After a few times they can go by themselves.

Also the neighbourhood bus functions as a mobile support point.

The Plus Bus is an initiative of two volunteers for people over 55 from Heerlen, who are not or less mobile. Trips are being organised to the market, a shopping center or supermarket, to a museum. People get the chance to experience and see places together with others, to have a nice day and build a social network.

Stakeholders

- Neighbourhood support location and organisation A Gene Bek
- Volunteer drivers



Result and output indicator ssa and other actions

Result indicators				
Specific objectives	Definition	Baseline value	Target value	Source of information
Decrease loneliness among elderly 55+	Number of elderly 55+ that feel lonely at least 3 days per week	16%	15%	CBS, Parkstad Monitor, Spider diagram positive health
Increase health	Number of visits to the gp per month per participant	4	1	Spider diagram positive health, information gp's and pharmacy,
Increase happiness among participants of the ssa	Number of people who were able to experience more	15	27	Spider diagram positive health, interviews
Lower care costs	Amount of health care costs in first and second half of the project			

Stakeholders

It's important to keep stakeholders connected and informed. We need stakeholders from different disciplines. For that reason our ULG is very diverse. A bank, several private investment funds and the largest health insurance company of the South of the Netherlands are members of our ULG. Especially the support of the health insurance company is very important when it comes to implementing our projects on a larger scale, preferably for all elderly in Heerlen. We also need the general practitioners. They know their patients and can point out who could benefit from a social intervention.

Probably the most important stakeholders for us: the neighbourhood organisations and the people that are living in the neighbourhood. They are our eyes, ears and hands when it comes to helping others to age in happy way, to support elderly in learning new skills, in establishing a social network.

SIB

We have no experience in establishing a SIB. There aren't many SIBs in our country, it is a very innovative way to address and finance social issues and to share responsibilities for those issues with private investors. When the individual approach leads to a decrease in the number of visits to the general practitioner and in drug use, the project would be very interesting for the health insurance company. With a relatively small investment in a patient, they can potentially lower the individual care costs significantly. This idea fits within their concept of prevention. We aim at financial commitment from the national

Social Impact Bond



Resources

We need *human resources*: the policy advisors and financial staff of the municipality, general practitioners, pharmacists, investors, health coaches.

We need *financial resources*: we have local budget, national budget, European budget and the time and sources of our investors. At the moment we aim at the individual budget of the health care insurance.

We need *material and technical resources*: an office and office equipment, information and statistics about psycho social information on our elderly, a financial system that can also measure the financial outcome.

In the municipality 4 fulltime policy officers are working on the subjects of elderly policy and loneliness.

When we establish a SIB, we also need a fulltime financial advisor, a contract manager and legal assistance.

Financial resources include a budget of € 320.000 per year for elderly policy and loneliness.

If we want to establish a network of neighborhood connectors in Heerlen (1 per neighborhood = 14 fulltime connectors). Totally needed resources € 1.4 million. We aim at establishing a SIB for this. Also we need to train volunteers in the neighbourhood to support the connector. The volunteers can take over from the connector after the intervention is made.

Our small scale action was a small Sib already, because the home care organisation and the GP's invested in this project. In order to establish a large SIB, we need support from investors like health insurance companies and the provincial or national government.



Process SIB

Definition	<ul style="list-style-type: none"> • What is the social issue we want to solve? • Which target group? • How large is the target group? 	<ul style="list-style-type: none"> • Analyse target group • Look for stakeholders • Assess objective and subjective measurement methods for a baseline measurement.
Development of the intervention strategy	<ul style="list-style-type: none"> • What are the needs/problems of the target group? • What are the causes of the problem? • What are the gaps in the current care and services? • What kind of intervention is needed? • Are there proven interventions already? 	<ul style="list-style-type: none"> • Consult organisations that work with the target group. • Analyse current situation. • Analyse possible interventions. • What is the outcome we hope for?
Development of the SIB	<ul style="list-style-type: none"> • What is a suitable program? • Is it suitable for a SIB? • Who do we need for the intervention? • How can we measure the improvement in social outcomes (financially and socially)? • How much does the intervention cost? • Which connections can we make to other projects and activities? • Who is willing to invest? • What is the value of the outcome? 	<ul style="list-style-type: none"> • Who are the potential providers of the intervention? • Available financial sources and budgets. • What are the needs of possible investors? • Who will measure the outcome and translate it into a financial result? • Is there already evidence of the effects of the intervention?
Financial and legal model	<ul style="list-style-type: none"> • Is the financial model realistic? • How high will the cost savings be? • Are the cost savings high enough to be interesting to possible investors? • Can the cost savings be achieved within an acceptable period of time? • Who will benefit from the cost savings and the social outcome? • Who can take care of the legal aspects of 	<ul style="list-style-type: none"> • Make a risk analysis. • Make a financial analysis. • Build a financial model. • Look at the legal frame work. • Sign contracts



Heerlen, May 2022