Norfolk County Council

Health & Wellbeing Board
&
Shadow Integrated Care Partnership

Date: **Wednesday 8th June 2022**

Time: **9.30am**

Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Advice for members of the public:

This meeting will be held in public and in person.

It will be live streamed on YouTube and, in view of Covid-19 guidelines, we would encourage members of the public to watch remotely by clicking on the following link: https://www.youtube.com/channel/UCdyUrFjYNPfPq5psa-LFIJA/videos?view=2&live_view=502which

However, if you wish to attend in person it would be most helpful if, on this occasion, you could indicate in advance that it is your intention to do so. This can be done by emailing committees@norfolk.gov.uk where we will ask you to provide your name, address and details of how we can contact you (in the event of a Covid-19 outbreak). Please note that public seating will be limited.

As you will be aware, the Government is moving away from COVID-19 restrictions and towards living with COVID-19, just as we live with other respiratory infections. To ensure that the meeting is safe we are asking everyone attending to practise good public health and safety behaviours (practising good hand and respiratory hygiene, including wearing face coverings in busy areas at times of high prevalence) and to stay at home when they need to (if they have tested positive for COVID 19; if they have symptoms of a respiratory infection; if they are a close contact of a positive COVID 19 case). This will help make the event safe for all those attending and limit the transmission of respiratory infections including COVID-19.

For further details and general enquiries about this Agenda please contact the Committee Officer: Jonathan Hall on 01603 679437 or email: committees@norfolk.gov.uk

27 May 2022

Norfolk Health & Wellbeing Board

Date: **Wednesday 08 June 2022**
Time: **09:30 - 12:30**
Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Representing	Membership	Substitute
Borough Council of King's Lynn & West Norfolk	Cllr Sam Sandell	Cllr Elizabeth Nockolds
Breckland District Council	Cllr Alison Webb	Cllr Sam Chapman-Allen
Broadland District Council	Cllr Fran Whymark	Cllr Roger Foulger
Cambridgeshire Community Services NHS Trust	Matthew Winn	
East Coast Community Healthcare CIC	Ian Hutchinson	Tony Osmanski
East of England Ambulance Trust	David Allen	Cllr Sam Chapman-Allen
East Suffolk Council	Cllr Mary Rudd	Cllr Alison Cackett
Great Yarmouth Borough Council	Cllr Emma Flaxman-Taylor	Cllr Donna Hammond
Healthwatch Norfolk	Patrick Peal	Alex Stewart
James Paget University Hospital NHS Trust	Joanne Segasby	Anna Davidson
Norfolk Care Association	Christine Futter	
Norfolk Community Health & Care NHS Trust	Geraldine Broderick	Stephen Collman
Norfolk Constabulary	ACC Nick Davison	Supt Chris Balmer
Norfolk County Council, Cabinet member for Adult Social Care, Public Health and Prevention	Cllr Bill Borrett	
Norfolk County Council, Cabinet member for Childrens Services and Education	Cllr John Fisher	
Norfolk County Council, Director of Public Health	Dr Louise Smith	
Norfolk County Council, Executive Director Adult Social Services	James Bullion	Debbie Bartlett
Norfolk County Council, Executive Director Children's Services	Sara Tough	Sarah Jones
Norfolk County Council, Leader (nominee)	Cllr Lana Hempsall	
Norfolk & Norwich University Hospital NHS Trust	Tom Spink	Sam Higginson
Norfolk & Suffolk NHS Foundation Trust	Stuart Richardson	
Norfolk & Waveney CCG (NHS)	Tracy Williams	
Norfolk & Waveney CCG (NHS)	Dr Anoop Dhesi	
Norfolk and Waveney Health and Care Partnership (Chair) and NHS Norfolk and Waveney Integrated Care Board (Chair Designate)	Rt Hon Patricia Hewitt	
Norfolk and Waveney Integrated Care Board (Chief Executive Designate)	Tracey Bleakley	
North Norfolk District Council	Cllr Virginia Gay	Cllr Emma Spagnola
Norwich City Council	Cllr Beth Jones	
Police and Crime Commissioner	Giles Orpen-Smellie	Dr Gavin Thompson
Queen Elizabeth Hospital NHS Trust	Caroline Shaw	
South Norfolk District Council	Cllr Alison Thomas	Cllr Florence Ellis
Voluntary Sector Representative	Emma Ratzer	Pete Boczko
Voluntary Sector Representative	Dan Mobbs	Hilary MacDonald
Voluntary Sector Representative	Alan Hopley	Daniel Childerhouse

Additional members invited as guests:

Suffolk Health and Wellbeing Board	Cllr Beccy Hopensperger

Shadow Integrated Care Partnership

Date: **Wednesday 08 June 2022**
Time: **on rise of the Norfolk Health and Wellbeing Board**
Venue: **Council Chamber, County Hall, Martineau Lane, Norwich**

Representing

Borough Council of King's Lynn & West Norfolk
Breckland District Council
Broadland District Council
Cambridgeshire Community Services NHS Trust
Chair of Voluntary Sector Assembly
East Coast Community Healthcare CIC
East of England Ambulance Trust
East Suffolk Council
Great Yarmouth Borough Council
Healthwatch
James Paget University Hospital NHS Trust
Norfolk Care Association
Norfolk Community Health & Care NHS Trust
Norfolk Constabulary
Norfolk County Council, Cabinet member for Adult Social Care, Public Health and Prevention
Norfolk County Council, Cabinet member for Childrens Services and Education
Norfolk County Council, Director of Public Health
Norfolk County Council, Executive Director Adult Social Services
Norfolk County Council, Executive Director Children's Services
Norfolk County Council, Leader (nominee)
Norfolk & Norwich University Hospital NHS Trust
Norfolk & Suffolk NHS Foundation Trust
Norfolk & Waveney Integrated Care Board (Chair Designate)
Norfolk & Waveney Integrated Care Board (Chief Executive Designate)
North Norfolk District Council
Norwich City Council
Police and Crime Commissioner
Primary Care Representatives (1)
Primary Care Representatives (2)
Primary Care Representatives (3)
Primary Care Representatives (4)
Primary Care Representatives (5)
Queen Elizabeth Hospital NHS Trust
South Norfolk District Council
Suffolk County Council, Cabinet Member for Adult Care
Suffolk County Council, Executive Director of People Services
Voluntary Sector Representative (1)
Voluntary Sector Representative (2)

Norfolk Health & Wellbeing Board and Shadow Integrated Care Partnership

Wednesday 08 June 2022
Agenda
Time: 09:30 - 12:30

08:45 - 09:25: *There will be a Networking opportunity available prior to the start of the meeting in the Edwards Room, (next door to the Council Chamber) at County Hall, Norfolk County Council.*

1.	Election of Chair	Committee Officer	
2.	Election of Vice Chair	Chair	
3.	Apologies	Committee Officer	
4.	Chair's opening remarks	Chair	
	Norfolk Health and Wellbeing Board		
5.	HWB Minutes/ICP Minutes	Chair	(Page 4)
6.	Actions arising	Chair	
7.	Declarations of interests	Chair	
8.	Public Questions (How to submit a question) Deadline for questions: **9am, Monday 6 June 2022**	Chair	
9.	Urgent arising matters	Chair	
10.	Director of Public Health Annual Report (HWB) **(Presentation)**	Louise Smith/ Diane Steiner	(Page 11)
11.	Domestic Abuse, Early Intervention and Prevention (HWB) **(Presentation)**	Giles Orpen-Smellie/ Gavin Thompson	(Page 55)
	Norfolk Health and Wellbeing Board and Shadow Integrated Care Partnership		
12.	Prevention Research, Feedback from Healthwatch Norfolk (HWB/ICP) **(Presentation)**	Patrick Peal/ Emily Woodhouse	(Page 75)
	Shadow Integrated Care Partnership		
1.	Tell your story once: Norfolk and Waveney Shared Care Record (ICP) **(Presentation)**	James Bullion/ Amy Lees/ Geoff Connell/ Zac Blake	(Page 155)
2.	Norfolk and Waveney People and Communities approach (ICP) **(Presentation)**	Patricia Hewitt/ Paul Hemingway	(Page 158)
3.	Health and Wellbeing Partnerships Progress (ICP)	Dr Louise Smith/ Alison Gurney	(Page 161)

Further information about the Health and Wellbeing Board can be found on our website at: About the Health and Wellbeing Board

Health and Wellbeing Board
Minutes of the meeting held on 28 April 2022 at 09:30am
in Council Chamber, County Hall Martineau Lane Norwich

Present:	**Representing:**
Cllr Bill Borrett	Cabinet member for Adult Social Care, Public Health andPrevention, Norfolk County Council
Debbie Bartlett	Director, Transformation and Strategy, Adult Social Services, Norfolk County Council
Cllr John Fisher	Cabinet Member for Children's Services and Education, Norfolk County Council
Cllr Alison Webb	Breckland District Council
Cllr Sam Sandell	Borough Council of King's Lynn & West Norfolk
Cllr Fran Whymark	Broadland District Council
Sara Tough	Executive Director of Children's Services, Norfolk County Council
Chris Butwright	Assistant Director, Prevention & Policy, Public Health, Norfolk County Council
Anna Gill	Cambridgeshire Community Services NHS Trust
David Allen	East of England Ambulance Trust
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Alex Stewart	Healthwatch Norfolk
Cllr Lana Hempsall	Leader of Norfolk County Council (nominee)
Tracy Williams	NHS Norfolk & Waveney CCG
John Ingham	NHS Norfolk & Waveney CCG
Oli Matthews	Norfolk & Suffolk NHS Foundation Trust
Rt Hon Patricia Hewitt	Norfolk & Waveney Health & Care Partnership (Chair) and NHS Norfolk & Waveney Integrated Care Board (Chair Designate)
Cllr Alison Thomas	South Norfolk District Council
Graham Ward	Queen Elizabeth Hospital NHS Trust
Alan Hopley	Voluntary Sector Representative
Emma Ratzer	Voluntary Sector Representative
Cllr Beccy Hopfensperger	Suffolk County Council

Officers Present:

Stephanie Butcher	Policy Manager Public Health
Rachael Grant	Policy Manager Public Health
Stephanie Guy	Advanced Public Health Officer
Jonathan Hall	Committee Officer
Kat Hulatt	Head of Legal Services

Speakers:

Tim Eyres (Item 10)	Assistant Director, Children Services
Ellie Phillips (item 12)	Analyst, Adult Social Care

Also in attendance:
Cllr Michael Chenery of Horsburgh Norfolk County Council

1. Apologies

1.1 Apologies were received from Jane Segasby, ACC Nick Davison, Cllr Gay, James Bullion, (Debbie Bartlett substituting) Dr Louise Smith, (Chris Butwright substituting) Tracey Bleakley, (John Ingham substituting) Patrick Peal (Alex Stewart substituting) and Stuart Richardson (Oli Matthews substituting)

1.2 Also absent was Dr Sanjoy Kaushal, Dr Anoop Dhesi, Sue Cook, Cllr Rudd, Ian Hutchison Geraldine Broderick, Giles Orpen-Smellie, Cllr Jones and Dan Mobbs.

2. Chair's Opening Remarks

2.1 The Chair opened the meeting and welcomed those present and advised that the meeting would be held in three segments as Health and Wellbeing Board (HWB) matters, joint matters for both HWB and Shadow Integrated Care Partnership (ICP) and then finally Shadow (ICP) only.

3. Minutes

3.1 The minutes of the meeting held on 1st December 2021 were agreed as a true and accurate record and were signed by the Chair.

4. Actions arising from minutes

4.1 None

5. Declarations of Interest

5.1 None

6. Public Questions

6.1 No questions were received.

7. Urgent Arising Matters

7.1 The Chair raised the serious issue of the announcement by the CQC of the Inadequate Rating for NHS Norfolk & Suffolk Mental Health Trust (NSFT). The Chair therefore invited Oli Matthews from the Trust to comment. Mr Matthews responded that the Trust fully accepted the report and its findings on the failure to provide the services residents of Norfolk and Suffolk would expect and the Trust are committed to making improvements. Progress had not been made in key areas that had been expected and an action plan to improve these was already in place. There were some good areas within the report from CQC concerning care for patients and both learning disabilities and children's services had also made improvements. This reflected the hard work of the front-line staff involved within the Trust. However, these improvements did not deflect from the overall concerns and seriousness of the report. A key priority was to recruit more doctors and nurses to help improve services as well as focus on the root causes of issues highlighted in the report to ensure a sustainable recovery within the improvement plan.

The Chair then invited Rt Hon. Patricia Hewitt, Norfolk & Waveney Health & Care Partnership (Chair) and NHS Norfolk & Waveney Integrated Care Board (Chair Designate) to comment. She stated that she shared in the disappointment of everyone concerned regarding the report but wished to highlight that the frontline staff involved in the caring aspects had been rated as 'Good' and it was important to acknowledge their hard work and determination to provide quality services, despite the difficult work circumstances during the pandemic. In addition, Patricia Hewitt concluded that there must be an acknowledgement that care for mental health patients was the responsibility of all partners within the health sector and should not be left solely to the Trust. Demand for services had increased significantly because of the pandemic and this was a challenge for everyone involved to meet and was a top priority for the new Integrated Care Board.

8. Amendments to the Health and Wellbeing Board Terms of Reference

8.1 The HWB received the report which was introduced by Debbie Bartlett, Director of Transformation and Strategy, Norfolk County Council Adult SocialServices.

8.2 Due to the legislative changes being brought about by the Health and Care Act 2021 there was a need to refresh the HWB Terms of Reference to remove mention of Clinical Commissioning Groups and replace them with Integrated Care Boards from 1 July 2022.

8.3 The HWB **agreed to:** the changes to the Health and Wellbeing Boards Terms of Reference required by the change in legislation.

9. Clinical Commissioning Group (CCG) Annual Reports

9.1 The HWB received the annexed report (9) which was introduced by John Ingham of Norfolk & Waveney CCG.

9.2 The annual report of the CCG must include a narrative about how they have contributed to the delivery of the priorities of their local Health and Wellbeing Board. The Board was being consulted on the proposed narrative.

Tracy Williams (Vice Chair) endorsed the narrative and added that during the pandemic many inequalities had been exposed and there would be many opportunities at 'Place Level' to address these.

9.3 The HWB **agreed to:** the proposed narrative within the report.

10. Flourishing in Norfolk, Children's and Young People's (CYP) partnership strategy

10.1 The HWB received the report, which was introduced by Sara Tough Executive Director for Children's Services.

10.2 The HWB was asked to formally adopt the shared ambition of Norfolk's Children and Young People Strategic Alliance that Norfolk is a place where all children and young people can flourish, and to endorse the progress made through the Strategic Alliance to develop a children and young people's partnership strategy 'Flourishing in Norfolk', in line with the HWB's strategic priorities. The report outlined the development of the Children and Young People Strategic Alliance as the strategic partnership governance arrangements for the children and young people system in the county and how the work of the Strategic Alliance feeds into and supports the priorities of Norfolk's HWB to prioritise prevention, tackle inequality in communities, and develop integrated ways of working.

10.3 The following points were discussed and noted:

- The impact of the 'If Norfolk had 100 Children' on page 11 of the strategy brought home the challenges and actions required for all stakeholders, with 1 in 6 children having a mental health need.
- The approach had been welcomed and well received from the voluntary sector.
- Leadership teams of all stakeholders were encouraged to use the document to help shape and support their own strategies and polices on how they can support children and young people.
- Engagement with children was an important part of the overall prevention strategy as they develop into young adults and further on into their lives.
- Work is being undertaken to envisage how children and young people's needs will fit in to the priorities of ICP and ICB moving forward and how the Flourish strategy can be reinforced and made more visible at leadership level and at every part of the system.
- Tim Eyres joined the meeting and advised that on 11 May 2022 Flourish will be formally launched, hosted by Community Sports Foundation at The Nest. It will be a

high profile event and organisations attending will be asked to pledge just one new thing they will do over the next 12 months that shares part of the Flourish ambition.

10.4 The HWB **agreed to**:

- Formally commit to adopt the Children and Young People Strategic Alliance's shared ambition that Norfolk is a place where all children and young people can flourish.
- Endorse the progress made through the Children and Young People Strategic Alliance to develop a children and young people's partnership strategy: Flourishing in Norfolk.

11 Joint Health and Wellbeing Strategy update and next steps

11.1 The HWB received the report which was introduced by Debbie Bartlett, Director of Transformation and Strategy, Adult Social Services, Norfolk County Council. The Board has a statutory duty to produce a Joint Health and Wellbeing Strategy. At the previous meeting the HWB had recognised the need to refresh its strategy and had started the process. Adjacent to this, guidance had been received about the ICS and the requirement to have an Integrated Care Strategy. These two processes had been taking place concurrently and the Board was asked to consider bringing these two processes together and the report provided details on how this could happen.

The strategy had looked at how Board members had perceived the previous strategy by undertaking 1 to 1 interviews, as well as commissioning research into how the public understands prevention which included the involvement of Healthwatch Norfolk. A workshop was undertaken on how all the elements (including input from Suffolk's HWB and Strategy) could be brought together into one over-arching strategy. It was proposed that the Board consider a small group within the membership to form some firm proposals and to return to the Board in the July 2022.

11.2 The following was discussed and noted:

- South Norfolk Council were due to refresh their own strategy, which shall dovetail with the Board strategy. Great Yarmouth Borough Council had already endorsed the new strategy.
- It was acknowledged that there needs to be common language used to ensure all definitions and understandings are the same.
- There needs to be an acknowledgment within the strategy about what outcomes wish to be pursued and how these are achieved. There needed to be a focus on the areas that a difference needs to be seen in.
- Once the building blocks were in place an over-arching strategy can be produced to engage all stakeholders.

11.3 The HWB **agreed to**:

- Support bringing together the Norfolk and Waveney Integrated Care Strategy with the Norfolk and Suffolk JHWBS, to include the Waveney population.
- Receive a proposal at the inaugural ICP meeting, outlining initial priorities and plans for the Integrated Care Strategy. This proposal is to be developed collaboratively with partners.

12. Prevention Research: Feedback from BritainThinks

12.1 The HWB received the report which was introduced by Debbie Bartlett, Director of Transformation and Strategy, Adult Social Care, Norfolk County Council. As part of the refresh of the HWB's strategy, to include the guidance regarding ICS / ICP the Board had previously identified that prevention was a key priority. The report updated the Board on the progress of the prevention workstream.

Ellie Phillips undertook a presentation on the Feedback from BritainThinks (BT) which can be found on the Board's website pages.

12.2 The following was discussed and noted:

- The sample of 60 people was considered sufficient given the depth of the questions and capturing the experiences. In addition, data from commissioned research from Healthwatch Norfolk is expected in June 2022. Whilst this is not as in depth, it sampled a wider range of people.
- It was felt the feedback and data collected from BT was extremely interesting and it would be desirable to have a separate session with them to scrutinise the feedback more closely.
- Whilst a participant demographic breakdown was not available, BT were asked to include at least 5 people from each of the 8 District areas. Ellie Phillips committed to returning to the committee with the detailed data.
- The report was considered an important platform to build on to engage with the work that had developed during the pandemic.
- The use of a common language was again suggested as a key priority.
- It was acknowledged that all partners have a role to play in promoting prevention services and helping the public to help themselves to access services and make better health choices.

12.3 The HWB **agreed to**:

- Discuss the report and endorse the findings.
- Revise the HWB's definition of 'prevention'.
- Create an action plan for incorporating findings into the Strategy refresh.
- Review terminology in existing communication materials.

The Chair formally closed the Health and Wellbeing Board meeting at 10.52am

The meeting moved on to Integrated Care Partnership (ICP) matters only, and the Chair-Designate advised the members that the ICP was currently being held in shadow form only and all recommendations agreed to would require ratification at the first inaugural meeting once the legislation was in place from 1st July 2022.

13 Formation and Development of the Norfolk & Waveney Integrated Care Partnership (ICP)

13.1 The Shadow ICP received the report which was introduced by Debbie Bartlett. There was a need to endorse the terms of reference and membership of the Integrated Care Partnership. These items had been considered previously at a workshop and had been brought to the meeting for formal approval.

13.2 The following points were discussed and noted:

- The ICS and ICP will be two statutory platforms that will need to work closely together, which will be critical in delivering the key services. It was proposed that the Chair of the ICP will be a member of the ICB.

13.3 The Shadow ICP **agreed to**:

- Note the progress so far and agreed the recommendations made at the ICP Development session on 23 February 2022 in preparation for their ratification after 1 July 2022. These are:
  1) The proposed Terms of Reference, which includes membership.
  2) The purpose, functions, and guiding principles.
  3) Secretariat and the development of a Forward Plan for the ICP.
  4) Coordinate place-based plans across Norfolk and Waveney in order to further progress the delivery of the integrated care strategy and the existing functions of the Health and Wellbeing Board.
  5) Appointment of Chair.

14 Developing Norfolk and Waveney's Integrated Care System

14.1 The Shadow ICP received the report which was introduced by Rt Hon. Patricia Hewitt and John Ingham. There was good progress being made with the ICB and it will be up and running on 1st July 2022.There will be a smooth transition between the Board and the CCG. The transition Oversight Group was playing a valuable role in the process. John Ingham from Norfolk and Waveney CCG added that guidance was being received constantly from NHS England regarding the formation and direction of ICBs and that all executive positions on the Board had now been identified and recruited to.

14.2 The following points were discussed and noted:

- The role of District Council representation on the ICB was queried as no direct place on the ICB could be seen from the diagram on page 155 of the report. It was acknowledged that both the ICB and ICP would need to work closely and that the majority of the work to shape and deliver services would be done by the ICP/Health and Wellbeing Partnerships and at 'Place Level' . The Chair of the ICB and representation from both Norfolk and Suffolk County Councils would be on both the ICB and ICP, so the ICP would have involvement in the ICB .
- The role of the VCSE member of the ICB was also queried. It was explained that there was overlapping but also distinct responsibilities of both ICP and ICB and it was decided that as the voluntary sector provides direct health care services in partnership with the NHS to residents, a place on the ICB for the sector was required.

The Shadow ICP **agreed to**:

- Support the continued development of the Norfolk and Waveney Integrated Care System.

15 VCSE Assembly Update

15.1 The Shadow ICP received the report which was introduced by Emma Ratzer, Voluntary Sector Representative. The report provided the shadow ICP with an update on the progress being made to support the Norfolk and Waveney (N&W) Voluntary Community

and Social Enterprise (VCSE) Assembly model. Emma Ratzer delivered a presentation that can be found on the Board's website pages.

15.2 The following points were discussed and noted:

- It was suggested in line with strategies for the HWB and ICP that the model needed to use common language and definitions.
- Connections with 'Place Partnerships' would be crucial for the sector and there was some work to do to understand what will work well. It was hoped to have a simple approach given the diversity of the sector. There was a desire to avoid duplication and to add value.
- It was acknowledged that demand for services from the voluntary sector was in great demand and the sector provided enormous help and support to the health care sector.

15.3 The Shadow ICP **agreed to**:

Support the ambitions of the N&W VCSE Assembly model and ensure connectivity of the VCSE Place Networks into the emerging N&W place-based arrangements. There will be 5 VCSE Place Network leads, in funded roles and in post by end of June who will be well placed to represent VCSE voice in our place-based arrangements.

16 Health & Social Care Integration White Paper

16.1 The Shadow ICP received the report that was introduced by Debbie Bartlett, Director of Transformation and Strategy, Adult Social Services. The report provided an update on social care reforms with regard to the Health and Social Care Integration white paper. This white paper sets out plans to bring together the NHS and local government to jointly deliver integrated health and social care across England.

16.2 The following points were discussed and noted:

- The white paper does not reference children but in late-2022 more white papers will be published which focus on children and young people. Once all the legislation is in place, the ICP will need to consider how it links all these pieces of legislation together within the Integrated Care Strategy.
- Both the bill and white paper offer a degree of flexibility, as each ICB will be different, and this will help with the delivery of services in each area. There is also a recognition that this is work in progress and more detail will be forthcoming later in the year.
- The joining of digital data was welcomed, which should improve all aspect of delivering services.

16.3 The Shadow ICP **agreed to**:

- Note the implications of the white paper in the context of Norfolk and Waveney and note the ICS response to the open consultation.

Meeting Concluded at 11.47am

Bill Borrett, Chair,

Health and Wellbeing Board and Shadow Integrated Care Partnership

Report title: Director of Public Health Annual Report 2020-2021: The direct impacts of Covid-19 in Norfolk.

Date of meeting: 08 June 2022

Sponsor (HWB member): Dr Louise Smith, Director of Public Health

Reason for the Report

To highlight the findings from the Director of Public Health Annual Report for 2020 and 2021 and for the Health and Wellbeing Board to approve the publication of the Annual Report on the Joint Strategic Needs Assessment (JSNA) website.

Report summary

The Director of Public Health's Annual Report 2020-2021 explores the direct impacts of Covid-19 on people in Norfolk and describes some of the ways in which local organisations in Norfolk have been involved in the response to the pandemic.

Norfolk had:

- Fewer cases and deaths than many other places in the country.
- A high uptake of Covid-19 testing.
- One of the highest rates of vaccine uptake anywhere in the country.
- Differences in Covid-19 case rates, vaccine uptake, and death rates between different parts of Norfolk.

In Norfolk:

- Covid-19 infections were most common in younger age groups, in females, in those that weren't of White British and White Irish ethnicity, and in the most deprived areas.
- People in the most deprived areas had higher case rates, lower vaccination uptake and higher death rates.
- It's estimated that around 22,000 people in Norfolk experience long Covid.

Norfolk saw:

- An extraordinary collaboration between teams in local and national government, the healthcare, voluntary and community sectors, the police, fire service, care homes, schools, workplaces and other private and public institutions.

At the time of writing, Covid-19 is still very much with us and may affect our lives for many years to come.

Recommendations

The HWB is asked to:

a) Approve the publication of the DPH Annual Report on the Joint Strategic Needs Assessment (JSNA) website.

1. Background

1.1 The Director of Public Health's Annual Reports are an independent assessment of the state of health and wellbeing of the population of Norfolk. In 2019 it explored what we know about growing up and the health needs of children in Norfolk. Due to the pandemic, this year's

report covers both 2020 and 2021, and considers the direct impacts of Covid-19 in Norfolk from March 2020 to January 2022.

2. Director of Public Health Annual Report 2020 and 2021: the direct impacts of Covid-19 in Norfolk.

2.1 Key findings were:

Norfolk rates

- Norfolk had one of the lowest case rates in England. There were 192,139 confirmed cases from March 2020 to January 2022.
- Norfolk had the 7th highest rate of rapid (LFD) testing in England – around 5.5 million LFD tests. Around 3 million PCR tests were taken.
- Norfolk had one of the highest vaccine uptake rates in England, with the majority of residents taking part.
- Norfolk's Covid-19 death rates, taking account of the age of our population, were much lower than average in England. Sadly, 2,329 people in Norfolk died from Covid-19 up to January 2022.
- Based on national figures, around 22,000 people in Norfolk may have had Long Covid, with around 4,000 of them being affected more severely.

2.2 **How Covid-19 affected local areas**

- Around 1 in 5 people in Norfolk had Covid-19, though case rates varied across the county. Great Yarmouth had the highest rate of cases and North Norfolk the lowest.
- Once age was taken into account, all council areas in Norfolk had lower death rates than both the region and England as a whole. Within the county, North Norfolk had the lowest death rates and King's Lynn and West Norfolk had the highest.
- Case rates, vaccine uptake and death rates varied widely between smaller areas within the county. The highest case rates have often been in the same areas with the lowest vaccine uptake. In general, the highest death rates have been in areas with older populations.

2.3 **Unequal health impacts of Covid-19**

- Covid-19 has not affected all groups equally, either nationally or locally in Norfolk.
- In Norfolk there were more cases in females than males.
- Older children and working age adults had higher case rates than other age groups.
- Case rates were higher in people of non-White British or non-White Irish ethnicity.
- The 20% most deprived areas in Norfolk had the highest case rates, the lowest vaccination uptake, and the highest death rates.
- The proportion of deaths in care homes due to Covid-19 was slightly lower than the England average. Around 3 in 10 Covid-19 deaths in Norfolk were in care homes.

2.4 **Norfolk's response to Covid-19**

- Local authorities and other local agencies took on a significant amount of additional health protection responsibilities during the pandemic, with unprecedented collaborative working to lessen the impact of the virus.
- Testing was critical to tackling Covid-19 and showed how the virus was spreading. Mobile testing teams, mass testing in response to variants of concern, distribution of tests from Norfolk libraries, and support to workplace testing enabled residents to have greater access to free LFD testing.

- Norfolk was one of the earliest areas to take on contact tracing and had consistently high performance.
- Community support was put in place to help lessen the impact of Covid-19 on those who were particularly in need of assistance, including those who were self-isolating. This included prescription collection, shopping and food parcel collections, referral to financial support and information on self-isolation.
- The vaccine roll-out was led by the NHS in Norfolk and Waveney and supported by volunteers and many other agencies. Almost 2.5 million vaccinations were given by early May 2022.
- A multi-agency, multi-disciplinary dedicated Outbreak Management Centre (OMC) was set up to support workplaces, schools, care homes and other settings to contain outbreaks.
- A significant amount of work was done to keep residents informed on the situation in Norfolk and on actions they could take to reduce the spread of the virus.

2.5 The pandemic has seen an astounding coming together of local organisations, businesses and individuals to combat an extraordinary threat to the health and wellbeing of the people of Norfolk.

Officer Contact

If you have any questions about matters contained in this paper, please get in touch with:

Name	Tel	Email
Diane Steiner	01603 638417	Diane.Steiner@norfolk.gov.uk

Director of Public Health Annual Report

The direct impacts of Covid-19 in Norfolk

2020-2021

Norfolk County Council

Contents

Acknowledgements

I would like to thank all of the contributors to this Annual Report, especially Diane Steiner, Lewis Spurgin, Josh Robotham, Andreas Sutter, Michael Cutter, Sally Newby, Hannah Edge, Spencer Dainton and Howard Martin, amongst others.

Thanks are also due to all of those in Norfolk who did their part in tackling the Covid-19 pandemic in the county.

The outcomes of the pandemic locally would have been very different without everyone's individual – and sometimes heroic – efforts.

Credits

Design: Nu Image Design

Images: Unsplash

Foreword

I am pleased to introduce the Director of Public Health's Annual Report for 2020 and 2021. This year the report is about the direct impacts of Covid-19 on people in Norfolk. The report also describes some of the ways in which local organisations in Norfolk have been a key part in the response to the pandemic.

The Covid-19 pandemic has had unprecedented impacts on the lives of Norfolk's residents. But it is also true that the efforts of people in Norfolk to reduce the spread of Covid-19 have likely saved many lives. I would like to thank everybody involved in organising our response to the pandemic locally, including our Director of Public Health and her team. I would also like to thank every individual in Norfolk who has helped to protect themselves and others.

Bill Borrett,
Cabinet Member for Adult Social Care, Public Health and Prevention

Introduction

My Director of Public Health's Annual Report is an independent report on health and wellbeing in Norfolk. As cases and hospitalisations come down, it is a good time to look back over the pandemic so far and assess how Covid-19 has affected Norfolk. This report, covering both 2020 and 2021, describes the path of the pandemic in Norfolk, how it directly affected Norfolk residents, and the steps we took to reduce the spread of the disease in the county.

Between March 2020 and January 2022, Norfolk saw just under 200,000 cases of Covid-19, and around 2,300 deaths due to this disease. These numbers speak to the very real impacts felt across our county. That being said, Norfolk saw fewer cases and deaths than many other places in the country. Norfolk also saw high use of Covid-19 testing, and one of the highest rates of vaccine uptake in the country. Such high testing and vaccination uptake undoubtedly helped lessen the impact of Covid-19 in the county.

In Norfolk, we saw sizeable differences in Covid-19 case rates, vaccine uptake, and death rates between different areas. These differences are complex, but we can pull out some of the groups of people and places that had higher rates of Covid-19. We know that Covid-19 infections were most common in younger age groups, in females, in those not of White British and White Irish ethnicity, and in the most deprived areas. Sadly, many of the deaths in Norfolk were in care homes, where some of our most vulnerable residents live.

To tackle Covid-19, Norfolk saw an extraordinary collaboration between teams in local and national government, the healthcare, voluntary and community sectors, the police, fire service, and other private and public institutions. These teams organised local Covid-19 testing, contact tracing, vaccinations, and outbreak management. They also coordinated communications to keep the public up to date and provided wide-ranging support to Norfolk residents. The people of Norfolk also played their part in protecting themselves and others.

At the time of writing, Covid-19 is still very much with us. I believe that this virus will affect our lives for many years to come. Yet it is also the case that the direct impacts of Covid-19, and certainly the most severe illness from this disease, are much reduced compared to what we experienced in 2020. We will of course stay vigilant for any new developments and remain ready to act should a more severe Covid-19 variant emerge.

As we move forward, we are beginning to shift our focus to some of the wider, indirect health impacts of Covid-19, for example on mental health, healthy weight, children's health, and engagement with public health services. These areas are not new to Public Health teams, but their nature may have changed as a result of the events of the past two years. Understanding and addressing the wider public health impacts of the pandemic will be a key public health challenge.

Dr Louise Smith,
Director of Public Health

Section 1

Key figures and trends

This section shows some of the key Covid-19 figures and trends in Norfolk. All of the figures and charts cover March 2020 until January 2022 unless stated otherwise.

Key messages

- Norfolk had around **200,000 cases of Covid-19** and some of the lowest case rates in the country
- **Norfolk had high levels of rapid (LFD) testing** – over a quarter of cases in Norfolk were found through these types of tests
- Norfolk had some of the highest vaccination rates in the country – more than **8 in 10 of those aged 12 and over** had at least two doses
- Sadly, there were **2,329 Covid-19 deaths in Norfolk**, though the death rate was lower than for most other areas in England

Overall Covid-19 trends in Norfolk

The impact of Covid-19 changed throughout the pandemic. The virus first arrived in the UK in the Spring of 2020. This led to the first wave of cases nationally and in Norfolk. Because the virus was new, no one was immune – vaccines hadn't been developed yet and no one was protected from being infected before ('natural immunity').

The second wave was in winter 2020-21, which saw the Alpha variant emerge. There was more testing available, which meant more cases could be found. Vaccines were only just beginning to be rolled out – there wasn't a great deal of protection ('immunity') built up from vaccinations or previous infections. The numbers going into hospital, and the numbers dying, were at their highest during this wave.

From summer 2021 onwards, there was more immunity due to the roll out of vaccinations and from previous infections. There were fewer government restrictions in place. The number of people in hospital and the number of deaths were lower when compared to the large number of cases caused by the Delta and Omicron variants.

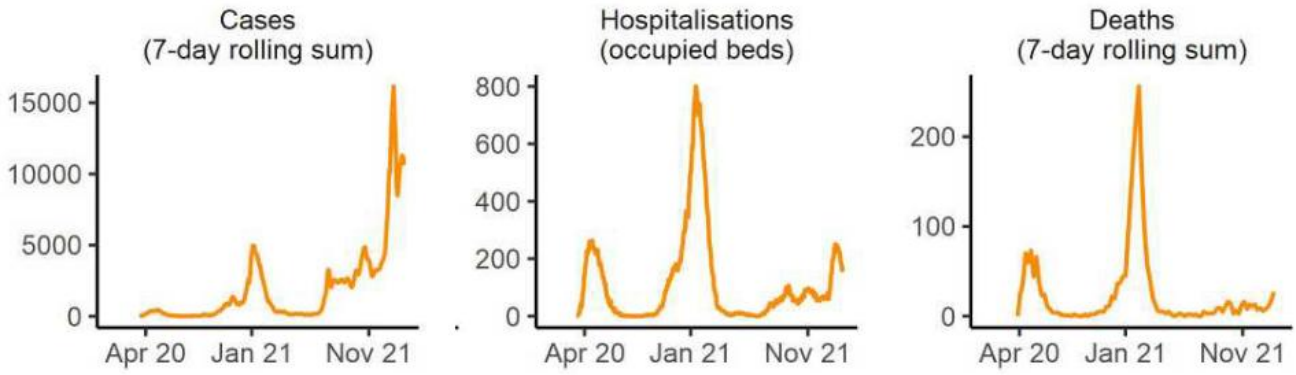
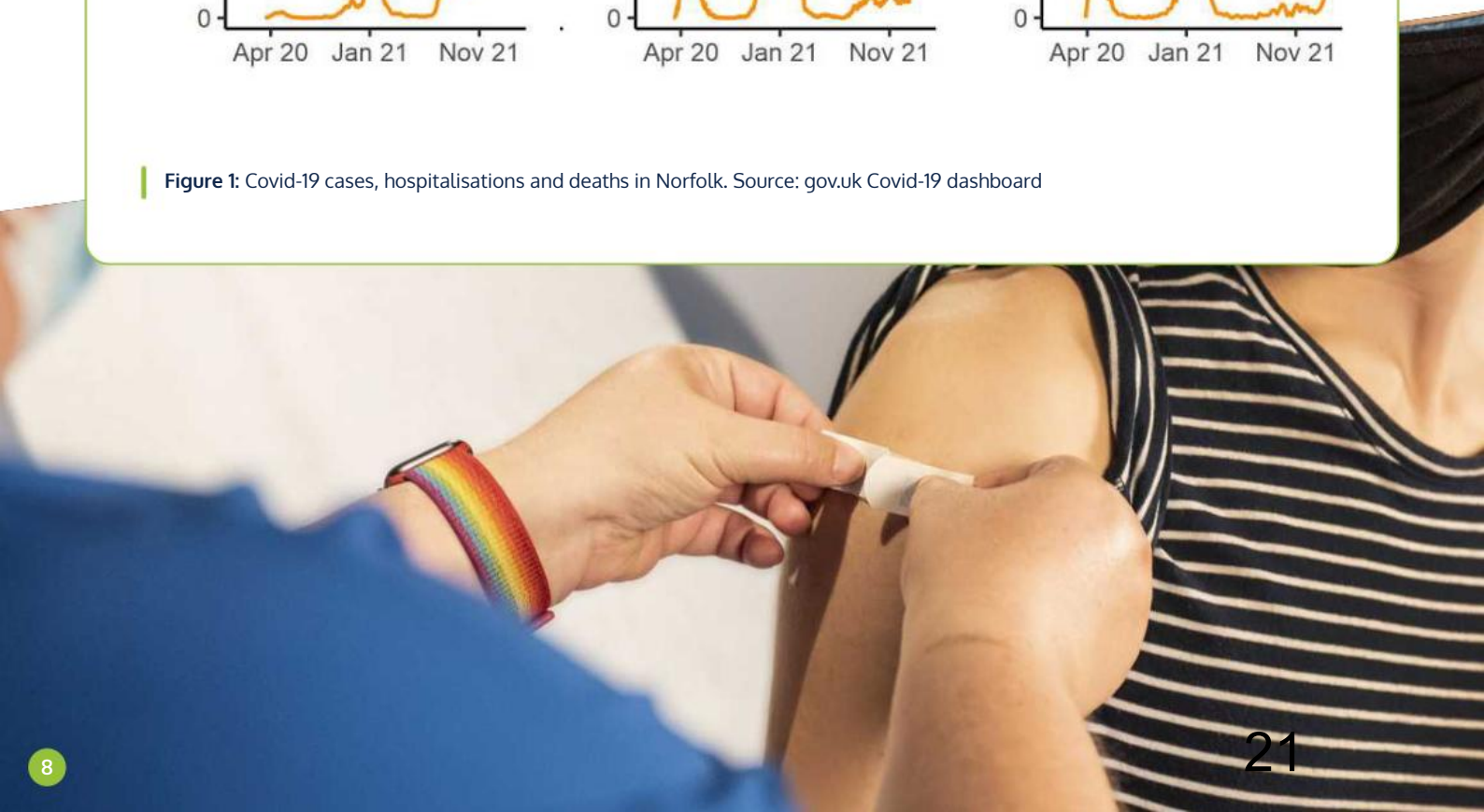


Figure 1: Covid-19 cases, hospitalisations and deaths in Norfolk. Source: gov.uk Covid-19 dashboard



Cases

- Overall, **Norfolk had 192,139 cases up to January 2022**. That's around 1 in 5 people living in Norfolk. Norfolk had one of the lowest case rates in England. Around 6,000 of those cases were likely to be reinfections.

- The waves of cases in Norfolk followed the **national pattern**

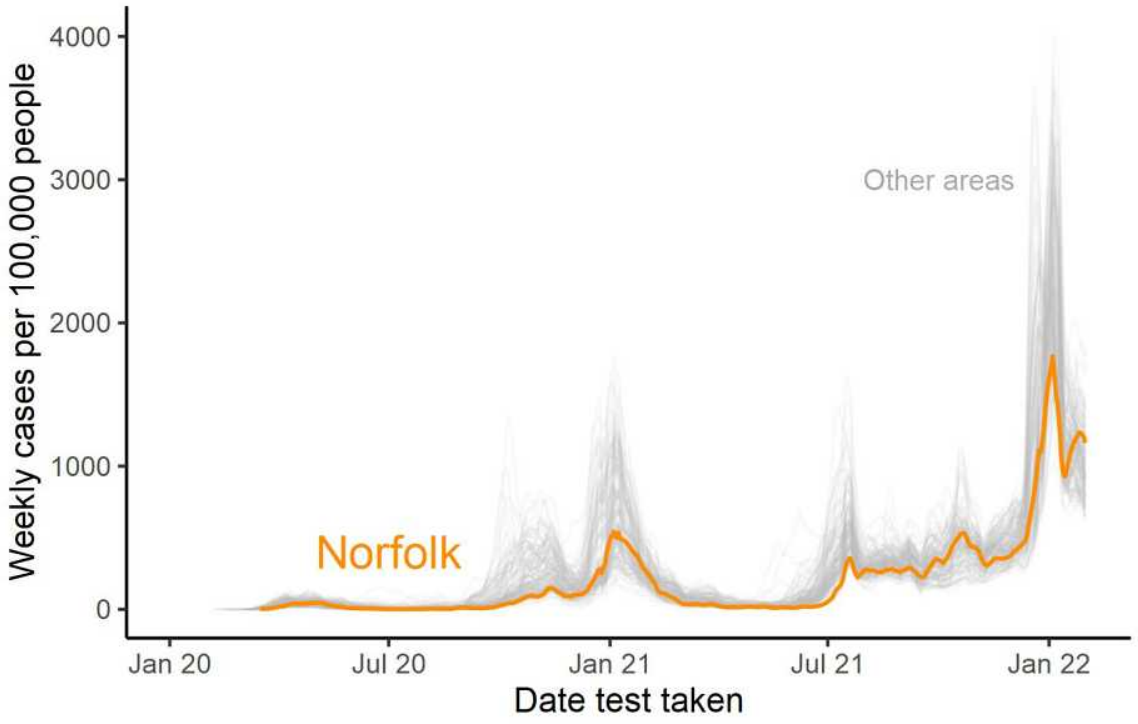


Figure 2: Covid-19 case rates in Norfolk (orange) and other upper-tier local authorities (individual grey lines). Source: gov.uk Covid-19 dashboard

Testing

- **Testing has been key** to finding cases so that people could self-isolate and not pass the virus on to others
- Norfolk had the **7th highest level of rapid (LFD) testing in England** – around 5.5 million LFD tests. Over a quarter of cases in Norfolk were found through these types of tests.
- **Around 3 million[1] PCR tests** (the 'gold standard' test) were taken – this was a bit below average for England
- In general, parts of the country that used more LFD tests had lower case rates

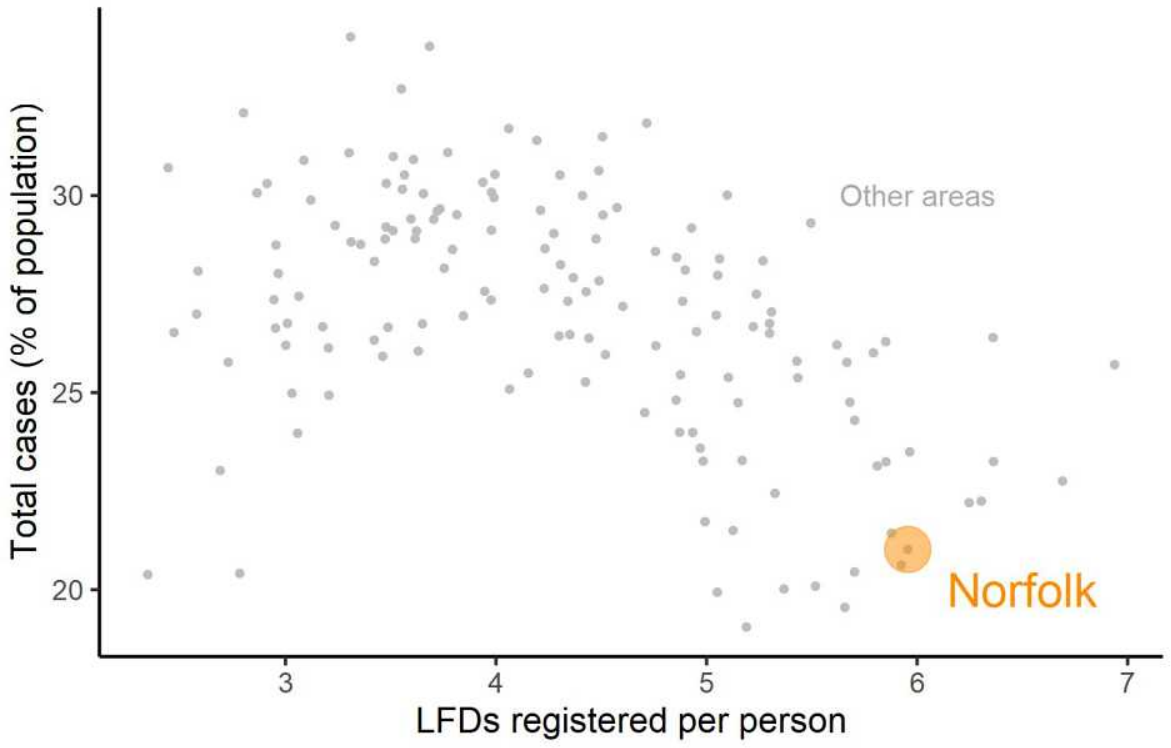


Figure 3: Lateral flow tests in relation to case numbers in Norfolk and other English upper-tier local authorities. Source: gov.uk Covid-19 dashboard

[1]PCR and LFD data both from https://coronavirus.data.gov.uk/

Vaccinations

- The NHS in Norfolk rolled out vaccinations across the county. With the majority of residents taking part, Norfolk had one of the highest vaccination rates in the country.
- This will undoubtedly have reduced serious illness and deaths in the county.
- Of those **aged 12 and older** in Norfolk:
  - More than **8 in 10 people** had at least two doses
  - Nearly **7 in 10 people** had at least three doses or a booster shot

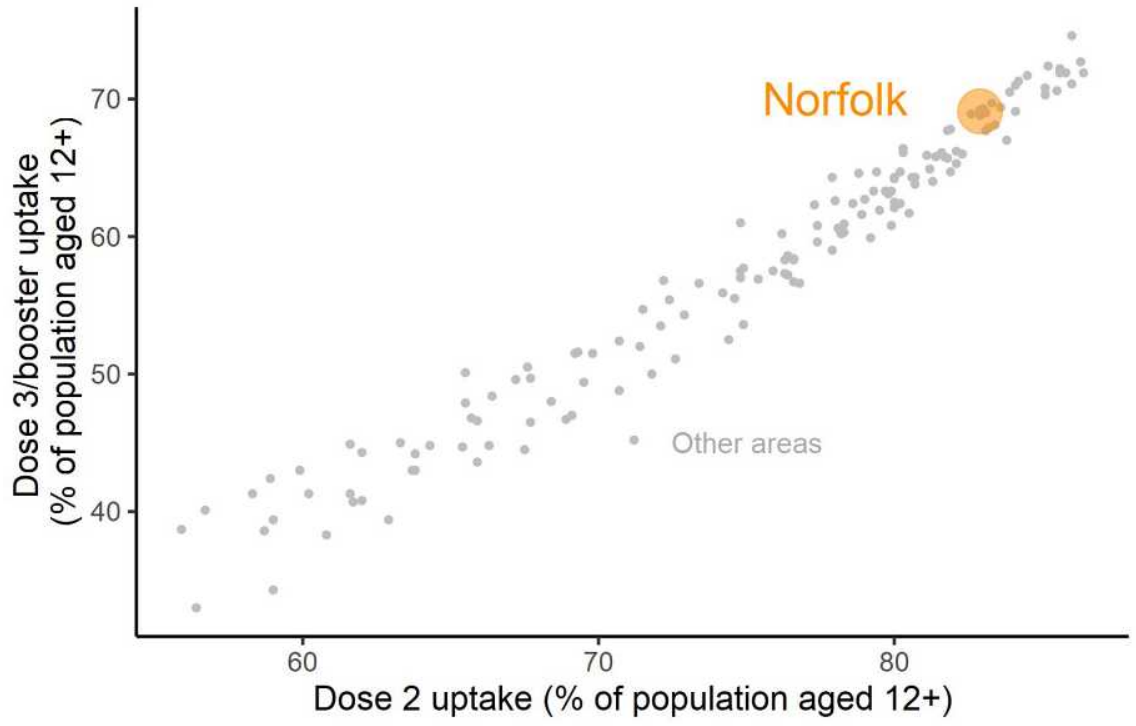
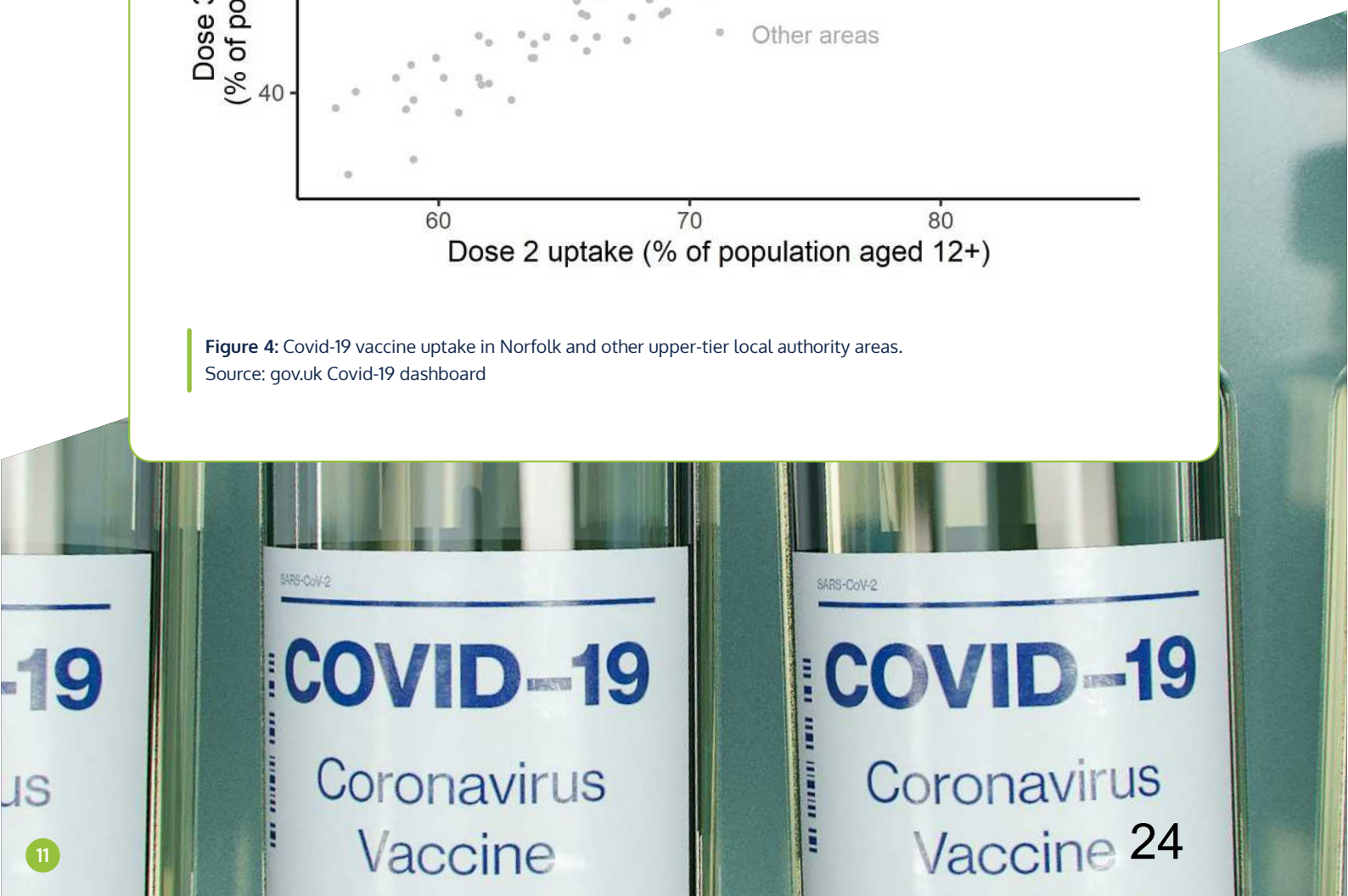


Figure 4: Covid-19 vaccine uptake in Norfolk and other upper-tier local authority areas.
Source: gov.uk Covid-19 dashboard



Deaths[2]

- Sadly, there were **2,329 Covid-19 deaths** in Norfolk[3]
- Once age was taken into account, **Norfolk's death rate** was lower than the majority of local authorities in England[4]
- Death rates were **lower in the first wave** and higher in the second wave

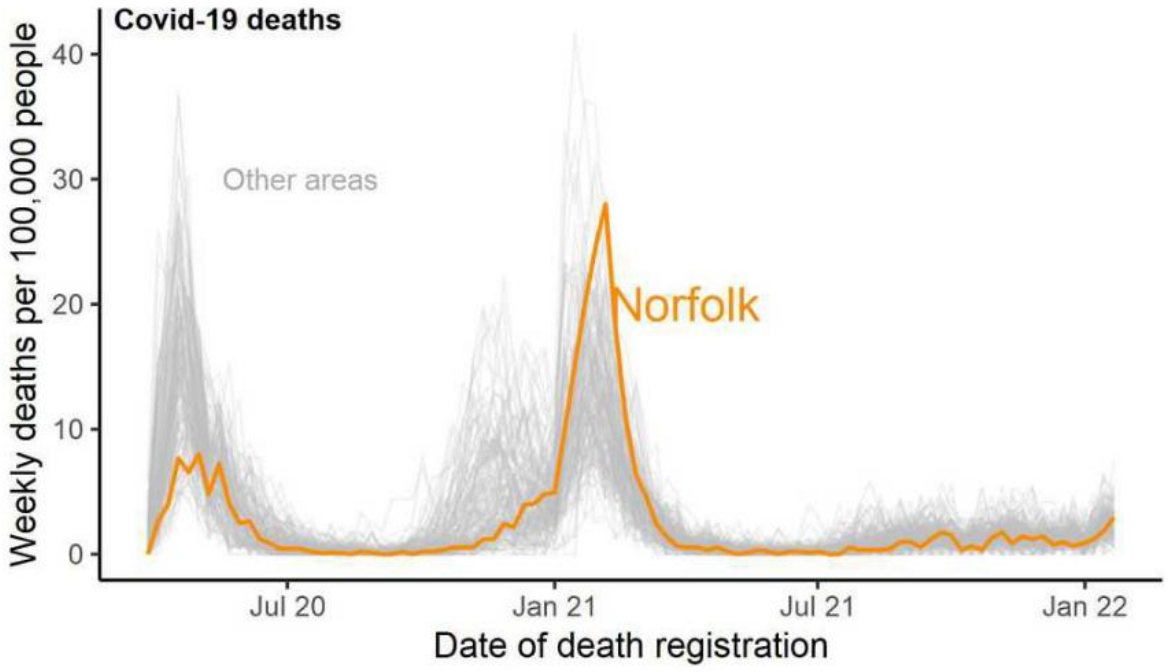


Figure 5:
Covid-19 deaths in Norfolk and other upper-tier local authorities. Source: Office for National Statistics

[2] Covid-19 deaths can be measured in different ways. In this report deaths are those that included Covid-19 on the death certificate

[3] https://www.ons.gov.uk/datasets/weekly-deaths-local-authority

[4] Deaths due to COVID-19 by local area and deprivation - Office for National Statistics (ons.gov.uk) - data available to April 2021 only

Extra deaths during the pandemic

- Norfolk had 1,964 more deaths during the pandemic than in previous years[5]
- Once age was factored in, Norfolk had fewer extra ('excess') deaths than three quarters of areas in England

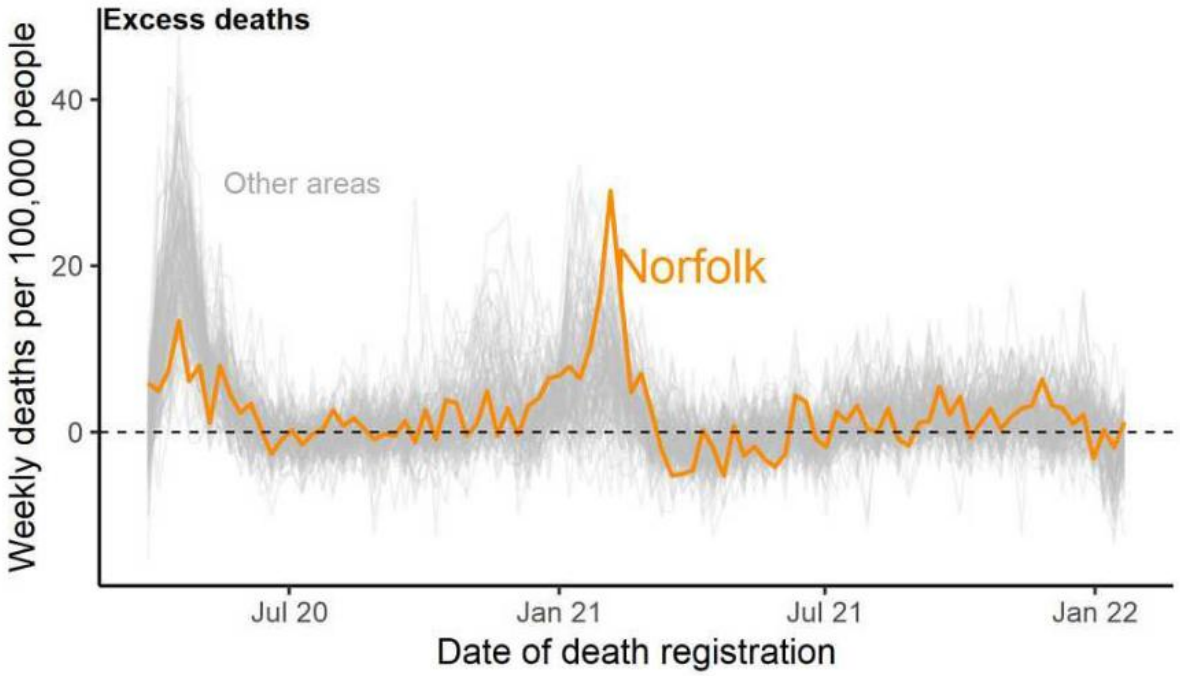
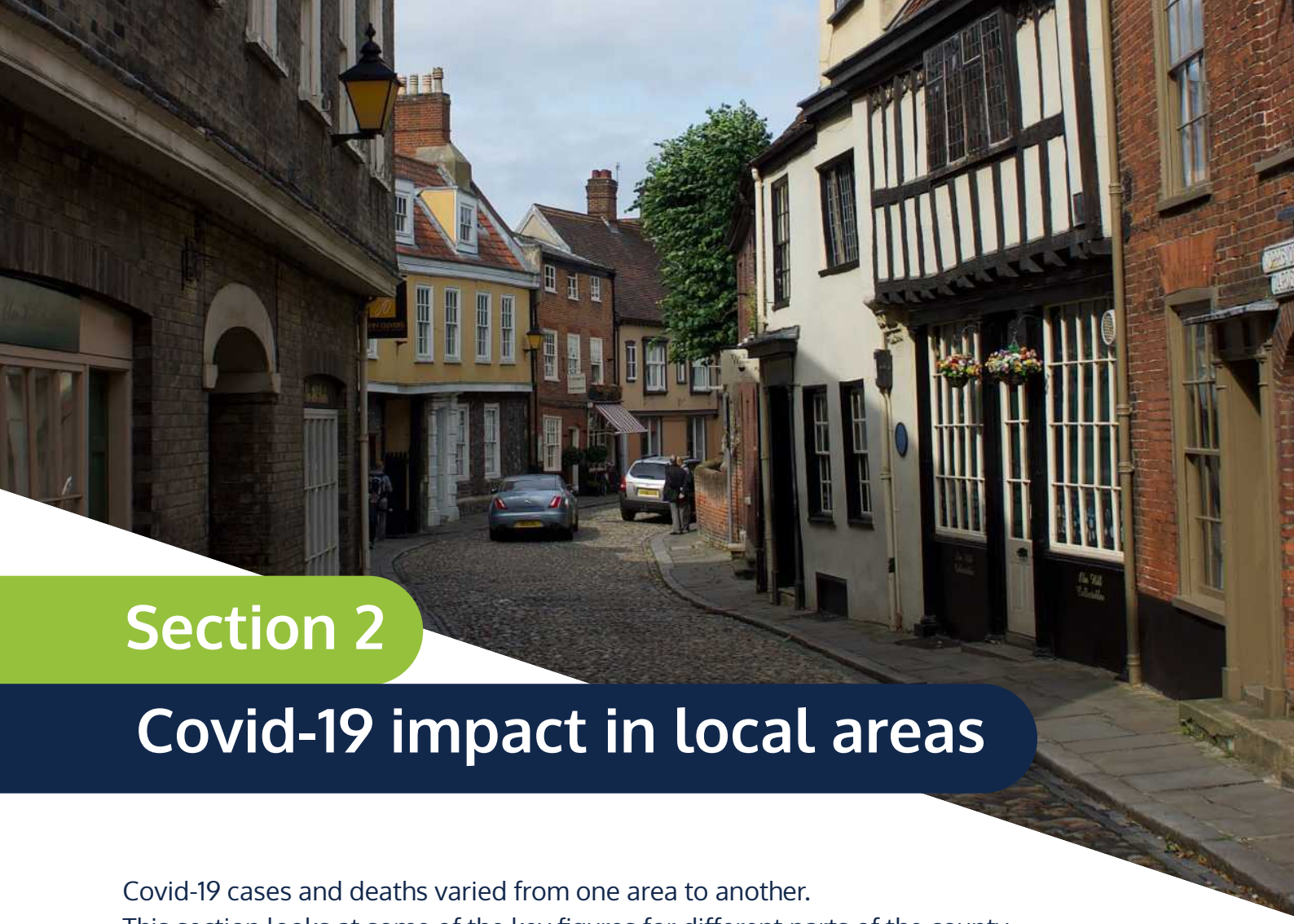


Figure 6:
Covid-19 excess deaths in Norfolk and other upper-tier local authorities. Source: Office for National Statistics

[5] https://www.gov.uk/government/statistics/excess-mortality-in-england-weekly-reports



Section 2

Covid-19 impact in local areas

Covid-19 cases and deaths varied from one area to another.
This section looks at some of the key figures for different parts of the county.

Key messages

- **Covid-19 cases** varied from one part of the county to the other
- **Great Yarmouth had the highest rate of cases** while North Norfolk had the lowest
- Once age was taken into account, all council areas in Norfolk had **lower death rates** than the region and England as a whole
- Urban parts of the county tended to have **higher rates of cases** and lower vaccination uptake than rural areas
- In general, there were **higher death rates in areas with the oldest populations**

County, district, city and borough council areas

- In Norfolk overall, **around 1 in 5 people** (21%) had Covid-19
- Within Norfolk, Great Yarmouth had the highest rate of cases, while **North Norfolk had the lowest**.
- Once age was taken into account, all council areas in **Norfolk had lower death rates** than both the region and England as a whole
- Within Norfolk, King's Lynn and West Norfolk had the highest rate of deaths while North Norfolk had the lowest.

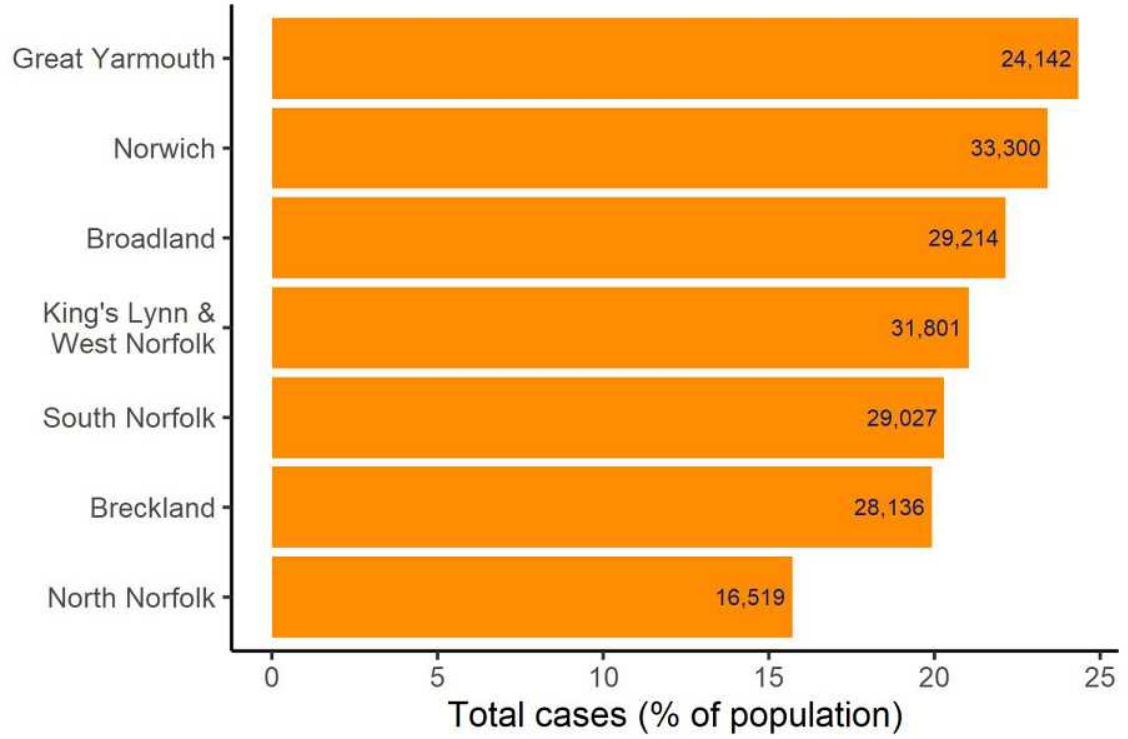


Figure 7:
Covid-19 rates and numbers (inset in bars) in Norfolk's lower-tier local authorities. Source: gov.uk Covid-19 dashboard

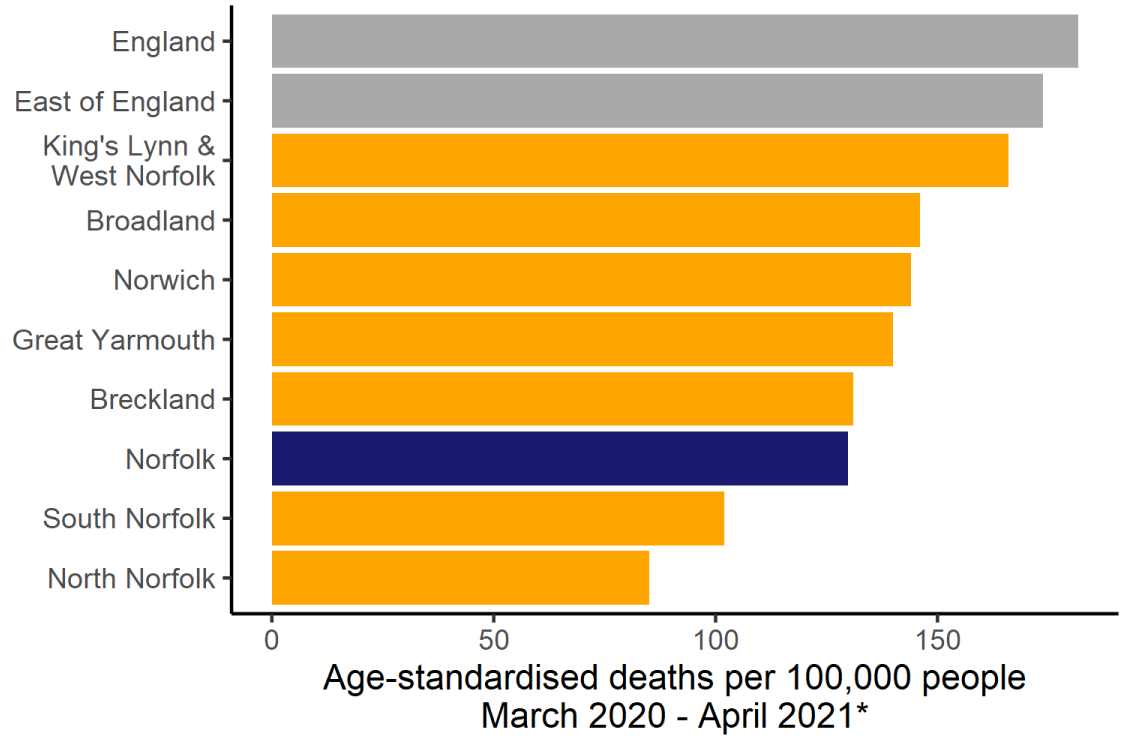


Figure 8: Covid-19 rates in Norfolk's local authority areas, East of England and England, March 2020-April 2021.
Source: Office for National Statistics

*Age-standardised death data only available to April 2021[6]

[6]This accounts for 89% of all Covid-19 deaths in Norfolk up to January 2022. Source: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation

Local areas[7] within Norfolk – Cases

- Urban parts of the county – including Norwich, King's Lynn and Great Yarmouth – tended to have **higher rates of cases than rural areas**

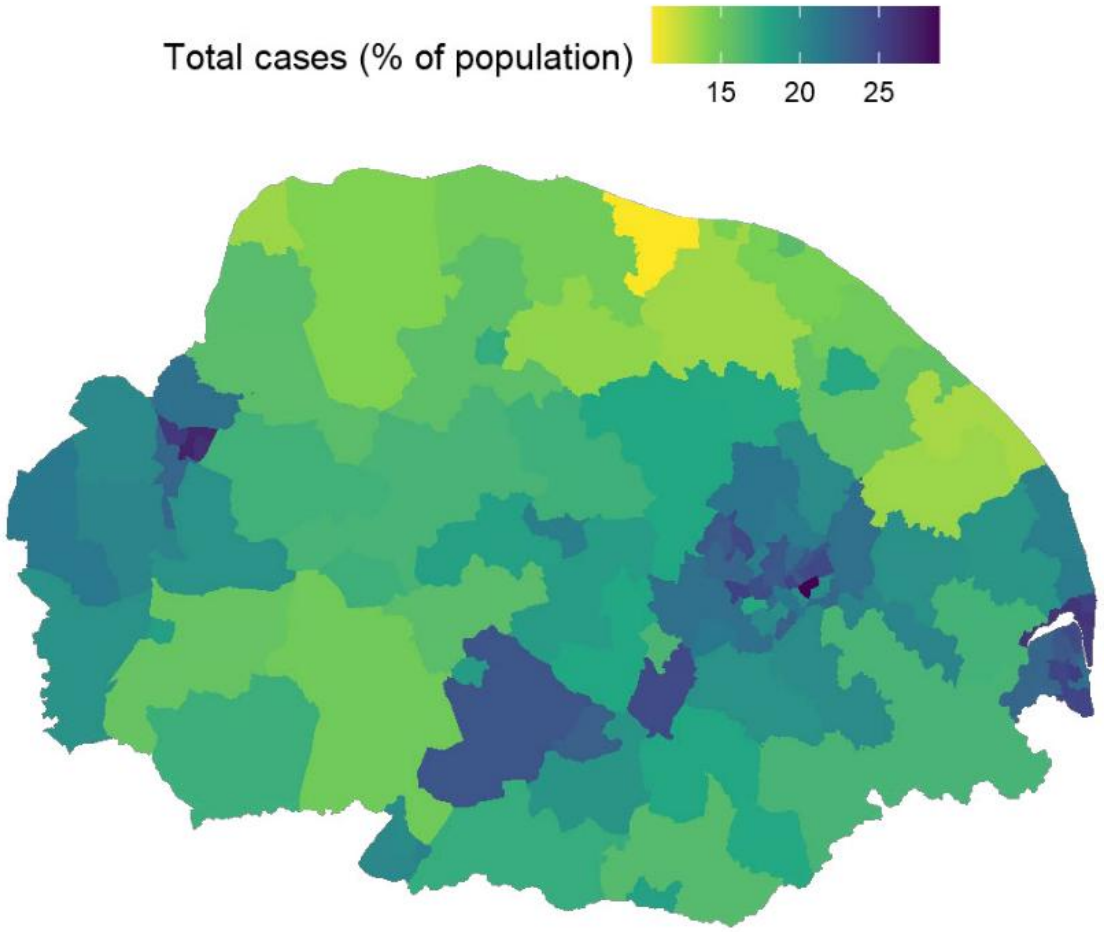
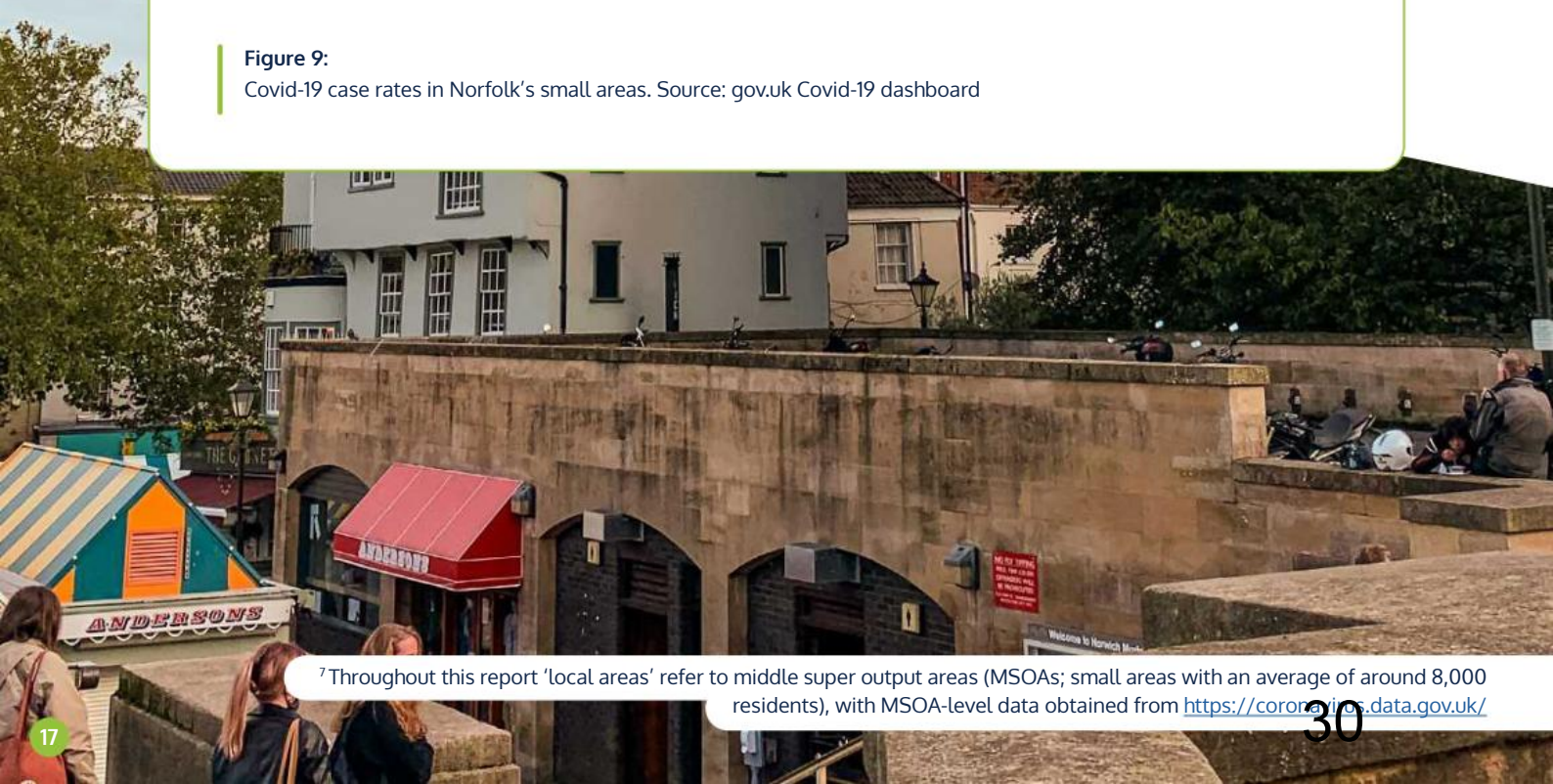


Figure 9:
Covid-19 case rates in Norfolk's small areas. Source: gov.uk Covid-19 dashboard



[7] Throughout this report 'local areas' refer to middle super output areas (MSOAs; small areas with an average of around 8,000 residents), with MSOA-level data obtained from https://coronavirus.data.gov.uk/

Local areas – vaccination uptake

- **Vaccination uptake** was lowest in parts of Norwich, Great Yarmouth, King's Lynn and Thetford
- **Low vaccine uptake** and high case rates often occurred in the same areas.

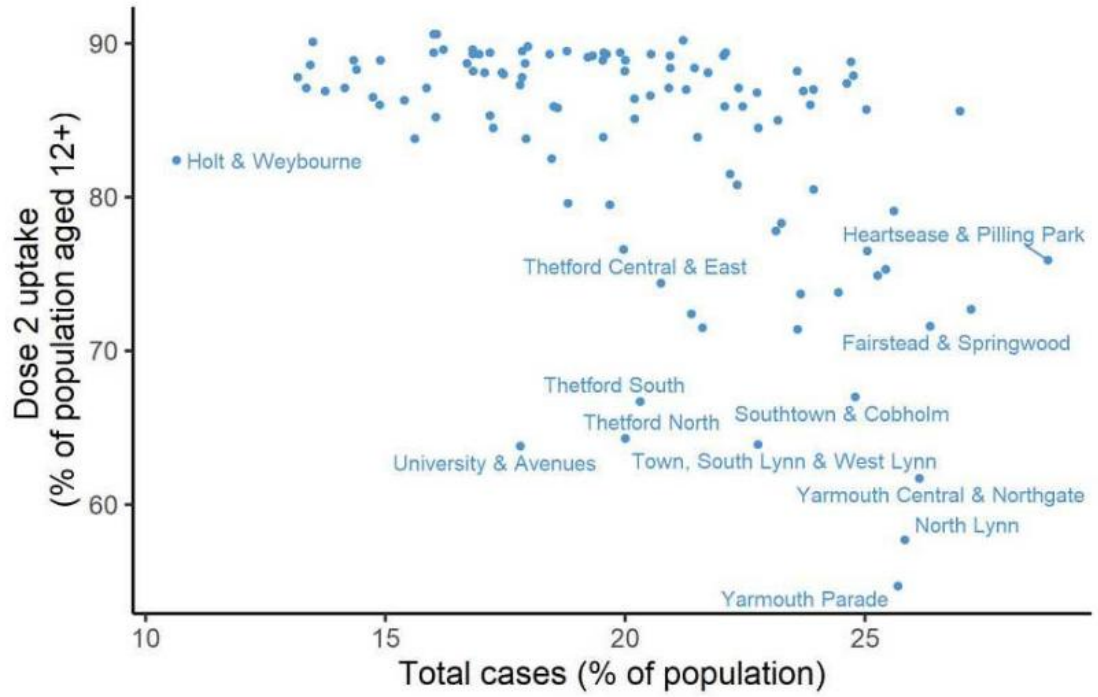
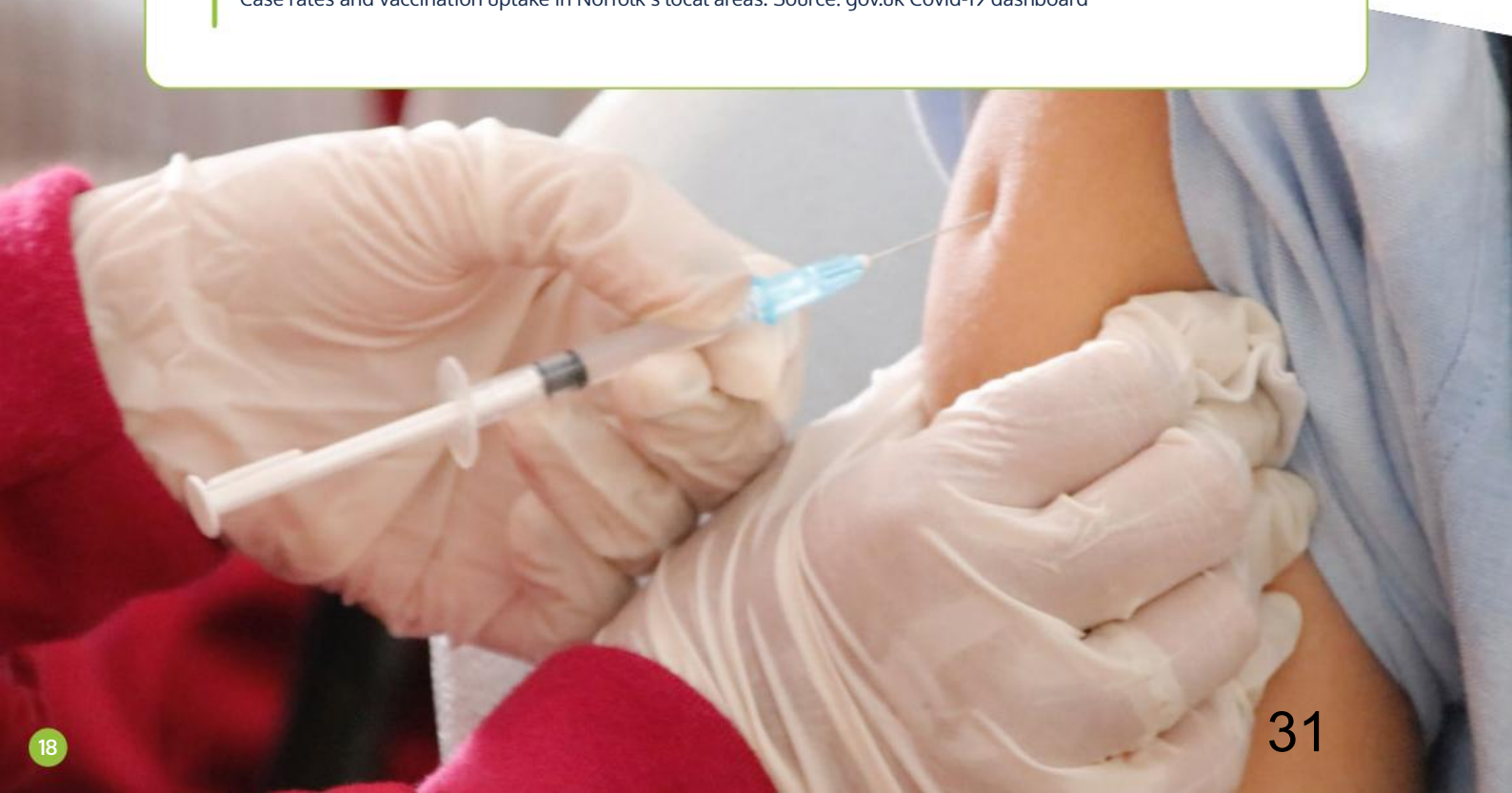


Figure 10:
Case rates and vaccination uptake in Norfolk's local areas. Source: gov.uk Covid-19 dashboard



Local areas – deaths[8]

- In general, the highest death rates were in areas with the oldest populations

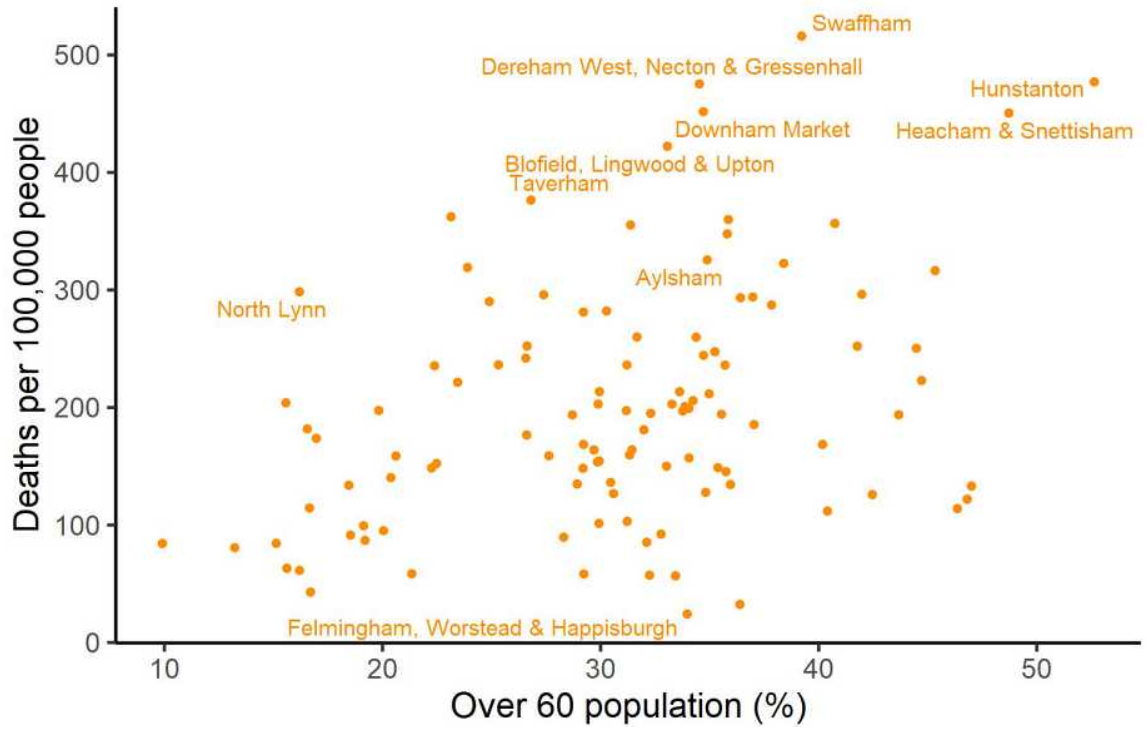
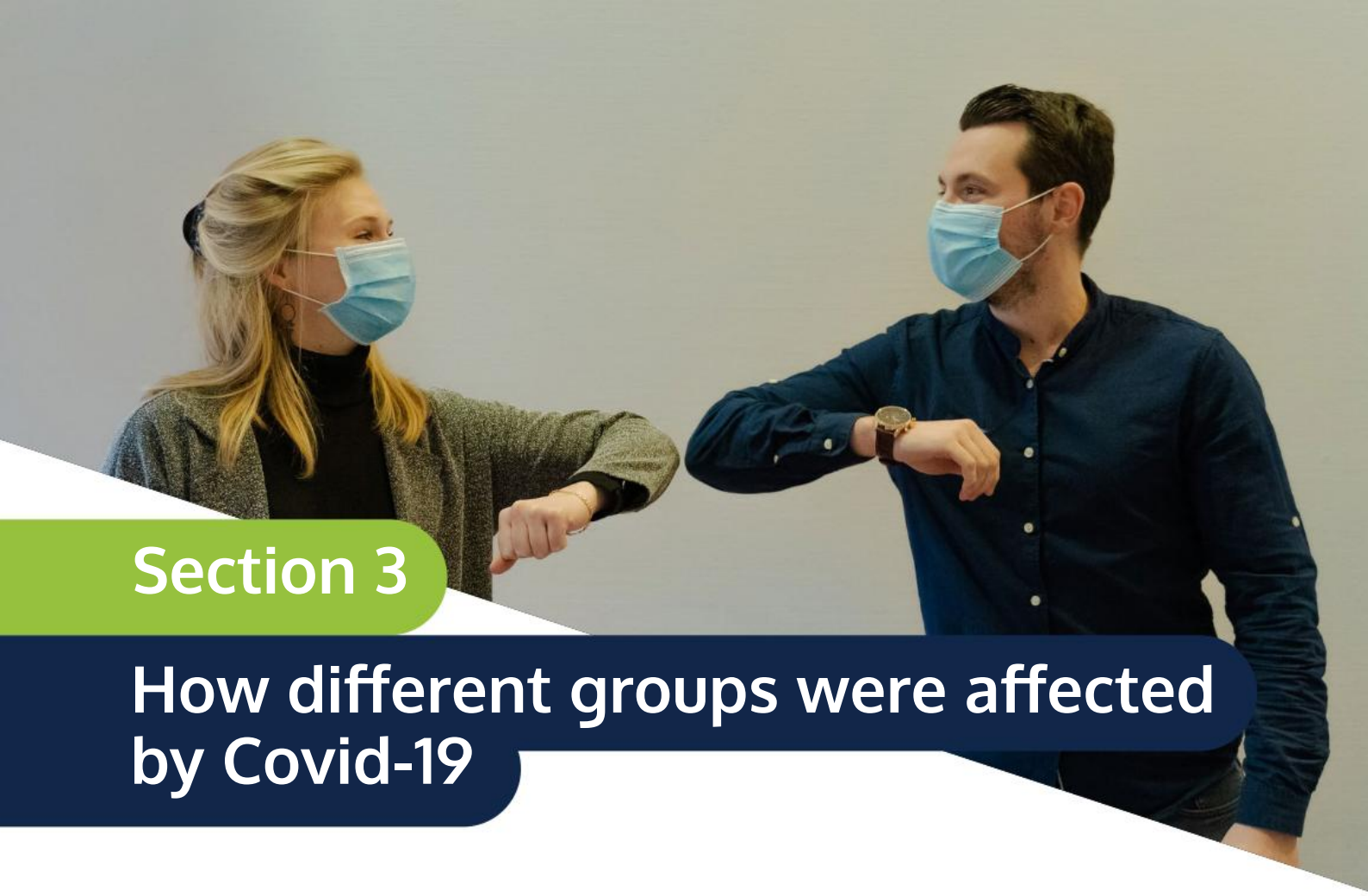


Figure 11:
Death rates and over 60 population proportions in Norfolk's local areas. Source: Office for National Statistics

[8]Numbers of Covid-19 deaths by local area are only available to April 2021 – most Covid-19 deaths in Norfolk occurred before then so this gives a reasonable picture of the variation between areas



Section 3

How different groups were affected by Covid-19

Covid-19 affected different groups of people differently, with some more likely to get Covid-19 or to die from it. This section looks at some of those differences.

Key messages

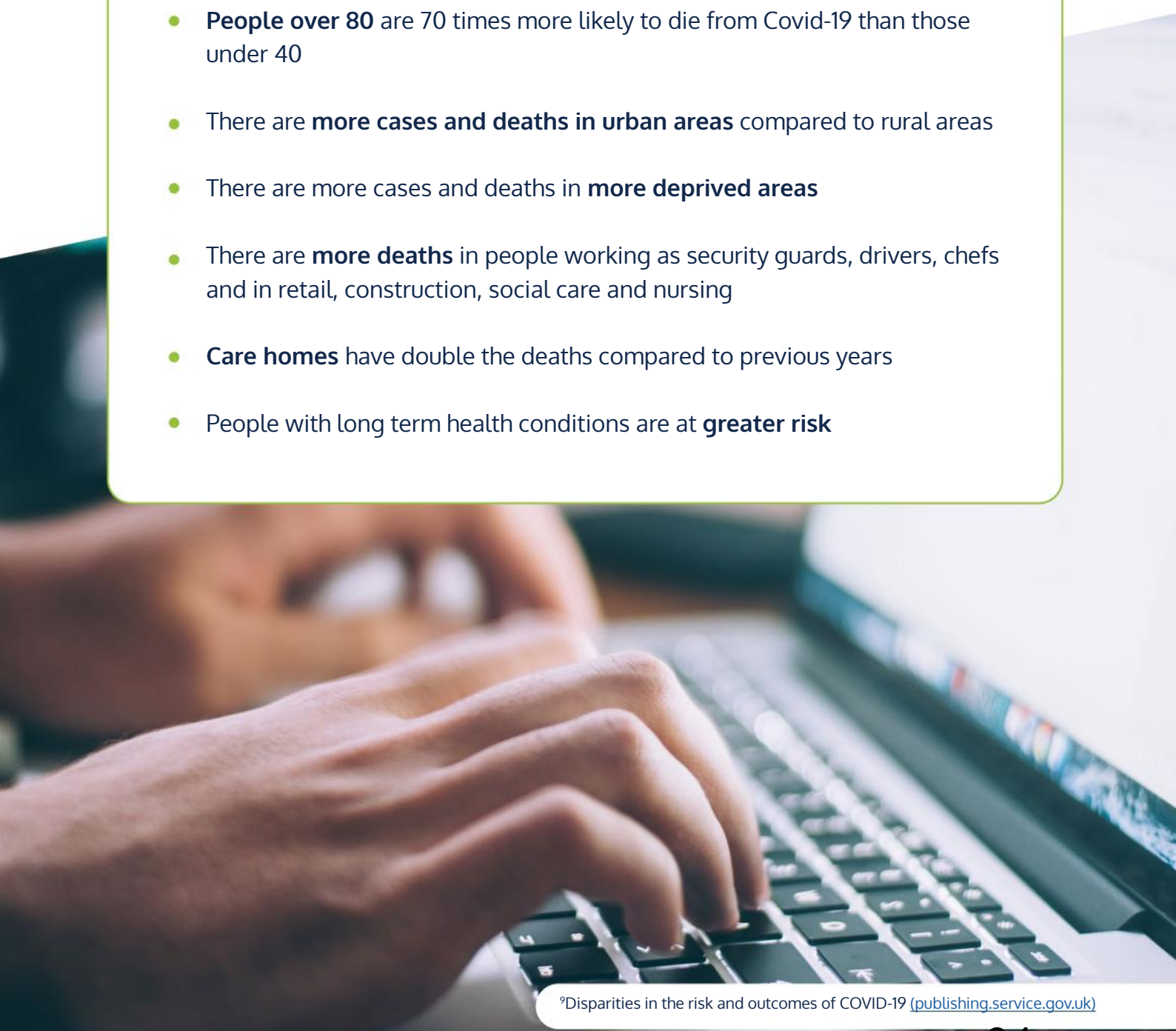
- There were **more cases in females than males**
- The highest case rates were in **older children and adults of working age**
- **Around 1 in 8** of all deaths in care homes were linked to Covid-19 – a little lower than the national average
- Some **ethnic groups** were affected more than others, with higher case rates
- The most deprived areas had the highest case rates, the lowest vaccination rates and the highest death rates
- **Around 1 in 40 people** are experiencing long Covid – around 22,000 people in Norfolk

Research into Covid-19

Research has been done nationally on the groups of people who may be more likely to be affected by Covid-19. Some of the key points are in the box below:

Summary of research on groups affected by Covid-19[9]

- **Females are more likely to test positive** for Covid-19; males are more likely to die
- **People over 80** are 70 times more likely to die from Covid-19 than those under 40
- There are **more cases and deaths in urban areas** compared to rural areas
- There are more cases and deaths in **more deprived areas**
- There are **more deaths** in people working as security guards, drivers, chefs and in retail, construction, social care and nursing
- **Care homes** have double the deaths compared to previous years
- People with long term health conditions are at **greater risk**



[9]Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk)

Age and sex

- In Norfolk there were **more cases in females** than males
- The highest case rates were in **older children and adults of working age**
- Some age groups – like **older children or people living in care homes** – were more likely to get tested, which may have increased the number of cases found

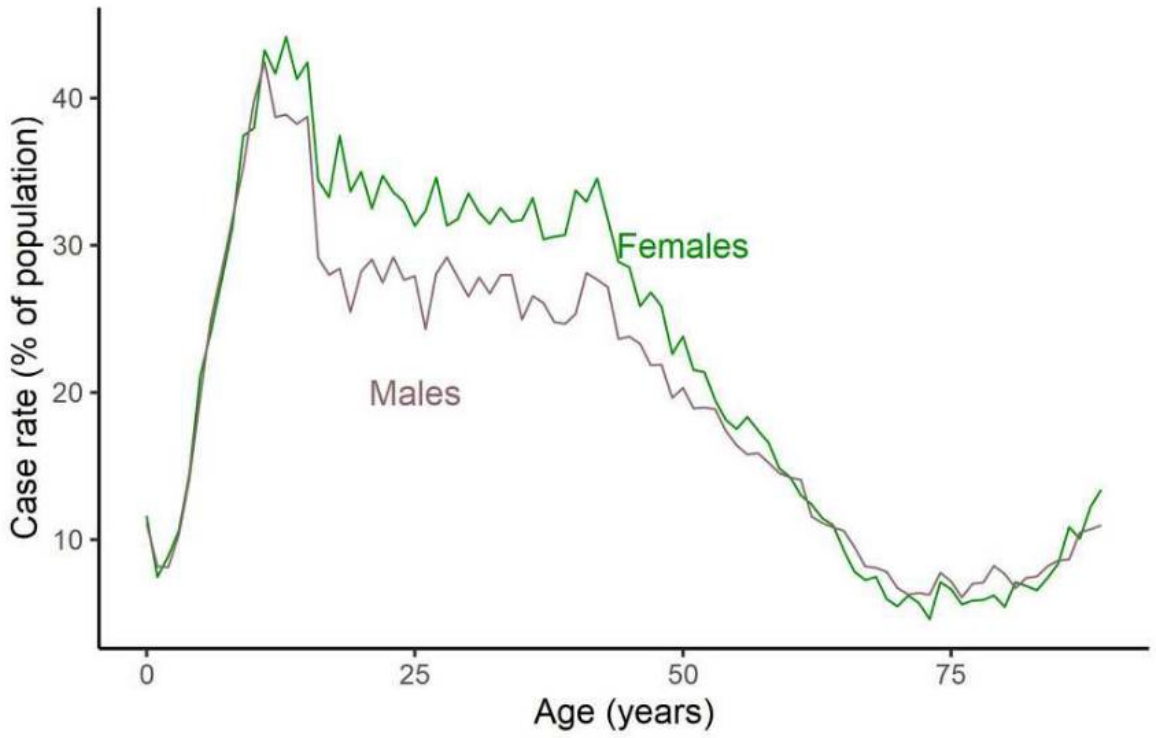


Figure 12:
Covid-19 case rates in Norfolk by age and sex. Source: UK Health Security Agency

Care homes

- There were **8,127 cases** among care home staff, residents and visitors[10]
- **Most cases** occurred in winter 2021 and winter 2022.
- There were **699 deaths** in care homes linked to Covid-19[11] – around 3 in 10 Covid-19 deaths in Norfolk
- Most of these occurred in the first two waves of the pandemic
- Around 1 in 8 of all deaths in care homes were linked to Covid-19 – this was a little lower than the national average.

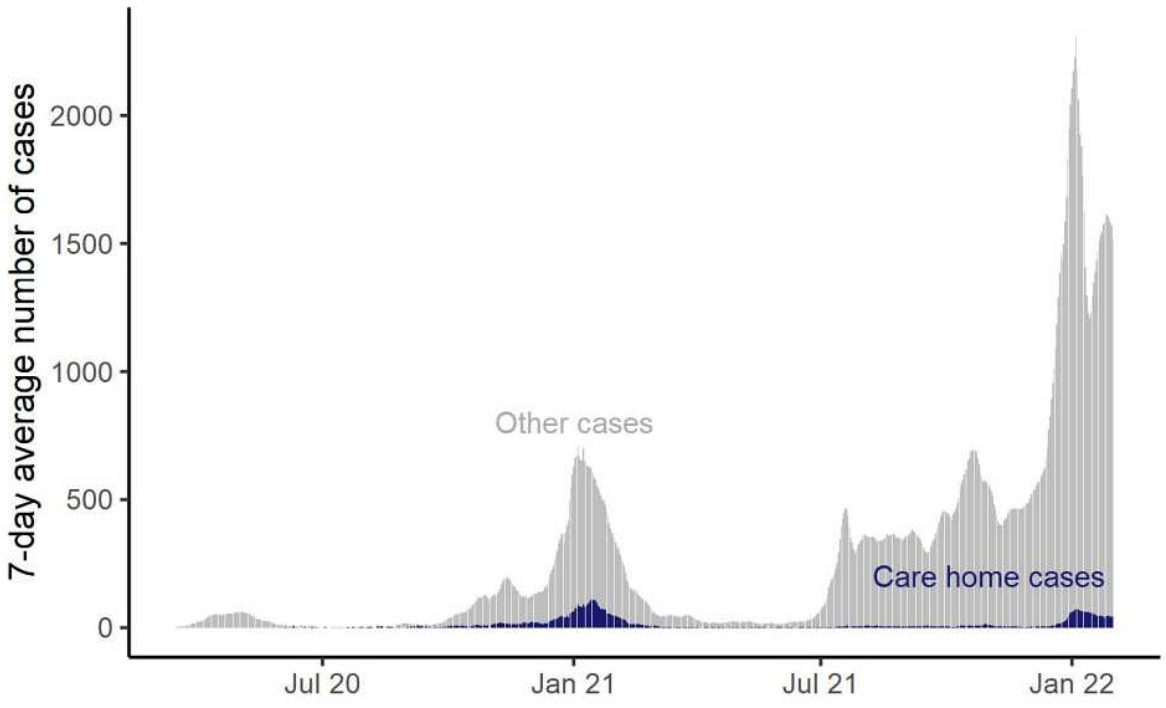


Figure 13:
Covid-19 cases in Norfolk linked to care homes compared to non-care home linked cases. Source: UK HealthSecurity Agency

[10]Estimate from UKHSA Second Generation Surveillance System (SGSS) record-level data of Covid-19 cases, based on self-reported recording of care home associations from residents, staff, and visitors

[11]Number of deaths in care homes notified to the Care Quality Commission, England - Office for National Statistics (ons.gov.uk)

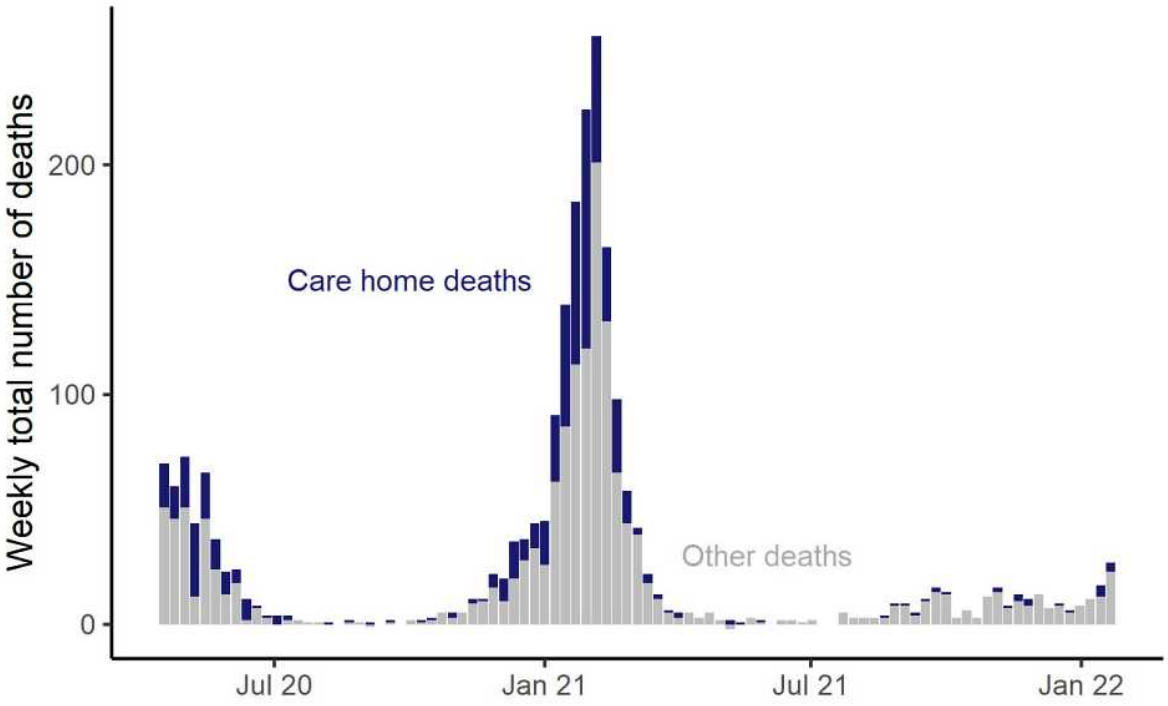


Figure 14:
Deaths of residents in care homes in Norfolk. Source: Office for National Statistics

Ethnicity

- Some **ethnic groups** were affected more than others [12] [13]
- Three **ethnic groups had higher case rates** than the Norfolk average:
  - Groups that aren't White, Black, Asian or of mixed ethnic background
  - White groups that aren't from a British or Irish background
  - Groups that are of Black, African, Caribbean or Black British ethnicity
- All other ethnic groups had case rates **below the Norfolk average**.

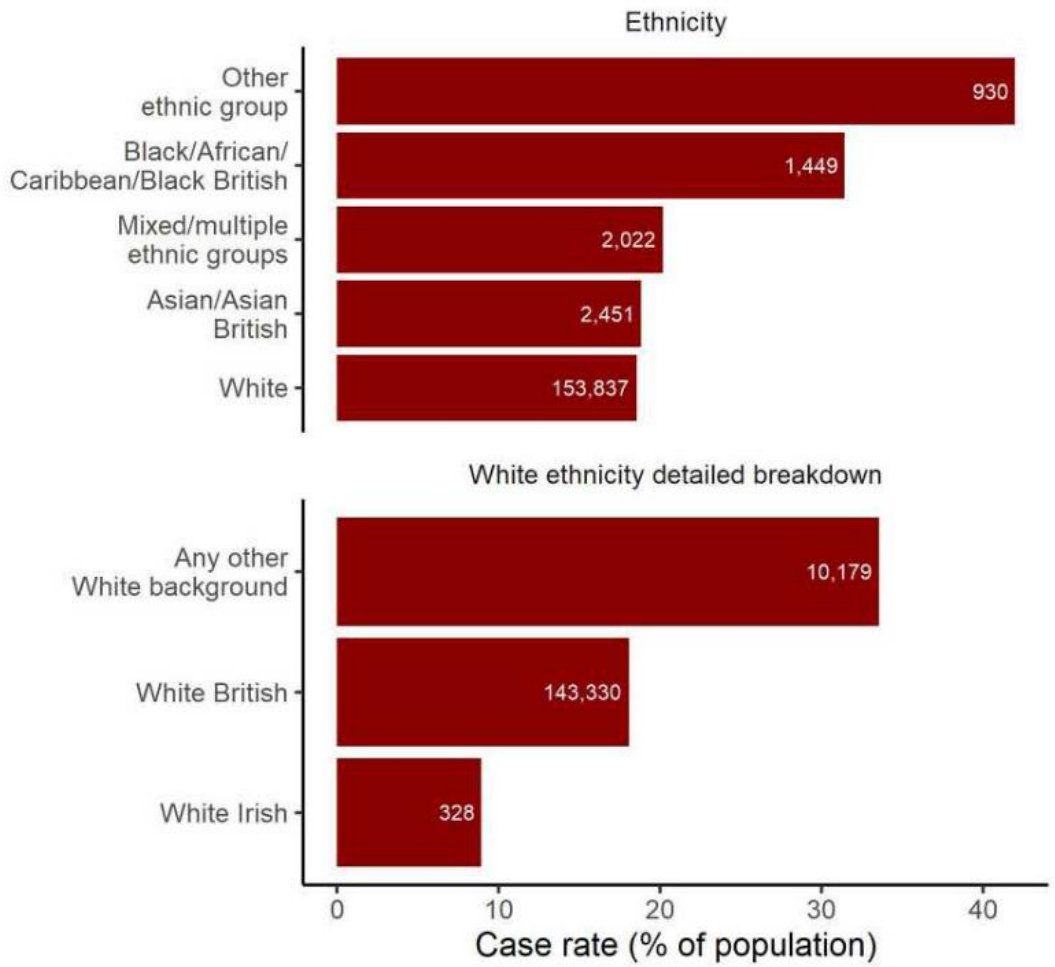


Figure 15:
Covid-19 case rates by ethnicity, and detailed breakdown for white ethnicities. Source: UK Health Security Agency

[12] Source UKHSA record-level Covid-19 case data
[13] Detailed ethnicities for other groups not shown due to small sample size

Deprived Areas

- The areas that are the most deprived had the highest case rates and **the lowest vaccination uptake.**

- The most deprived areas also had the **highest death rates** once age was taken into account.

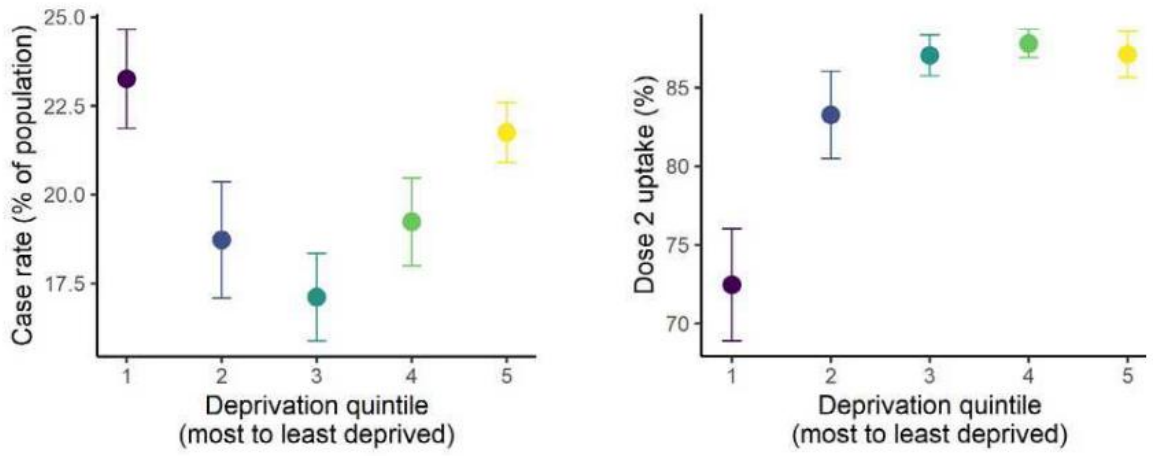


Figure 16:
Covid-19 cases and vaccine uptake and deprivation in Norfolk. Points and error bars show the average and 95% confidence limits for each deprivation quintile. Source: gov.uk Covid-19 dashboard (cases and vaccinations) and Office for National Statistics (deprivation data)

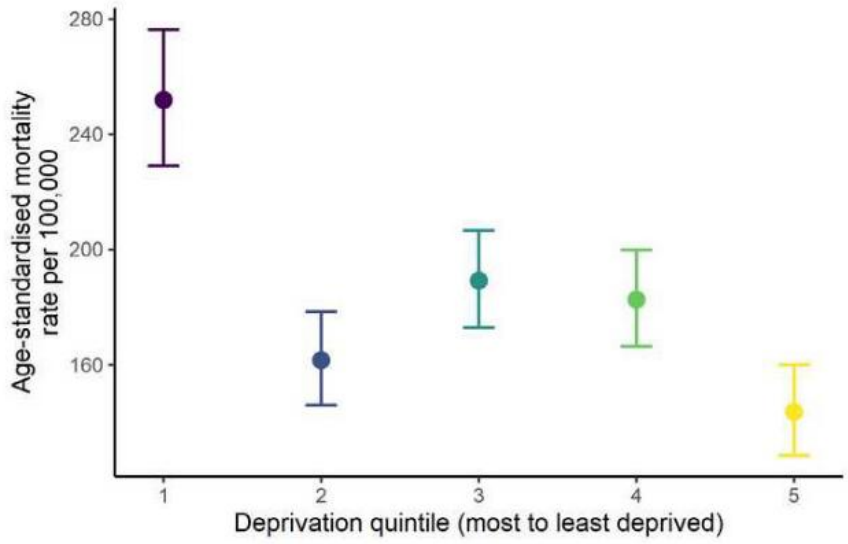


Figure 17:
Covid-19 deaths and deprivation in Norfolk. Source: Primary Care Mortality Database

Long Covid[14]

- Nationally, **around 1 in 40 people have long Covid** – this can affect them for weeks or months after their infection is gone
- That would mean **around 22,000 people in Norfolk** could have long Covid
- **Around 14,000** would have moderate symptoms
- **Around 4,000** would have more severe symptoms
- The highest long Covid rates are in females, **people aged 35-49** and those living in more deprived areas.

[14] Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK - Office for National Statistics (ons.gov.uk)

Section 4

Tackling Covid-19 in Norfolk

Key messages

- Organisations and individuals pulled together to tackle the pandemic in Norfolk, taking on new roles based on tried and tested methods for **tackling contagious diseases**
- Testing was rolled out across the county, including via **mobile teams, libraries and workplaces**
- Norfolk was one of the earliest areas to take on contact tracing from **NHS Test and Trace**
- The **vaccination programme** reached out in many different ways to ensure anyone in Norfolk and Waveney who wanted a vaccination could get one
- **Community support** was provided to help people to self-isolate and to reduce the unequal impacts of Covid-19
- A dedicated **Outbreak Management Centre** was set up to manage outbreaks in workplaces, schools, care homes and other settings
- **Many different methods** were used to keep the public updated on Covid-19 and how to prevent its spread

Norfolk pulled together to tackle Covid-19. There was unprecedented working between different organisations and individuals. This included:

- County, district, city and borough councils
- Volunteers and local charities
- Representatives of national government and organisations such as Public Health England (now the UK Health Security Agency)
- Health and social care
- Care homes, schools and workplaces
- Other public and private sector institutions, such as the fire service and police.

Measures to protect health – built on years of research and experience – were implemented on a large scale to reduce the spread of the virus and to protect the most vulnerable. Norfolk was among the earliest areas to take on some of these new roles. This work was overseen by senior officers from key organisations, with the support and guidance of local councillors.

Covid-19 key dates

31/1/2020
DPH chairs first strategic briefing of Norfolk Resilience Forum

Mid-March 2020
First Norfolk Covid-19 case and first death recorded

17/3/2020
Norfolk group set up to support shielding and other vulnerable people

20/3/2020
Norfolk Resilience Forum declares Covid-19 a major incident in Norfolk

3/4/2020
PPE Working Group set up

4/5/2020
Local outbreak support for care homes put in place locally

6/6/2020
Postwick drive-through testing site opens

24/6/2020
Norfolk's local outbreak control plan created

2/9/2020
Norfolk Outbreak Management Centre established

8/9/2020
Norfolk contact tracing support to NHS Test and Trace launches

23/10/2020
Norfolk's first walk-in testing site opened in Great Yarmouth

8/12/2020
First Covid-19 vaccination administered (Pfizer/ BioNTech)

26/12/2020
Norfolk enters Tier 4

4/1/2021
Self-isolation support service launchd across the county

19/1/2021
Mobile LFD testing deployed in Norfolk

19/2/2021
Mass testing for variant of concern in Diss commences

15/3/2021
Norfolk takes on most contact tracing from NHS Test and Trace

1/5/2021
Launch of 4 converted mobile testing buses

21/7/2021
Mass testing in Hemsby, Ormsby and Winterton

13/12/2021
A record 1,728 observed tests carried out by local team in a single week

29/12/2021
Record 2,892 cases recorded in Norfolk

Dec 19 | Jan 20 | Feb 20 | Mar 20 | Apr 20 | May 20 | Jun 20 | Jul 20 | Aug 20 | Sep 20 | Oct 20 | Nov 20 | Dec 20 | Jan 21 | Feb 21 | Mar 21 | Apr 21 | May 21 | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22

31/12/2019
WHO notified of cases of pneumonia of unknown cause in Wuhan, People's Republic of China

30/1/2020
WHO declared novel coronavirus a public health emergency of international concern

31/1/2020
First confirmed cases reported in UK

3/3/2020
UK enters 'Contain' phase

12/3/2020
UK enters 'Delay' phase

23/3/2020
UK enters first lockdown

26/3/2020
'Everyone In' launched to provide shelter for people experiencing homelessness

30/4/2020
Captain Tom Moore raises £39m for NHS Charities Together

28/5/2020
National NHS Test and Trace launched

14/9/2020
'Rule of 6' introduced

5/11/2020
Second national lockdown

30/12/2020
Oxford/ AstraZeneca vaccine approved

6/1/2021
Third national lockdown

8/1/2021
Moderna vaccine approved

15/2/2021
Mandatory hotel quarantine for travellers introduced

1/4/2021
Advice to shield for clinically vulnerable ends

28/5/2021
Janssen vaccine approved

19/7/2021
All legal limits on social contact removed in England

19/8/2021
Health Secretary announces vaccine booster programme

8/12/2021
Plan B measures introduced across England

3/2/2022
Novavax vaccine approved

24/2/2022
Covid restrictions end

Testing

Testing was critical in tackling Covid-19. It showed when someone had the virus so that they could self-isolate. It also showed how the virus was spreading and where there were outbreaks. Working with national government and district, borough and city councils, Norfolk County Council and Norse rolled out testing across the county. This included:

- **Mobile testing** teams
- **Mass testing** to find cases of new variants
- Supporting testing in **workplaces and other organisations**
- Providing tests for members of the public through **local libraries**.

In focus:

Norfolk's mobile testing teams

Norfolk's mobile teams ensured testing was available widely. Residents could have their testing observed by trained staff to give reassurance that they were doing their tests correctly. Buses were converted into mobile testing units which made testing available in even more places.

In 2021 alone, the teams:

- Carried out over **35,000 observed tests**
- Tested at over **150 sites and venues**
- Operated from **10 mobile units**.

Contact tracing

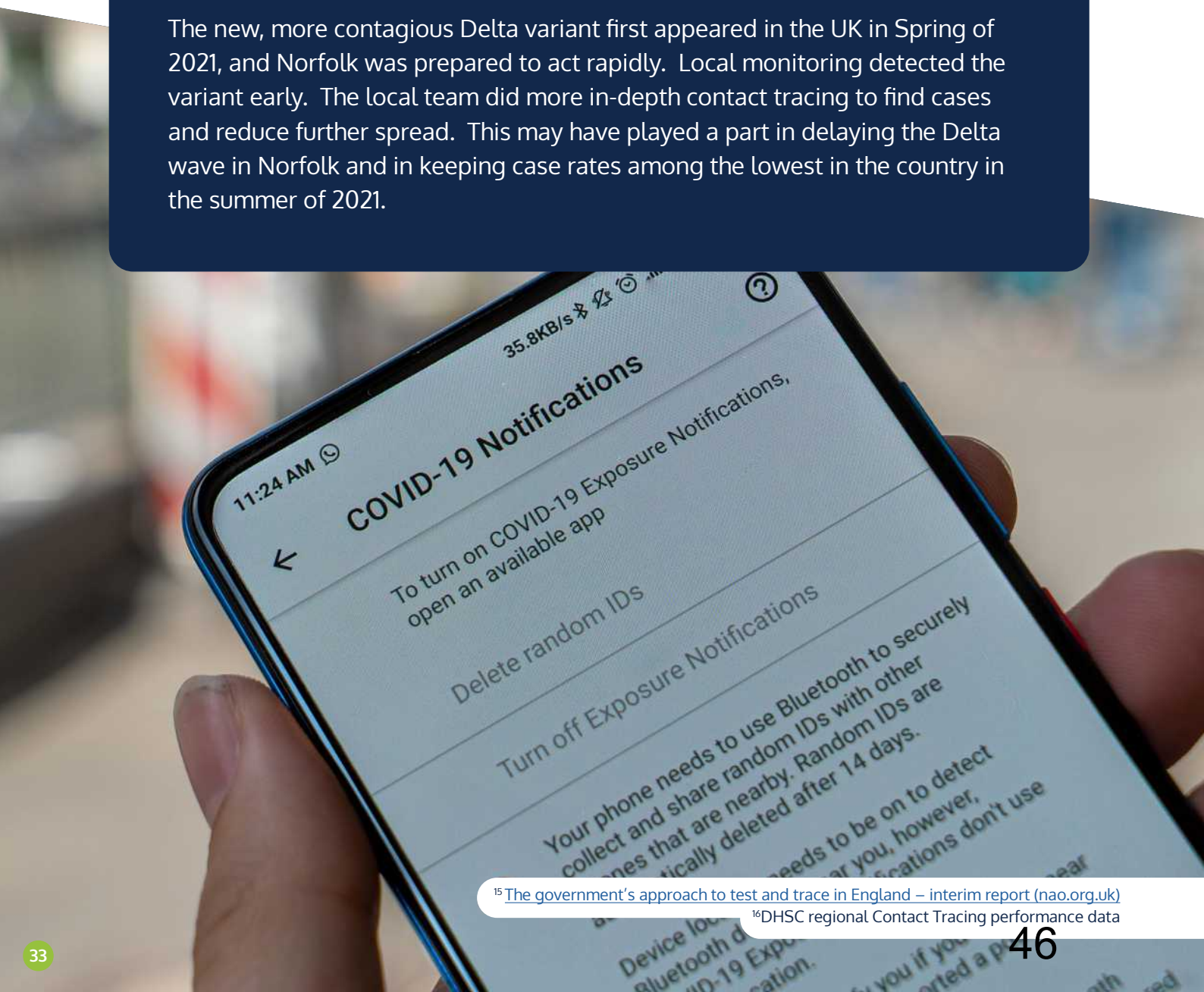
Contact tracing is a tried and tested way to reduce the spread of contagious diseases. Norfolk was one of five areas to pilot local contact tracing and was among the first areas to take on all contact tracing from NHS Test and Trace.

Local knowledge and the ability to speak to people face to face meant that Norfolk was one of the most successful areas in the country[15] [16]. During peaks, the local service was able to focus on areas that needed it most.

In focus:

Contact tracing and the Delta variant

The new, more contagious Delta variant first appeared in the UK in Spring of 2021, and Norfolk was prepared to act rapidly. Local monitoring detected the variant early. The local team did more in-depth contact tracing to find cases and reduce further spread. This may have played a part in delaying the Delta wave in Norfolk and in keeping case rates among the lowest in the country in the summer of 2021.



[15] The government's approach to test and trace in England – interim report (nao.org.uk)

[16] DHSC regional Contact Tracing performance data

Vaccinations

The pandemic saw the largest vaccination roll-out in the NHS's history. Vaccines will have saved countless lives and prevented even more people from going into hospital.

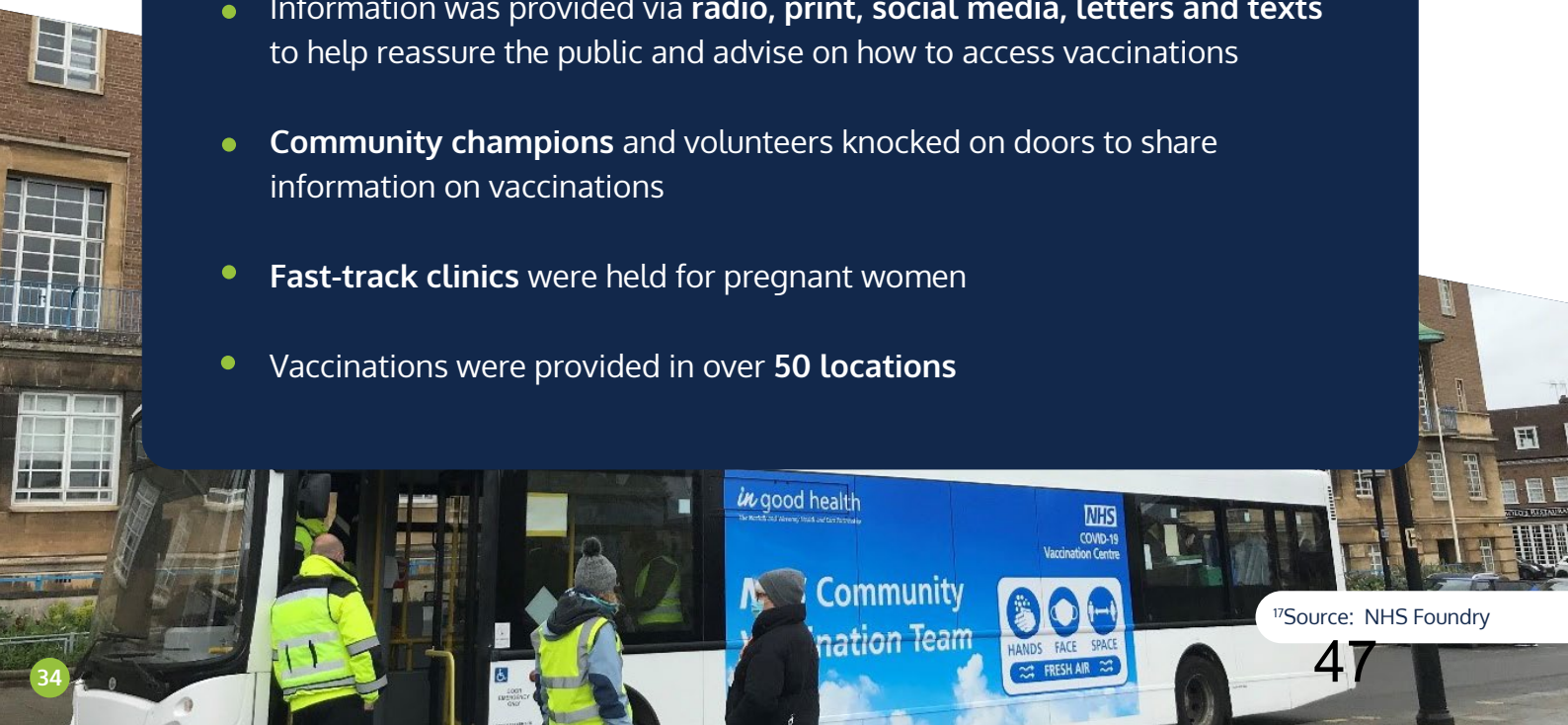
Led by the NHS in Norfolk and Waveney, the effort involved NHS staff, volunteers, fire service, the military, pharmacists, local authorities, businesses, charities and many others. And the people of Norfolk rolled up their sleeves in large numbers to protect themselves and others.

In focus:

Reaching out to Norfolk

By early May 2022, almost 2.5 million vaccinations[17] were given in Norfolk and Waveney. Norfolk reached out in different ways to ensure anyone wanting a vaccine could get it, for example:

- **Jab cabs** provided free taxi rides to vaccination sites
- The Roving Vaccination Bus delivered **10,000 vaccinations**
- **The Worry Bus** offered a quiet space and time with clinicians to talk through concerns about getting the jabs
- A special website made it easy for residents to find their **nearest walk-in sites**
- Information was provided via **radio, print, social media, letters and texts** to help reassure the public and advise on how to access vaccinations
- **Community champions** and volunteers knocked on doors to share information on vaccinations
- **Fast-track clinics** were held for pregnant women
- Vaccinations were provided in over **50 locations**



[17]Source: NHS Foundry

Community support

Many agencies worked together to provide support to Norfolk residents, especially to help them to self-isolate and to help reduce unequal impacts of Covid-19.

People who were most likely to need help were identified and contacted, including those who were clinically vulnerable and shielding at home. Residents could also ask for help via Norfolk County Council's Customer Services Centre or by speaking to Covid-19 support officers.

Activities included:

- Over **600 contacts** made to provide befriending and loneliness support
- Over **13,000 prescription collections**, over 7,000 shopping/food parcel collections
- Over **2,000 referrals** to the Norfolk Assistance Scheme
- Referrals into **local help hubs** and raising awareness of support available
- **Providing PCR tests** to contacts of cases to enable faster self-isolation
- **Providing information** – for example on self-isolation for tourists, how to prevent the spread of the virus, and vaccination – translated into multiple languages.

District, city and borough councils contacted nearly 188,000 people between January 2021 and February 2022.

Managing outbreaks

Local authorities were given a new role in managing outbreaks, working with Public Health England (now the UK Health Protection Agency). In Norfolk, a dedicated Outbreak Management Centre (OMC) was set up. This drew on experts from many agencies including public health staff, infection control nurses, environmental health officers, children's services and adult social care staff, data analysts, health and safety officers and others. The team worked with government departments on serious outbreaks, for example at ports and large food processing businesses.

The OMC team was shortlisted for a 'Team of the Year' award by the Local Government Association.

In focus:

Working with businesses

Throughout the pandemic, working with local businesses was critical to reducing the impact of Covid-19. Working closely together meant never having to take legal steps to shut down a business during an outbreak. Guidance for businesses was produced to help them keep their staff and customers safe.

Feedback from one business said:

> **"The OMC helped us enormously to ensure that as a business we have been able to continue operating throughout the pandemic."**

Keeping Norfolk residents informed

Throughout the pandemic, information and guidance was provided to help the public understand the situation in Norfolk and how to prevent the spread of the virus. People were encouraged to protect themselves, protect others and protect Norfolk. Local communications on Covid-19 won a national award.

In focus:

Keeping Norfolk people and organisations informed

Many different methods were used to reach as many local people as possible in ways that fit with their lives, including:

- **Weekly briefings** to the local media
- Producing **business and tourism toolkits**
- Putting **safety messages** on takeaway bags
- **Covid-19 kits** for people experiencing homelessness
- Direct mail to **400,000 households** with accurate information on testing and isolating
- Translating materials into the most commonly used languages in Norfolk and reproducing information in **Easy Read, British Sign Language and Braille**
- Using **digital advertising** to reach specific groups for example young people or those speaking in different languages in a particular area
- Providing continually updated information on the **Norfolk County Council website**


“I GOT MINE!”
Hayley Allen, Horsham St Faith
Covid-19 may affect you more seriously if you have a learning disability
Reduce your risk too – have your vaccination
#Ihadmine
Norfolk County Council
Public Health
NHS

Summary and conclusions

Covid-19 had wide-ranging impacts on the county. Though Norfolk had fewer cases and deaths than many other places, everyone will have been affected in some way. Some parts of the county were impacted more than others and there were differences between sexes, age groups and ethnicities.

Tried and tested methods – such as testing, contact tracing and vaccinating – were used to reduce the impact of Covid-19. While these will have helped lessen the impact of the disease, sadly lives continue to be lost and many people will be living with long Covid for some time yet.

At the time of writing this report, cases and hospitalisations are still occurring. Norfolk residents are still advised to protect themselves and others by taking steps to reduce the risk of passing on the virus.

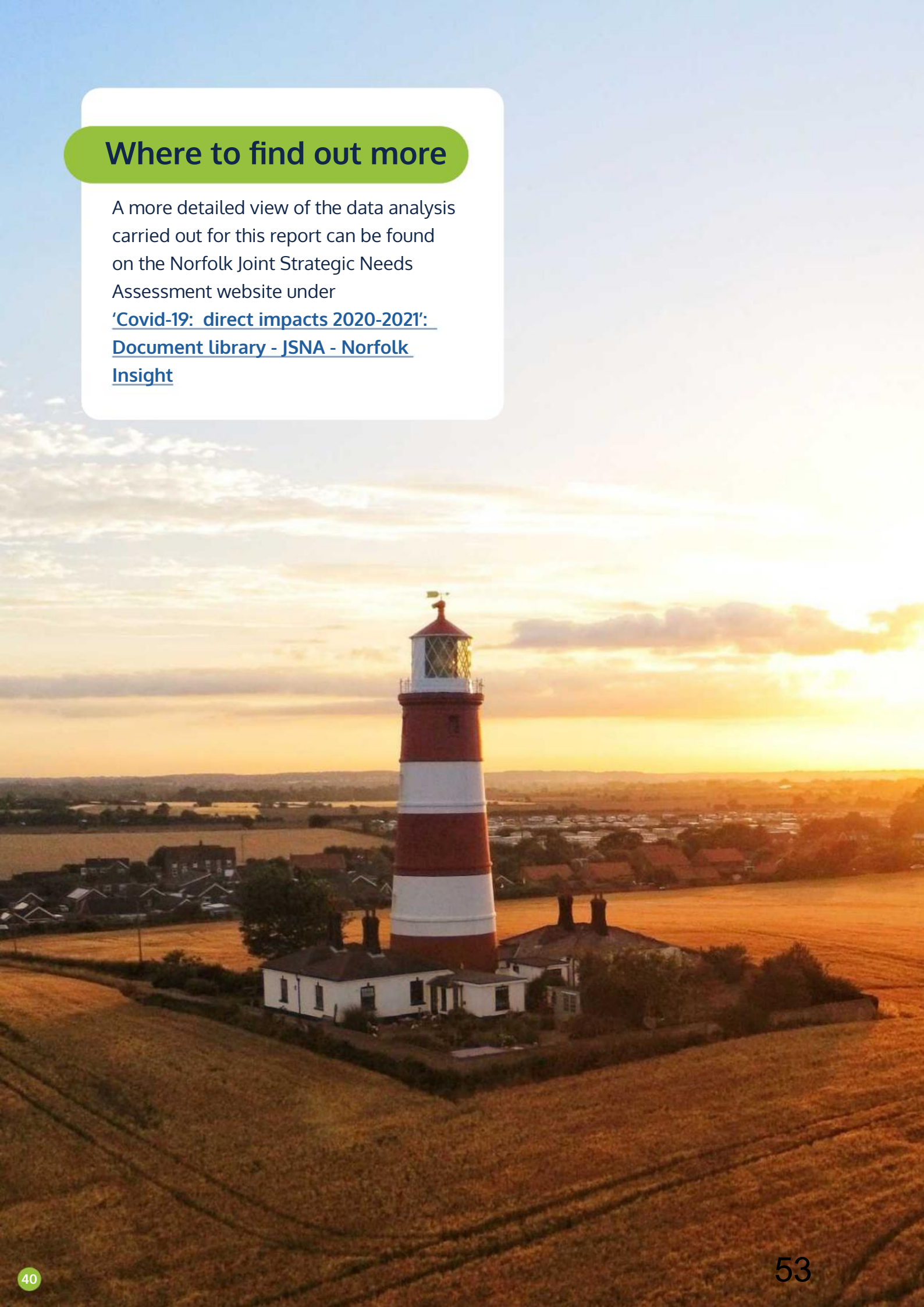
The evolution of variants is still very unpredictable. New variants could be more or less severe and could evade some of the immunity that has been built up through vaccination and previous infection. The disease will continue to be monitored locally in case further action is needed.

Alongside the direct impacts of Covid-19, there have been many indirect impacts on the lives of Norfolk people that have not been covered here. Grappling with these will pose challenges for some time to come.

On a more positive note, the pandemic has seen an astounding coming together of local organisations, businesses and individuals to help combat this extraordinary threat to the health and wellbeing of Norfolk people. This provides a sound basis for working together on future challenges.

Where to find out more

A more detailed view of the data analysis carried out for this report can be found on the Norfolk Joint Strategic Needs Assessment website under 'Covid-19: direct impacts 2020-2021': Document library - JSNA - Norfolk Insight



Norfolk County Council

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Weblink to this report

Report title: Domestic Abuse, Early Intervention and Prevention

Date of meeting: 08 June 2022

Sponsor (HWB member): Giles Orpen-Smellie, Police and Crime Commissioner for Norfolk

Reason for the Report

To provide members with an overview of the new Domestic Abuse Strategy for Norfolk, including the main objectives and outcome measures, with a focus on preventative activity. This enables the Board to consider the strategic line of sight from and interdependencies with the Health and Wellbeing Strategy and the implications and opportunities available through the Integrated Care System.

Report summary

This report introduces and engages the Board on the new Domestic Abuse Strategy for Norfolk, which is in the final phases of consultation and completion (see appendix 1). The new strategy reflects the changing landscape in the county, including a growth in reported levels of abuse, new policy drivers and legislation coming into force and learning from the impact of a concerted range of action over the last five years.

It also demonstrates that more needs to be done and that the county's partnership response, which in the past has focussed on supporting victims, needs to have stronger resourced preventative workstreams. Therefore, the new strategy encompasses an emerging response to perpetrators, which has been planned for some time, and finally being delivered through the Cautioning Adult Relationship Abuse (CARA) and the Domestic Abuse Perpetrator Partnership Approach (DAPPA) Both interventions are funded and being implemented by the Officer of the Police and Crime Commissioner (OPCCN) and Norfolk Constabulary.

It is acknowledged that the most effective preventative strategy would target the most upstream associates of domestic abuse including norms, values and poverty, but this is beyond the remit of the Norfolk Community Safety Partnership (NCCSP); with the responsibility resting with this and other Boards. The strategy therefore focusses on the areas that that the NCCSP can influence and deliver on through its respective membership, responsibilities and resource levels and strategic integration with other bodies to provide a coherent and effective response.

Recommendations

The HWB is asked to:

a) Subject to comment, endorse and support the Domestic Abuse Strategy.

b) To identify specific areas where improved or new collaborations between the Board and Norfolk County Community Safety Partnership, can contribute to the delivery of the strategy and the outcomes.

1. Background

1.1 The partnership response to domestic abuse in Norfolk is developed, co-ordinated and delivered through the Norfolk County Community Safety Partnership (NCCSP), supported by the Domestic Abuse and Sexual Violence Group DASVG.

1.2 The NCCSP has recently developed a new domestic abuse strategy for 2022-25, reflecting developments in the County's response, learning from the Norfolk Beacon work with Safelives, opportunities and requirements for innovation and transformation created during the Covid 19 pandemic, significant policy developments both nationally and locally, including the Domestic Abuse Act and the Victim's Bill, and commissioning intentions and future plans of partner organisations.

1.3 Tackling violence against women and girls, and more specifically domestic abuse, is central to the core responsibilities, priorities and activities of a number of partnerships and their respective organisations including (but not exclusively):

- Norfolk County Community Safety Partnership,
- Health and Wellbeing Board,
- Norfolk Safeguarding Adults Board,
- Norfolk Safeguarding Children's Partnership,
- Norfolk and Suffolk Criminal Justice Board.

Therefore, to integrate even more strongly the work of these bodies, the new strategy has been adopted officially by those marked with an asterisk.

2. Domestic Abuse in Norfolk – Everyone's Priority

2.1 For nearly a decade, domestic abuse has been a strategic priority for the NCCSP, due the scale, its impact and the complexity and cost of addressing it across communities and organisations. It also ranks as one of the national Government's top priorities.

2.2 The scale of domestic abuse is set out in the strategy, with around one in five crimes reported to Norfolk Constabulary being domestic abuse related and the number of reports increasing.

2.3 During the pandemic, official data showed that there was not an exponential rise in reported domestic abuse, but in this time, levels did increase in line with previous projections (by approximately 14%).

2.4 Since March 2020, the DASVG has been responding simultaneously to the immediate needs of those at risk of harm at a time of unique social and economic conditions, taking stock of the progress made in the county over the previous four years, reflecting new opportunities and policy requirements and resetting the response to tackling domestic abuse, with a renewed vigour, focus, funding and structures to deliver it.

2.5 The output is a new partnership strategy for Norfolk adopting a public health approach, prioritising the following:

1. Improved partnership understanding.
2. Putting authentic voice at the heart of our response.
3. Supporting victims and survivors and responding to perpetrators (tertiary prevention).
4. Early identification and early help (secondary prevention).
5. Changing attitudes (primary prevention).

2.6 The HWB is seeking further awareness on preventative activity, which is covered in Appendix 1 (page 11-12) and highlights several areas including, attitudes and awareness, a trained and professionally curios workforce and interventions for perpetrators.

Officer Contact
If you have any questions about matters contained in this paper please get in touch with:

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NORFOLK DOMESTIC ABUSE STRATEGY 2022 -2025

Working together to tackle domestic abuse

NCCSP
Norfolk county community safety partnership

Norfolk Safeguarding Adults Board

Norfolk Safeguarding Children Partnership

NORFOLK & SUFFOLK CRIMINAL JUSTICE BOARD
Criminal Justice System: working together for the public

Table of Contents

About this strategy

Domestic abuse affects tens of thousands of people every year in Norfolk. The scale of the problem combined with the impact it has on people makes domestic abuse a priority for everyone.

The multi-agency response to domestic abuse requires working in communities to respond to and prevent abuse, ensuring the right safeguarding is in place to protect people and an effective criminal justice response that support victims and survivors and actively tackle perpetrator behaviours.

To ensure that the domestic abuse response in Norfolk is as joined up as possible, the Norfolk County Community Safety Partnership's (NCCSP) Domestic Abuse and Sexual Violence Delivery Group (DASVG), the Norfolk and Suffolk Criminal Justice Board (NSCJB), the Norfolk Safeguarding Adults Board (NSAB) and the Norfolk Safeguarding Children Partnership (NSCP) have collaborated to create a joined up strategy, responding to domestic abuse in the safeguarding and criminal justice for Norfolk[1].

This strategy provides a framework which will enable join up between the strategic partnerships, setting out how we will work together to tackle domestic abuse. In recognition that a significant proportion of sexual violence is linked to domestic abuse, this strategy is closely aligned to the DASVG Sexual Violence Strategy.

At the heart of the strategy is a commitment to following an evidence led, public health approach to preventing domestic abuse. This strategy will

[1]The organisations included within these partnerships are: Police; Norfolk County Council; The seven district councils; Norfolk Fire and Rescue Service; the Office of the Police and Crime Commissioner for Norfolk; Clinical commissioning groups; the Probation Service; the Crown Prosecution Service; Her Majesty's Courts and Tribunals Service; Youth Offending Teams; Housing providers; and Victim Support.

seek to address adult and child domestic abuse victimisation and perpetration.

To do this there are five priorities in its response:

1. **Improved partnership understanding**
2. **Putting authentic voice at the heart of our response**
3. **Supporting victims and survivors and responding to perpetrators**
4. **Early identification and early help**
5. **Changing attitudes**

The partnerships understand their circle of influence in responding to risk and protective factors relating to domestic abuse set out in Figure 1. The partnerships will use their available influence to deliver this strategy.

Acronym	Meaning
CJS	Criminal Justice Service
DA	Domestic Abuse
DARA	domestic abuse risk assessment
DASH	Domestic Abuse, Stalking, Harassment and Honour based violence Assessment Tool
DASVG	Domestic Abuse and Sexual Violence Group
DHR	Domestic Homicide Review
IDVA	Independent Domestic Violence Advocate
ISVA	Independent Sexual Violence Advocate
LCJB	Local Criminal Justice Board
MASH	Multi-Agency Safeguarding Hub
NSAB	Norfolk Safeguarding Adults Board
NSCP	Norfolk Safeguarding Children Partnership
SAR	Safeguarding Adults Review
SCR	Serious Case Review
SDAC	Specialist Domestic Abuse Court
SV	Sexual Violence

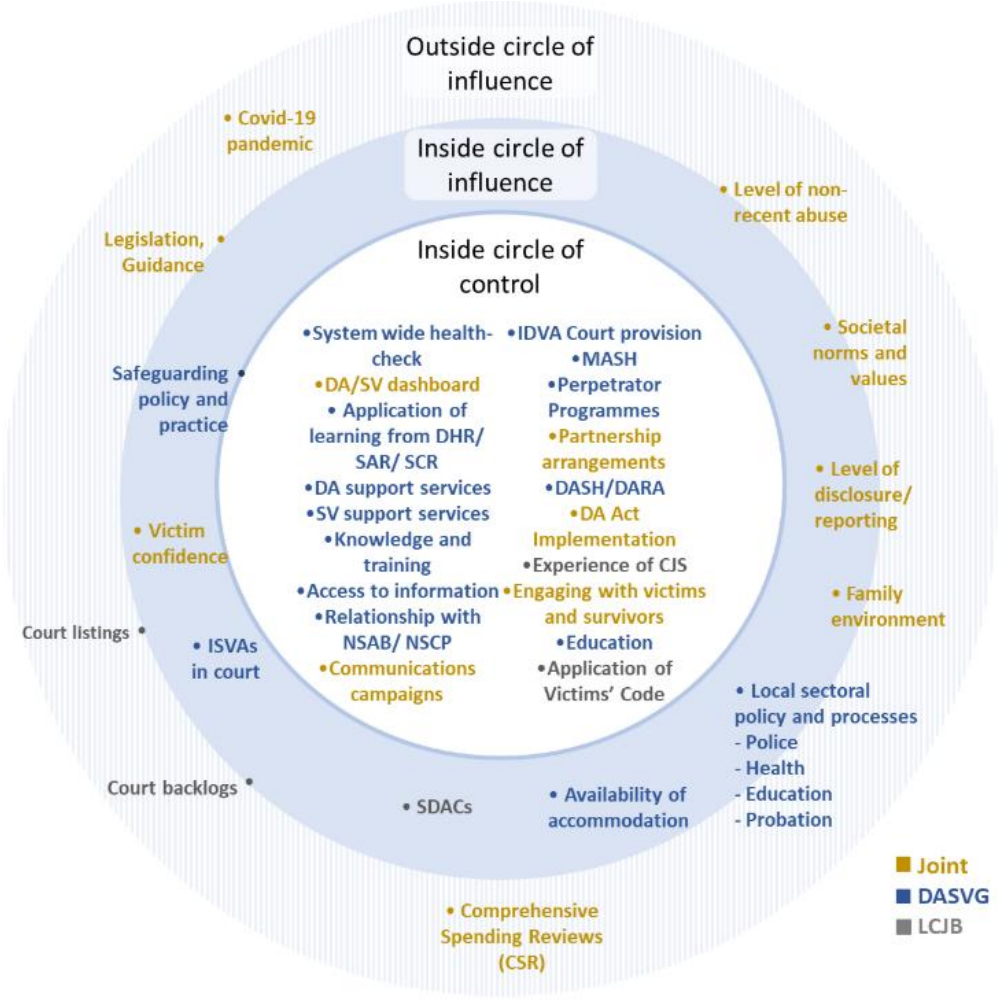


Figure 1: Circles of influence over response to domestic abuse

Defining domestic abuse

This strategy adopts the 2021 Domestic Abuse Act's statutory definition of domestic abuse[2].

DEFINITION KEY POINTS

Domestic abuse is behaviour that occurs between people that are 'personally connected' and are 'aged 16 or over' and consists of any of the following:

- physical or sexual abuse
- violent or threatening behaviour
- controlling or coercive behaviour
- economic abuse
- psychological, emotional, or other abuse

Being personally connected refers to people who are or have been in an intimate relationship or are family members.

The act also recognises children that see, hear, or experience the effect of domestic abuse as victims of abuse.

Understanding domestic abuse

Domestic abuse covers a vast array of behaviours, all underpinned by coercive control. Controlling behaviour is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour. This is exemplified through the Duluth Power and control wheel[3], which highlights that physical and sexual violence in relationships (the outer ring) is used in combination with a range of tactics (the segments of the wheel) to exert power and control (at the centre of the wheel).

[2] Statutory definition of domestic abuse factsheet - GOV.UK (www.gov.uk)

[3] FAQs About the Wheels - Domestic Abuse Intervention Programs (theduluthmodel.org)

Whilst the Duluth power and control wheel focusses on female victims and survivors it must be remembered that **domestic abuse can affect anyone, regardless of age, disability, gender, race, religion or belief, sex, or sexual orientation.** Domestic abuse can also manifest itself in specific ways within different communities.

Women are disproportionately more often the victim of domestic abuse and men are disproportionately more often the perpetrators in police recorded crime and Crime Survey of England and Wales data. Female victims and survivors are more likely to be identified as high-risk or repeat[4].

Many men in Norfolk experience domestic abuse and when they do, they experience similar consequences to women. Further, there is stigma for men related to the societal assumption that domestic abuse victimisation is gendered, which can act as a barrier to male victims and survivors reporting.

The impact of domestic abuse varies between victims and is likely to have a significant impact on them.

Some of the known effects on victims and survivors include[5]	
• Lasting physical injury • Develop physical health conditions associated with abuse • Substance misuse • Homelessness • Self-harm	• Anxiety • Depression • Low self-esteem • Suicide attempts • Post-Traumatic Stress Disorder

[4] Statistics-domestic-violence-and-gender.pdf (refuge.org.uk) and About domestic abuse | Safelives

[5] Domestic abuse: draft statutory guidance framework (accessible version) - GOV.UK (www.gov.uk)

It is important to remember the experiences of children and young people who are living with domestic abuse and their needs in any decisions made about the adult victim and survivors. Witnessing domestic abuse is one of ten Adverse Childhood Experiences (ACEs)[6] and the 2021 Domestic Abuse Act identifies children as victims of domestic abuse if they see, hear, or otherwise experience domestic abuse between two people where the child is related to at least one of them.

The Children's Commissioner estimates that nationally, 3 million children under the age of 17 live in a household where an adult has experienced domestic abuse, and one in five children see or hear partner abuse. Sadly, domestic abuse was a feature in 41% of child deaths nationally and was a feature of 42.6% of incidents involving serious harm referred to Child Safeguarding Practice Review Panel[7].

Some of the known effects of domestic abuse on children can include[8]
• Feeling anxious or depressed • Having difficulty sleeping, nightmares • Physical symptoms such as stomach aches or bed wetting • Reduction in school attainment, truancy • Increased application to activities outside the home, including academia or sports, as a distraction • Inconsistent regulation of emotions, including becoming distressed, upset, or angry • Becoming aggressive or internalising their distress and become withdrawn • Using alcohol or drugs, or self-harming

[6] Adverse childhood experiences: What we know, what we don't know, and what should happen next | Early Intervention Foundation (eif.org.uk)

[7] The Child Safeguarding Annual Report 2020 (publishing.service.gov.uk)

[8] Domestic abuse: draft statutory guidance framework (accessible version) - GOV.UK (www.gov.uk)

Research into domestic abuse amongst adolescents shows 16- to 19-year-old women are more likely to experience domestic abuse than all other age-groups but access to support is low. Further, there is some research suggesting there is less disproportionality between genders as victims of domestic abuse amongst adolescents, compared to older age groups.

Different protected characteristic groups can experience additional domestic abuse related impacts. Some LGBTQ+ victims and survivors have their sexuality and gender identity used in controlling behaviour. For example, perpetrators use intimidation and threats to disclose sexual orientation and gender history to friends, colleagues and family or limit the victim's access to LGBTQ+ spaces[9].

Those from ethnic minority backgrounds may also experience additional barriers to identifying, disclosing, seeking help, or reporting abuse. Research suggests that ethnic minority groups may experience the following:

- a distrust of the police and other statutory agencies
- fears about immigration and/or asylum status and risk of deportation
- language barriers
- being disproportionately impacted by certain forms of domestic abuse, including forced marriage, staying within an abusive marriage, so called 'honour'-based abuse and female genital mutilation (FGM) and
- fear of rejection by the wider community[10].

For adults with care and support needs, research has shown that domestic abuse plays a role in their ability to access support and how they experience abuse. For example:

- disabled people's impairments are frequently used in the abuse, including humiliation,
- many abusers deliberately use and increase dependency as a way of asserting and maintaining control,
- sexual abuse appears to be proportionately more common for disabled than for non-disabled women, and
- perpetrators often use forms of abuse that exploit, or add to, the abused person's impairment[11].

This high-level summary of domestic abuse shows how it affects people and how different protected characteristic groups experience it. It is not an exhaustive explanation but does provide several key aspects, which determine how we deliver service, including inclusive design and ensuring children are supported. As our understanding of domestic abuse grows, so too will our response.

Domestic abuse in Norfolk

Around one in five crimes reported to Norfolk Constabulary are domestic abuse related and the number of domestic abuse reports is increasing. However, a significant amount of domestic abuse remains unreported, with Crime Survey of England and Wales estimates suggesting 5.5% of adults in England and Wales aged 16 to 74 years experienced domestic abuse in the last year.

[9] Domestic violence and abuse and LGBT+ communities - Galop
[10] Domestic abuse: draft statutory guidance framework (accessible version) - GOV.UK (www.gov.uk)

[11] Making the links: Disabled women and domestic violence (equation.org.uk)

Reports of domestic abuse crime and incidents to Norfolk Constabulary increased by 24% to 22,072 in 2020/21, compared to the previous year. Since the beginning of the Covid-19 restrictions, the increase in reports has been in line with longer term increases in domestic abuse crime reported to the police.

60% of the outcomes for crimes flagged as domestic abuse in the year ending March 2021 were recorded as evidential difficulties – victim does not support action. This high proportion highlights the need for victims and survivors to receive support to increase support for criminal prosecutions.

In Norfolk, there were a total of 702 domestic abuse-related legal decisions made by the CPS in the year ending March 2021. In the same period 518 domestic abuse-related charges were brought, which equates to a charge rate of 74%. In the year ending March 2020 there 693 domestic abuse related charges and a charge rate of 78%.

Norfolk is a largely rural county, and domestic abuse affects rural victims and survivors in different ways. Isolation is a key issue for rural victims and survivors affecting their ability to be identified, find help and access services[12].

In the unfortunate occurrence of a domestic homicide locally, independent Domestic Homicide Reviews have highlighted key lessons learnt. They include have covered a range of topics including:

- national recommendations,
- professional curiosity and awareness,
- information sharing,
- ownership, accountability, and management grip, and
- collaborative work, decision making and planning.

Covid-19

Refuge reported a 66% increase in calls during the first national lockdown, highlighting support services experienced an increase in demand during periods of lockdown[13]. This may be due to domestic abuse intensifying in the community during the lockdown and victims facing difficulties in safely seeking support under these conditions.

Covid-19 restrictions have also changed the way victims and survivors experience domestic abuse. Abusers have used restrictions to exercise control over victims and survivors, abuse has escalated during lockdowns, restrictions have provided a barrier to accessing support and more children have witnessed abuse[14]. Domestic abuse support has needed to adapt to mitigate these changes.

Policy context

The Domestic Abuse Act 2021 launched wide-ranging changes for the response to domestic abuse in England and Wales, aiming to:

1. Raise awareness and understanding about the devastating impact of domestic abuse on victims and their families, including seeing children as victims of domestic abuse in their own right.
2. Further improve the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice.

[12] Domestic-Abuse-in-Rural-Areas-National-Rural-Crime-Network.pdf (northyorkshire-pfcc.gov.uk)

[13] Refuge reports further increase in demand for its National Domestic Abuse Helpline services during lockdown. - Refuge Charity - Domestic Violence Help

[14] A-Perfect-Storm-August-2020-1.pdf (womensaid.org.uk)

3. Strengthen the support from statutory agencies for victims of abuse[15].

A key aspect of this act is the Domestic Abuse Duty placed on Local Authorities. Norfolk County Council have led the response locally and has developed five objectives for domestic abuse accommodation in Norfolk:

1. Increase the amount and flexibility of safe accommodation
2. Improve engagement with victim-survivors of domestic abuse
3. Improve the quality of support and safe accommodation
4. Support children in safe accommodation
5. Improve intelligence

Part of the ambition of this strategy is to ensure that Norfolk adopts the changes made by this legislation.

Domestic homicide reviews are a requirement of Community Safety Partnerships as part of the Domestic Violence, Crime and Victims Act 2004. Reviews aim to identify the lessons to be learnt by considering the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse, or neglect by—

a. a person to whom they were related or with whom they were or had been in an intimate personal relationship, or
b. a member of the same household as themselves[16].

They have a key role as their main purpose is to prevent domestic abuse, violence and homicide and improve service responses for victims and survivors by developing a coordinated multi-agency approach to ensure that abuse is identified and responded to effectively at the earliest opportunity.

The **Care Act 2014** sets out a clear legal framework for how local authorities and other parts of the health and care system should protect adults at risk of abuse or neglect. The act requires:

- Safeguarding Adult Boards to be established
- Local authorities to make enquires, or ask others to make enquiries, when they think an adult with care and support needs may be at risk of abuse or neglect (Section 42)
- Safeguarding Adults Boards to arrange a safeguarding adults review in some circumstances

The framework for safeguarding children is set in the 2018 statutory guidance "**Working Together to Safeguard Children**". For domestic abuse, the guidance highlights the importance of:

- ensuring practitioners understand domestic abuse
- identifying children living in a home experiencing domestic abuse, and
- providing early help services in situations including domestic abuse.

The NICE accredited **Think Family** agenda is embedded in the NHS' approach to domestic abuse and recognises and promotes the importance of a whole-family approach, that focuses on:

- No wrong door,
- Looking at the whole family,
- Providing support tailored to need, and
- Building on family strengths.

Victims' Rights within the criminal justice system are contained withing the **Code of Practice for Victims of Crime** and cover how the system support victims of domestic abuse. The twelve Victims' Rights are:

[15] Domestic Abuse Act 2021: overarching factsheet - GOV.UK (www.gov.uk)

[16] DHR-Statutory-Guidance-161206.pdf (publishing.service.gov.uk)

- To be able to understand and to be understood
- To have the details of the crime recorded without unjustified delay
- To be provided with information when reporting the crime
- To be referred to services that support victims and have services and support tailored to your needs
- To be provided with information about compensation
- To be provided with information about the investigation and prosecution
- To make a Victim Personal Statement
- To be given information about the trial, trial process and your role as a witness
- To be given information about the outcome of the case and any appeals
- To be paid expenses and have property returned
- To be given information about the offender following a conviction
- To make a complaint about your Rights not being met

Finally, the Government's **Violence Against Women and Girls (VAWG) Strategy** sets the national ambition for a range of crimes including domestic abuse as:

- increased support for victims and survivors
- increased the number of perpetrators brought to justice
- increased reporting to the police
- increased victim and survivor engagement with the police and wider public service response
- reduced prevalence of VAWG

Partnerships' approach and priorities

The adjacent diagram outlines the partnerships' strategic approach to domestic abuse and sexual violence, adopting a public health approach[17] with three central and two crosscutting priorities.

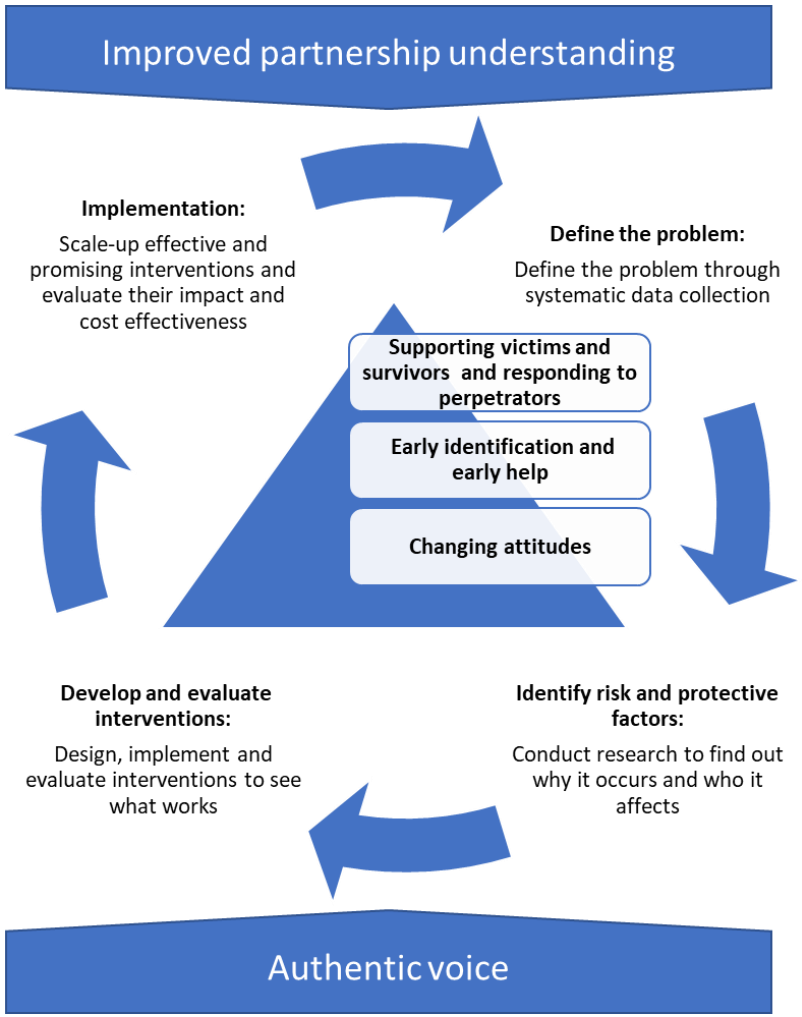
The approach's two cross cutting priorities are to **improve the partnerships understanding of domestic abuse** and sexual violence and abuse and to ensure that the service users' **authentic voice** drives the development of the response to our priorities. Authentic voice goes beyond the partnership's understanding as it involves survivors in the development and assessment of services.

Our remaining three priorities focus on prevention at three key population levels. Preventing domestic abuse is everyone's responsibility, which is why we want to work to **change attitudes** associated toward domestic abuse at a population level.

We recognise that domestic abuse will still occur over the course of this strategy, so we need to prioritise preventing domestic abuse escalating through **early identification and early help**.

The partnerships will **provide support** where victims and survivors need it to recover from and prevent further domestic abuse. Similarly, when an **offender's behaviour needs to be tackled**, the partnership will work together to deliver the appropriate response.

To deliver on all these priorities in an effective way, the partnership will utilise interventions fitting within the public health approach, which follows the process of defining the problem, identifying the risk and protective factors, developing, and evaluating interventions and scaling up those interventions that have the biggest impact.



[17] Safer-Norfolk-Plan-2021.pdf (norfolk-pcc.gov.uk) p7

Improved partnership understanding

Robust local data and analysis to inform the planning, design and decision making regarding the response to domestic abuse and sexual violence is fundamental. The NCCSP has adopted a public health approach to prevention and is developing data and analytical capacity and capability.

The **DASVG dashboard** will continue to be developed providing a shared understanding of demand, capacity, and performance of services. Deep dives will be completed on specific topics, including domestic abuse and sexual violence wait times at court. National data and analysis will continue to be utilised to enrich local data. A point of focus will be to improve understanding of domestic abuse and sexual violence for LGBTQ+, ethnic minority communities, the effects on family members, other protected characteristic groups, and those with complex needs.

The partnerships will support the development and application of learning from **Domestic Homicide Reviews**, **Child Safeguarding Practice Reviews and Safeguarding Adults Reviews** to ensure actions are applied in practice and meaningful change is achieved.

There will be a continued focus on ensuring the partnerships are informed by **national policy, strategy research and standards of best practice and will look to pilot innovative responses to domestic abuse and sexual violence.** Where relevant the partnerships will look to participate in regional or national forums operating in this space and work with organisations to identify where Norfolk can improve.

The partnerships proactively ensure a comprehensive understanding of the local response by **reviewing the response to domestic abuse and sexual violence, performance monitoring against the delivery plan and outcomes framework, undertaking gap analyses, needs assessments and benchmarking against national standards** where applicable.

Putting authentic voice at the heart of our response

Authentic voice involvement is about making sure that services, organisations, and policies are led and shaped by the people best placed to know what works: people who use services. They are experts by experience.

Recognising victims, survivors, and families as experts of their own experiences it is critical to inform the response to domestic abuse and sexual violence. The partnerships are committed **to listening and responding to the voices of victims, survivors, and family in the design of strategy, partnership response, commissioning of services and criminal justice processes.**

Listening to survivor experience of services to support them is key to meeting their needs. Some survivors experience barriers to accessing support and by addressing these, we can make services more accessible. By understanding how survivors want to engage with and utilise services their interests are kept at the heart of everything we do.

By designing future services reflecting what is important to survivors we can provide survivors with ownership over their services. Employing authentic voice in service design requires people who use services being consulted, included, and engaged from the start to the end of any project that affects them.

The **expertise of professionals** needs to be utilised to develop Norfolk's understanding of domestic abuse and sexual violence and abuse and how we respond to it.

The partnerships will empower diverse survivors and professionals to share their experiences in designing, shaping, and evaluating local services.

Changing attitudes

Education and awareness raising can be effective in changing attitudes[18]. Programmes and campaigns should aim to improve the understanding of the nature of domestic abuse, consent, and healthy relationships (including issues regarding pornography), as well as challenging harmful myths, stereotypes, bias, and attitudes.

Schools and educational institutes play a key role in the awareness raising and education of children and young people with the aim of preventing and reducing domestic abuse in all its forms. Through raising awareness and educating children and young people we can raise expectations of acceptable behaviour and increase rejection of harmful stereotypes.

All age groups need to receive key messages, reinforced by ongoing support in education, workplaces, and communities. There should be clear, consistent messaging to increase understanding, provide a counter-narrative and encourage an open dialogue regarding domestic abuse and sexual violence and abuse. In addition, employers have a key role to play in preventing and responding to domestic abuse.

In recognition that a proportion of sexual violence, abuse and harm is experienced in the context of domestic abuse, this strategy is closely aligned to the partnership sexual violence strategy. It's essential that changing attitudes to domestic abuse and sexual violence is considered across the two strategies and in the wider context of violence against women and girls (VAWG) and stigma experienced male victims and survivors.

Early identification and early help

Domestic abuse can have a long-lasting effect on adult and child victims and survivors, and the longer it lasts the more severe the damage can be. Early identification and early help reduce the long-term consequences, delivering long-term savings and improving quality of life.

Early identification is the ability to be able to spot the signs of domestic abuse as soon as they present and engage with those experiencing it. **Early help** is the initial response offered by all services in contact with children and adults when they need extra support. It is an approach to working, rather than a team or service.

Having a **trained and professionally curious workforce** who are trauma informed, culturally competent and engage family support networks is essential in early identification and early help for those experiencing domestic abuse.

Partnership agencies will work collaboratively to make sure the training offered gives professionals the knowledge, skills, and confidence to identify domestic abuse and provide help and support as soon as possible.

The role of early identification and help extends into the community and requires local employers to champion the welfare of their workforce by adopting policies to support victims and survivors of domestic abuse. The partnerships will continue to promote the HEAR campaign, calling on employers to adopt Employers' Initiative on Domestic Abuse.

This strategy will prioritise making sure resources are in place to respond to the needs of children and adults experiencing domestic abuse at the earliest possible opportunity.

[18] Tackling violence against women and girls strategy

Supporting victims and survivors and responding to perpetrators

Ultimately, we want to prevent domestic abuse from occurring. When it does unfortunately happen, we aim to give the right support and prevent it happening again.

When victims and survivors first engage with support services, the first step must be **ensuring their safety** and that of their children. To achieve this, Norfolk agencies will assess risk victims and survivors, and provide safeguarding responses tailored to the specific risks that they experience, delivered through the Multi-Agency Safeguarding Hub.

Victims, survivors, and professionals must have **easy access to information regarding services**. This will empower victims and survivors to make their own choices about their support and recovery pathway. Information needs to be up to date and relevant to the individual, for example geographic coverage and eligibility.

Domestic abuse victims and survivors want services tailored to their needs, which are easy and convenient to access and prioritise long term, positive outcomes. Commissioners in Norfolk have collaborated to deliver an integrated service, accessible everywhere in Norfolk: the Norfolk Integrated Domestic Abuse Service (NIDAS). The service will support victims and survivors with their immediate need and long-term recovery.

Children who witness domestic abuse are victims and should also be able to receive support tailored to their needs. The whole family will receive a better service by providing a countywide service which will **integrate support for victims of domestic abuse with support for children**.

Norfolk will offer **alternative accommodation that supports all victims**, **survivors and their families** who need to flee and those able to remain with appropriate support. This involves providing refuge support locally with support on site. In addition, where victims do not want to flee, appropriate support to target harden their home will be offered. This ambition is set out in detail in Norfolk County Council's Support in Safe Accommodation Strategy.

Victims, survivors, and perpetrators of abuse who also experience additional issues, such as homelessness; offending; problematic substance use and/or mental ill-health, can find it difficult to access services and housing that meets their needs. The DASVG will work collaboratively to make sure services work for all groups and needs.

Services for domestic abuse victims and survivors in Norfolk must be **inclusive.** The diverse population that the partnerships serve make it imperative that support is accessible and meets the needs of all protected characteristic groups, including but not limited to LGBTQ+ and ethnic minorities.

To turn the tide on domestic abuse, **perpetrator behaviour must be addressed.** Through the work of the Domestic Abuse Perpetrator Partnership, a co-ordinated approach will be delivered, targeting abusive behaviour including offering Project CARA at point of arrest, Building Better Relationships (BBR) through the criminal justice system, offering interventions through the Family Courts and considering interventions where the family want to stay together.

By **delivering the twelve Victims' Rights**, criminal justice agencies will keep victims and survivors informed throughout the process, take their experience into account through Victim Personal Statements and refer them to appropriate support for their needs.

These diverse actions to support victims and survivors and respond to perpetrators require **co-ordination**. The partnerships will work together to make sure the system works effectively for everyone.

Safeguarding Communities from the Harm of Abuse and Serious Violence Delivery Plan

Long-term outcome 10: Victims are more confident reporting their experience and are satisfied with the response
Long-term outcome 11: Victims of abuse and violence are supported to cope and recover
Long-term outcome 12: Reduce overall victimisation, risk, harm, perpetration and reoffending for:

- *Rape and sexual offences*
- *Domestic abuse*
- *Serious violence*

N	Action	Success measure	Owner	Date	Update
Domestic abuse and sexual violence					
3.1	Continue to review and build DASVG Dashboard to provide agreed, consistent understanding of domestic abuse and sexual violence in Norfolk focusing on demand and capacity of services responding to domestic abuse and sexual violence and abuse and harmful sexual behaviour	Availability of data product	OPCCN/NODA/ NDAPB	Ongoing	
3.2	Undertake system-wide health check to ensure delivery of best practice across Norfolk.	Completed reviews	DASVG	Ongoing	-
3.3	Develop and deliver a robust communications strategy focusing on domestic abuse and sexual violence and abuse and harmful sexual behaviour	Communications campaigns provided	DASVG Communications Subgroup	Ongoing – - sexual violence and sexual abuse awareness week – 7th February – 13th February 2022	-

3.4	Engage the developing Independent Advisory Group's (IAG) structure to understand need and provision of services for: - LGBTQ+ community - Ethnic minorities	Feedback gained from IAG and acted on	OPCCN/IAG	Ongoing	-
3.5	Understanding and scoping what local training is needed for domestic abuse and sexual violence and abuse and harmful sexual behaviour, enabling, and facilitating multi-agency training to understand and respond to local need and monitoring and evaluating the effectiveness of local safeguarding training.	Organisations have effective arrangements in place that promote the importance of safeguarding which includes "appropriate supervision and support for staff, including undertaking safeguarding training" (Working Together, 2018, p.56).	NCSP Workforce Development Group/DASVG	Ongoing	
3.6	Ensure a multi-agency approach to responding to domestic abuse and sexual violence and abuse safeguarding concerns is delivered through the Multi-Agency Safeguarding Hub.	MASH process is available	MASH	Ongoing	-
3.7	Oversee the application of the Domestic Abuse Act locally	1.Children affected by abuse in Norfolk are recognised as victims, listened to, and supported to recover. 2.Relevant professionals are made aware of the Domestic Abuse Act legislative changes as	DASVG	Ongoing - End of DAPO* pilot 2023 - Polygraph testing pilot 2023* *Not Norfolk-based pilots	-

		and when they take effect. 3.The public are made aware of changes that may affect them			
3.8	Provide domestic abuse and sexual violence and abuse support services that support all victims and survivors affected by domestic abuse and sexual violence and abuse	All victims and survivors of abuse in Norfolk are recognised, listened to, and supported to recover	DASVG/NDAPB	Ongoing	
3.9	Engage victims and survivors in the design of domestic abuse and sexual violence and abuse services	Service users feel involved in the provision of service	DASVG/NDAPB	Ongoing	-
3.10	Barriers to accessing services are identified and this information is used in service design to ensure barriers are prevented where possible	Barriers to services are removed	DASVG	Ongoing	-
3.11	Form a Local Partnership Board with the purpose of undertaking a domestic abuse needs assessment and developing a strategy to provide support to victims and survivors of domestic abuse and their children within refuges and other safe accommodation. This strategy will be based on the needs assessment. (Domestic Abuse Duty)	Flexible accommodation support offer is available to those seeking to flee abuse and provide those able to remain with safety and support.	Norfolk County Council	April 2022	-
3.12	Manage the Domestic Homicide Review process	Compliance with responsibility to undertake Domestic Homicide Reviews	NCCSP Team	Ongoing	-

3.13	Supporting the development and application of learning from Child Safeguarding Practice Reviews, Domestic Homicide Reviews and Safeguarding Adults Reviews	Recommendations based on reviews are responded to appropriately and effectively.	NCCSP	Ongoing	-
3.14	Deliver the Norfolk Domestic Abuse Perpetrator Prevention Strategy	Preventative interventions are available for domestic abuse perpetrators	Probation	2024	-
3.16	Provide victims, survivors, and professionals with easy access to information regarding domestic abuse and sexual violence and abuse services available to them	Information is easily available and accessible	DASVG	Ongoing	-

Report title: Prevention Research, Feedback from Healthwatch Norfolk

Date of meeting: 08 June 2022

Sponsor (HWB member): Patrick Peal, Chairman of Healthwatch Norfolk

Reason for the Report

There is a statutory requirement for all Health and Wellbeing Boards (HWB) to produce a local, Joint Health and Wellbeing Strategy (JHWBS). The existing Joint Health and Wellbeing Strategy covers the years 2018-22 and now needs to be refreshed. The Board identified prevention as a key priority for the revised Strategy and this report details progress on the prevention workstream.

Report summary

Healthwatch Norfolk (HWN) was commissioned by Norfolk County Council, on behalf of the HWB to explore prevention activity in line with the Joint Health & Wellbeing Strategy for 2018-22. The report gives insight into the experiences of Norfolk and Waveney residents in relation to prevention activity and also highlights some of the prevention activity and best practice that has been taking place, which can be found in appendix 1.

Recommendations

The HWB/ICP is asked to:

a) Discuss the report and endorse the findings.
b) Create an action plan for incorporating findings into the Strategy refresh.

1. Background

1.1 At the meeting on 1 December 2021, Members reviewed progress on the Strategy refresh. Updates about the Joint Strategic Needs Assessment, 121 interviews with Members, and the community engagement work undertaken by BritainThinks and HWN were provided. At the last meeting on 28 April 2022, Members were informed that draft findings had been received, a full report was forthcoming, and the full findings would be presented at the meeting on 8 June 2022.

2. Content

2.1 Between November 2021 and April 2022, HWN undertook interviews, focus groups, and a survey with people living in Norfolk and Waveney and partners in the public, private and voluntary sectors. A literature search to identify current thinking about prevention was also undertaken. The aim of the research was to understand how people think about prevention and review local activities to identify examples or aspects of best practice or wider learning to inform strategy development. Information about the methodology is included in the report.

2.2 The report concludes:

- Prioritising prevention is a challenge for all partners.
- There is a need for individual, place and system approaches (exemplified by the LGA High Impact Change Model).
- Technology can play a key role in prevention.
- Workplaces have a role in helping staff manage their health and wellbeing.
- Messaging about access to preventative services needs to be clear and consistent.

- Engagement about prevention needs to 'start young' (children and families).
- The value of co-production in developing and delivering support around preventative activity could be better understood.
- There is a general lack of evaluation data available from most organisations, services and projects, on their prevention initiatives.
- The pandemic has affected how people think about their health and wellbeing and is expected to have a lasting impact.

2.2 Key findings are grouped around three priorities identified in the Health and Wellbeing Strategy 2018-22. The three priorities and related topics are shown below.

2.3 **Creating healthy environments for children and young people to thrive in resilient, safe families:**

- Description of barriers which prevent parents seeking or accessing support.
- The importance of a child's first two years (case study from Homestart Norfolk).
- The impact of the pandemic on children's mental health.
- Best practice example of creative multi-agency working by professionals to hear about the experiences of children and young people during lockdown.
- Issues around the complex and sometimes confusing messaging about prevention experienced by children and young people.

2.4 **Delivering appropriate early help services before crisis occur:**

- Issues with access to services, particularly GP services.
- Concern about 'over-burdening' health services.
- Contrast between the perceived value of preventative services and lack of robust evaluation about the effectiveness of such services.
- Widespread understanding by partner agencies that most/all of their work could be classified as 'preventative' in nature.
- Examples of how technology supports access to preventative services including two case studies.

2.5 **Helping people to look after themselves and make healthier lifestyle changes:**

- The six areas of prevention which resonate most with people, where people seek support about preventative strategies, and who/what influences how people choose to manage their health and wellbeing.
- The impact of wider societal, economic and political changes on people's lives and the role of individuals in managing their health.
- The role of technology in supporting healthier lives, including a case study.
- How workplaces can support employees to have healthy lives.
- The impact of social isolation and poor mental health on wellbeing.
- Example of a whole system approach in supporting people into exercise.
- The impact of Covid on people's ability to make healthier lifestyle choices.
- Examples of initiatives for specific audiences or in a particular location which have had positive impact.

Officer Contact

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healthwatch Norfolk

Insight into prevention activity in Norfolk & Waveney (2022)

To inform the Health & Wellbeing Strategy for Norfolk

Contents

Executive Summary

Introduction and brief

Healthwatch Norfolk was commissioned by the Health & Wellbeing Board for Norfolk, in November 2021, to explore prevention activity in line with the Joint Health & Wellbeing Strategy for 2018-22 (Health & Wellbeing Board for Norfolk, 2018). The aim of this review is to inform and support the development of the Health & Wellbeing Board's next strategy in relation to its specific priority on prevention.

It is hoped that this piece of work will help give some insight into the experiences of Norfolk and Waveney residents, in relation to prevention activity, as well as highlight some of the prevention activity that has been taking place over this period.

In the current absence of a universally or locally agreed and succinct definition of what 'prevention' is, the following definition from the Social Care Institute of Excellence (SCIE) has been used for this piece of work:

'Prevention means stopping problems from arising in the first place; focusing on keeping people healthy, not just treating them when they become ill. And if they do, it means supporting them to manage their health earlier and more effectively.

This means giving people the knowledge, skills and confidence to take full control of their lives and their health and social care and making healthy choices as easy as possible.' (SCIE, 2021, p5).

Our approach

We used the following methods to gain views, experiences, and information to inform this report:

Public engagement

- We carried out three focus groups with the public, one with people of working age, one with older people and one with younger people
- We held interviews with two families of young children
- We launched a public survey and had over 250 responses

Partner engagement

- We engaged with over one hundred individuals from local partner organisations as part of this review. These individuals came from organisations across the private, public, and voluntary sector, in Norfolk and Waveney
- We explored examples of prevention activity that were provided by partners, pulling out key themes and learning and we use some specific examples in this report to highlight some of the prevention activity to date

Literature review

- We carried out searches on the national Healthwatch database to identify relevant literature on prevention. We also carried out a search of other literature sources online and reviewed these to pull out key themes to support local learning

Findings

This report sets out our findings under each of the prevention priority areas from the Health and Wellbeing Strategy, 2018-21 (Health & Wellbeing Board for Norfolk, 2018).

Prevention Priority 1: Creating healthy environments for children and young people to thrive in resilient, safe families

The following themes emerged as part of the exploration under this prevention priority:

- Range of barriers to support
- The importance of the first 2 years
- Mental Health
- Shared messaging and multi-agency approach
- School years- key opportunities for engagement

Range of barriers to support

In the public survey we asked parents of children under 18 about the different types of services and support they had accessed to support their children to grow up healthy and well. The highest proportion of answers was for the GP or other medical professional, with 58.5%. The next two most popular answers were the Just One Norfolk website (43%) and parenting groups (41.5%).

Parents engaging with Healthwatch Norfolk highlighted the enduring impact of the pandemic on their family, directly on their children, and as parents.

Parents also shared that they felt the absence of in-person, easy to access, baby and children's groups that are free/low cost, has had a negative impact on their child's development and their parental/carer wellbeing.

Concern was raised by the public about the rising cost of living. It is recognised that there are opportunities, especially from commercial businesses available such as classes for babies, children, and parents, to support health and wellbeing, but that cost is a barrier for many.

The importance of the first two years

It is reported that whilst a child's future is not decided by the age of two, that wellbeing in the early years is strongly connected to outcomes in later years.

Activity in this area in Norfolk and Waveney is provided by the statutory, voluntary, and commercial sectors. The range of opportunities is broad and runs from informal online or in person chats and meet ups, groups, clubs, and family activities, to targeted prevention initiatives provided by the voluntary sector, and more formal service offerings by statutory partners.

It was of note in the engagement for this piece of work across all sectors, as well as specifically highlighted by the Health and Wellbeing Board, that there is united concern about the impact of the pandemic on this early stage of children and their development. Not just for those who experienced the height of lockdown and restrictions, but also the ongoing disruption and changes to services and support opportunities.

The full report goes on to share some insight into local prevention activity by Home-Start Norfolk.

Mental health

This report found the public to be conscious of the impact of the pandemic in particular on children's mental health and noted delays in being able to access the support they feel is needed. The pandemic has also had an impact on parents' mental health. This has been observed across all parts of the system. "*Parents are lonely, it is commonly posted about in the chat groups. This is a*

knock on of the pandemic as lots of parents didn't have the chance to make friends when pregnant or with new-borns" - Norwich Mumbler.

Shared messaging and multi-agency approach

A summary of views from interviews with Health & Wellbeing Board members in 2021 said *'often lots of messages are put out to communities which can become confusing. It is important to engage in the right way with communities on the topic of prevention focusing on coproduction with a clear explanation of prevention that communities will understand in plain English.'* (Health & Wellbeing Board, 2021)

This report highlights an example of a multi-agency meeting formed during the Covid-19 pandemic, called "Families…. we've got this". This regular meeting was formed by professionals across a range of organisations and would take place at the same time each Friday, on a weekly basis, with no set agenda, other than to hear about the experience of children and families during the lockdown. There were no traditional formal structures such as minutes, and terms of reference. People were free to come to the meetings as and when they wished, to raise, or help address, a current or emerging issue for families. The group aimed to get ahead of issues and prevent families from needing further support and intervention later down the line and the decision has been taken to continue with this group and its weekly meetings beyond the pandemic, as all parties have found value in this less formal, multi-agency approach.

School years - key opportunities for engagement

In a summary of thoughts from Health & Wellbeing Board members in 2021, it was felt that prevention is a long-term commitment that must start in education. Health & Wellbeing Board members noted that running public campaigns on prevention would only reach so far and this is where education and prevention need to be brought together, strengthened, and taught on the curriculum (Health & Wellbeing Board, 2021).

We explored prevention themes with some of the members of one of the Youth Advisory Boards (YABs) in Norfolk. The young people shared a sense of overwhelm in messaging. They described feeling a *'great weight on their shoulders'* as young people, due to messages around climate change, the pandemic, problems with the NHS, and many other issues occurring in the world. Members of the group shared a concern for the future. It is clear that any messaging around prevention sits alongside a huge number of other 'messages' that young people are receiving.

School holidays and the impact on low-income families has received recent national and local attention in respect of meals. Research has shown that the school holidays can be pressure points for some families. Children from low-

income households are less likely to access organised out-of-school activities, more likely to experience 'unhealthy holidays' in terms of nutrition and physical health, and more likely to experience social isolation (Active Norfolk, 2022 A).

Prevention Priority 2: Delivering appropriate early help services before crisis occur

The following themes emerged as part of the exploration under this prevention priority:

- Access to services
- System is 'too busy'
- Value of preventative support
- Support in the local community
- Technology

Access to services

This report highlights changes to the ways health services in particular are accessed, which have been accelerated by the Covid-19 pandemic. In some cases, it is felt that services can no longer be accessed at all for large numbers of the population in Norfolk and Waveney, such as dentistry.

We repeatedly saw throughout the survey, across a range of questions, people who felt they couldn't get a GP appointment. This is a significant issue, given that so many people also said that the GP is key to helping them keep healthy and well. This issue seems predominantly linked to:

- Dissatisfaction with the reduction in face-to-face appointments
- Waiting times for appointments
- Feeling that services are too busy, or contact is not welcome

There was a very mixed response through both the survey responses and the focus groups on the changes to how GP appointments are made and held. Most of the people we spoke to in the focus group with people of working age really valued being able to contact a GP online.

People recognised that there was a lot of information available online to support people in keeping healthy and well, but they also recognised that there are barriers to this for those who do not have easy access to technology.

System is 'too busy'

From the survey and focus groups we carried out with people there was a clear sense that people felt the NHS and the wider system was overwhelmed and they didn't want to add to the burden.

There was real concern about wasting the time of busy medical professionals and at the same time a recognition that you should look after yourself and catch issues early. People often described feeling that their contact would be unwelcome and so they actively avoid contacting the GP, which they also noted may present missed opportunities for catching potentially serious conditions early.

Value of preventative support

Although we found it to be well accepted by all the partnership organisations we spoke to, that preventative services and support make a difference, not just to individuals and families, but to the system as a whole in terms of spend, there seems to be a lack of detailed analysis and evaluation on much of the preventative activity. It can be difficult to fully evaluate the impact of something that is preventative, and it can also be difficult to divert resources to evaluation and analysis when the immediate need for service delivery and support is so great and the whole system is stretched. However, further evaluation could help to develop a more robust business case for investment of resources in prevention activity.

Support in the local community

Voluntary sector organisations often play a large role in providing support in the community that can prevent people from needing more intervention at a later stage. Many partner organisations we spoke to from the voluntary sector felt that all the work they did and the support they provided could be classed as 'prevention' and would fit under one, if not all, of the prevention priority areas in the Health & Wellbeing strategy.

Technology

As well as the use of technology for online bookings, appointments, self-management tools and information, we also came across other examples to highlight technology use for prevention, accelerated by the Covid-19 pandemic.

In this report we share an example of a pilot by Norfolk County Council called Alcove, whereby video-conferencing technology was provided for day service users during periods of lockdown. We also share information about a digital tool used as part of a project called Covid Protect, which was a local social care and NHS initiative to protect Norfolk and Waveney's most vulnerable patients at the onset of the Covid-19 pandemic. The tool enables a range of data to be used to identify particular groups of patients at risk who can then subsequently be engaged with. This project won a 2021 Health Service Journal (HSJ) Award (Eastern ASHN et al, 2021).

Prevention Priority 3: Helping people to look after themselves and make healthier lifestyle changes

The following themes emerged as part of the exploration under this prevention priority:

- Healthier lifestyle priorities and barriers
- It is just not that simple
- Technology in supporting healthier lifestyles
- Workforce
- Isolation and mental health
- Whole system approach - an example
- Healthier lifestyle choices
- Little initiatives can have a big impact

Healthier lifestyle priorities and barriers

Through the public survey we asked participants to identify their top five priority areas for managing their health and wellbeing.

The top six areas that scored highest were:

- Healthy diet
- Keeping physically active
- Healthy weight

- Access to nature and green space
- A safe and warm home
- Having a support network

We also asked people where they might go to find information about living a healthy life. The top four places/routes that people chose were:

- Internet search
- GP
- Friends and family
- Social media

Survey participants also shared with us who/where has the most influence on how they choose to manage their health and wellbeing. The four key sources included:

- GP
- Other medical professional
- Friends and family
- National experts

It is well understood that an intervention or activity that works well for one person will not work for another, and this was echoed in the findings of conversations with those running initiatives, the literature review, and the survey and focus groups.

The range of reasons for people experiencing barriers to keeping healthy and well is equally as varied, but respondents significantly identified the following reasons, which are explored further in this report:

- Time
- Financial barriers
- Lack of motivation
- Environmental factors, such as heating
- Existing health conditions

- Lack of access to support
- Family commitments
- Accessibility

It is just not that simple

Resonating throughout the public feedback is that people recognised that their lives are intertwined with the environment, social structures, and what is happening within local and national government. There was a sense across the system that whilst initiatives that support individual responses may provide value, this is limited without considering and addressing the broader social inequalities.

At this moment in time and captured in comments by the public throughout this report, concerns over cost of living and enduring fears relating to Covid-19 are weighing heavily on the public consciousness. People are concerned for themselves and others who are feeling the impact of these current challenges.

Technology in supporting healthier lifestyles

The public experience for working age adults, as part of this review, was that the use of technology can increase likelihood of taking preventative actions when it comes to health. Many people reported that the introduction of the online portal at GP practices meant they felt able to check in with their GP practice about health concerns that they were unsure would warrant a GP appointment. People also utilised apps such as Headspace or couch to 5k as they felt more convenient, along with remote appointments for counselling, etc. Being able to do this from home removed barriers such as time and enhanced a sense of safety being able to do this from their home environment.

In the public survey we asked where people would go for information about keeping healthy and well and where they would go for advice and support if they had a health concern. In both cases the internet was one of the top answers. It seems people with digital access increasingly use information on the web to help manage and navigate their health and wellbeing.

This report shares a case study of a website called Healthier North Walsham, developed by Birchwood Medical Practice. The surgery wanted to be able to provide information in a simple, user friendly, and searchable way that would connect people to groups/support quickly and easily. A Facebook page was developed called “Healthier”, and this had the most success. This activity was about raising the profile of issues and informing people that they did not just need to accept things. The message they wanted to give was, come and speak to the GP or Nurse and see what other options there are, or simply for a reassuring chat.

Workforce

Survey respondents and focus group participants all noted that the Covid-19 pandemic had created a shift in focus on making healthier lifestyle changes, particularly in relation to the awareness of mental wellbeing, and exercise. This report identifies an opportunity to consider engagement with workplaces to support healthier lifestyle changes, as organisations continue to embed and evolve working practices post-pandemic.

Adults in England are spending more years of their life working than ever before, and with an ageing population there is also an ageing workforce who need support to age, work and retire actively. This report highlights the transition to retirement as a life-changing event which provides opportunities for behaviour change and coincides with declining physical activity, health and wellbeing associated with age. The approach to retirement therefore presents an opportune time to protect existing habits, combat decline and enable individuals to be active prior to and following retirement (Active Norfolk, 2022 B).

Isolation and mental health

At our focus group with older people, all recognised that the pandemic had had an impact on their mental and physical health and some members felt they had become more 'fragile' over this period. The opportunity for connection at events such as lunch clubs and organised trips had been sorely missed. Absence of connection, including physical touch, was also noted as of key importance and greatly disrupted by the pandemic.

Example of a whole system approach

This report highlights the development of a Whole System Approach to exercise referral, being led by NHS Norfolk and Waveney. This will create a consistent approach to embedding physical activity into the health system alongside input from all Integrated Care System (ICS) partners. It creates a single system and point of access for both health and social care professionals as well as the wider public to access.

Healthier lifestyle choices

We asked survey participants whether the Covid-19 pandemic has changed how they prioritise their health and wellbeing now, and for the future. Over 73% of respondents said it had, whether that was by a little or a lot. We also asked survey participants if the Covid-19 pandemic has made a difference in how they will access support to manage their health and wellbeing going forward. Around 60% said that it had, whether that be a little or a lot.

Little initiatives can have a big impact

Within Norfolk and Waveney there are a vast number of small initiatives that are having significant impact, as they address a very specific and niche need within that particular community, whether that be a geographical community or a community of shared interest/challenge/need. This report highlights a few of these examples.

Summary conclusion

Prioritising prevention is a challenge for all

For health and social care, the wider system, and for individuals, the value of preventative activity and action is understood, but there are always barriers to prioritisation for all. In health and social care this might be financial constraints or immediate pressures on the system. For individuals this is also echoed in a culture where people are time-poor and struggle to manage the immediate pressures such as family needs, or finances.

The conclusions found within this report will likely feel familiar. This perhaps reflects that system wide, and with members of the public, there is established awareness of the importance of the prevention agenda for Norfolk and Waveney, but that it can struggle to reach priority when immediate demands and crises take hold.

The voluntary sector in particular, demonstrates a strong sense of commitment and understanding in the investment of time and resource, to reduce risk of escalation for more formal support and better outcomes for individuals. The VCSE however also faces challenges around funding and sustainability that can limit potential impact.

There is a sense from statutory support through to individuals, of overwhelm in knowing what should be done and recognition of the importance of this, but inability to effectively create the space and capacity to work towards prevention goals.

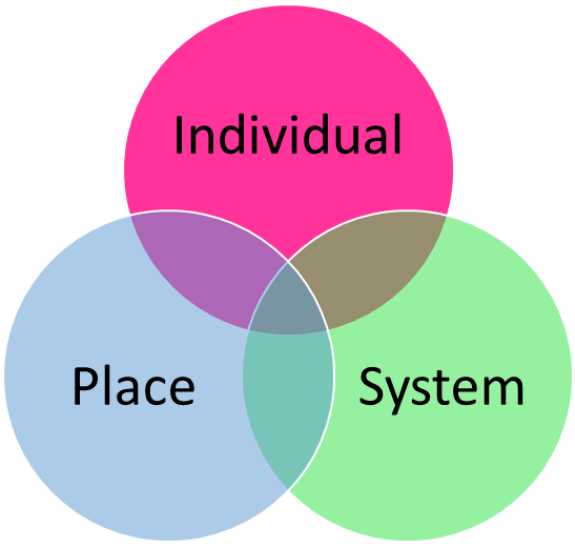
Individual, place and system

It was clear throughout the range of the survey questions that what people need in their own individual situation, in order to best manage their health and wellbeing, will be different to what someone else needs for their situation.

A focus on developing initiatives that solely focus on the individual and a message that it is the individual's responsibility to self-care alone, however, is unlikely to have the required impact. Changes at a system level are also

required to support solving inequalities and to enable individual changes to be easier and more automatic.

For preventive activities to have full impact perhaps there is a need to consider them from an individual, place-based and system wide level, to give individuals an opportunity to self-care within a place and system that supports and enables this.



A High Impact Change Model has been developed by the Local Government Association and aims to 'support local health, care and wellbeing partners to work together to prevent, delay, or divert the need for acute hospital or long-term bed-based care. The model focuses on two goals and five high impact changes that help realise one or both goals' (Local Government Association, 2022).

The two goals are:

- Goal 1: Prevent crisis: Actions to prevent crises developing or advancing into preventable admissions
- Goal 2: Stop crisis becoming an admission: Actions to divert or prevent an attendance at A&E becoming an admittance to hospital or long-term bed-based care

The five high impact changes are:

- Change 1: Population health management approach to identifying those most at risk (Goal 1)

- Change 2: Target and tailor interventions and support for those most at risk (Goal 1)
- Change 3: Practise effective multidisciplinary working (Goals 1 and 2)
- Change 4: Educate and empower individuals to manage their health and wellbeing (Goals 1 and 2)
- Change 5: Provide a coordinated and rapid response to crises in the community (Goal 2)'

Technology plays a key role

The role of technology in enabling people to self-manage and access preventative support has taken a significant shift in significance over the pandemic, with many people utilising apps, online platforms and accessing formal support online. Whilst many value and are benefiting from this change, there is a risk that lack of digital access could exacerbate health inequalities for some.

We found that technology can play a key role in prevention, not just in providing tools at an individual and local level, but by using it at a system level to ensure information is available and consistent online. Using tools such as Eclipse to be able to utilise data, target information, intervention, and support to those who may be most at risk of a decline in health and wellbeing.

Workforce issues

Many Norfolk & Waveney residents spend a large amount of time in the workplace and so this can potentially have a large impact on how people manage their health and wellbeing. Issues such as workforce culture, home working arrangements, flexible working options (or lack of), and policies on areas such as maternity, paternity, dependents, caring responsibilities, retirement, menopause, etc can all have a profound impact on individual wellbeing and prevention.

We found that people feel there should be a greater emphasis and conversation in the workplace about managing health and wellbeing, particularly because of changes to working practice since the pandemic, such as greater home working. It was noted that this perhaps provides a window for establishing a new culture and approach to health and wellbeing at work before memory of the value and prioritisation during lockdown, of stepping away from the desk and taking a daily walk or exercise for example, is lost.

Messaging

> "There are very many mixed messages from many areas of communication, therefore it's difficult for people to know what is helpful to them."- survey respondent

During the engagement in this project, we found the area where messaging is currently most complex is in relation to accessing primary care for support with physical and mental health concerns. People were aware of the importance of keeping themselves well, but with the emphasis that it was on their shoulders to navigate how to do this, with a sense that seeking support, in particular from NHS professionals, often felt unwelcome or unavailable.

From those engaged with as part of this work there is a universal sense that the health and social care system, and even society more widely, is struggling to cope. Survey responses highlighted the GP as one of the key aspects of managing their health and wellbeing and one of the key influences over how they do this. Yet accessing the GP was one of the greatest barriers to keeping well, identified throughout the survey and other engagement.

The importance of consistent messaging across the system emerged as a theme from all areas of engagement and exploration.

Start young

A theme throughout this piece of work was the agreement that prevention needs to start early and to ensure that children and families are supported from the earliest possible stage. Although there was a lot of opportunity identified though schools and college, many felt this was too late and that greater investment was needed in the first years of a child's life.

Co-production

It was of note that across partners delivering services, there was a strong sense of understanding of the value of co-production in developing and even delivering support around preventative activity.

In order to address the complexity in relation to prevention, effective approaches and interventions will need to understand the perspective of those directly experiencing it to be adequately responsive and supportive. *'When considering prevention activity as being complex rather than a linear path for individuals; then it is argued that co-production becomes all the more obvious and vital'* (Verity et al, 2021).

Evaluation and financial impact

Throughout this piece of work, we found there to be a general lack of evaluation data available from most organisations, services, and projects, on their prevention initiatives.

It is widely accepted that prevention activity can result in cost savings to the system and better physical and mental health for individuals. It is often referred to as common sense, but there appears to be gaps in consistent evaluation and financial analysis across all sectors that clearly demonstrates the benefits of investment in this area. The reasons for this tend to be that priority is given to the actual delivery of an initiative or service, especially through the recent period when the Covid-19 pandemic has stretched every part of the system.

Ongoing impact of the pandemic

It is clear the impact of the Covid-19 pandemic will be far reaching and with us for some time. As well as the indirect effects of Covid-19, an estimated 1.7 million people living in private households in the UK were experiencing self-reported long COVID as of 5 March 2022. This is around 2.7% of the population, or 1 in every 37 people (Office for National Statistics, 2022).

Around 73% of survey respondents felt that the pandemic has changed how they prioritise their health and wellbeing and around 65% felt the pandemic had changed how they will access support now and in the future. For some the change in how they will access support is a positive one, with the move to online support offering benefits in terms of time, convenience, and availability. However, for many this change referred to a real or perceived lack of access to key health support such as the GP and dentistry and a feeling of being lost within the system.

1. Introduction and aim of report

1.1. Who we are and what we do

Healthwatch Norfolk is the local consumer champion for anyone using health and social care in the county. Formed in April 2013 as a result of the Health and Social Care Act, we are an independent organisation with statutory powers.

The people who make decisions about health and social care services in Norfolk have to listen to local people through us. We have five main objectives:

1. Gathering the public's views and experiences (good and bad)
2. Paying particular attention to underrepresented groups
3. Showing how we contribute to making services better
4. Contributing to better signposting of services
5. Working with national organisations to help create better services

We are here to help people influence the way that health and social care services are planned and delivered in Norfolk.

1.2. The aim of this report

Healthwatch Norfolk was commissioned by the Health & Wellbeing Board for Norfolk, in November 2021, to explore prevention activity in line with the Joint Health & Wellbeing Strategy for 2018-22 (Health & Wellbeing Board for Norfolk, 2018). The aim of this review was to inform and support the development of the Health & Wellbeing Board's next strategy in relation to its specific priority on prevention.

It is hoped that this piece of work will help give some insight into the experiences of Norfolk and Waveney residents, in relation to prevention activity, as well as highlight some of the prevention activity that has been taking place over this period.

1.3.About Norfolk and Waveney

Norfolk and Waveney covers 2,900 square miles, including 110 miles of coastline and has a population footprint of over 1.1 million people across eight district/borough councils. This includes diverse communities living in the city of Norwich and large towns of Kings Lynn and Great Yarmouth. In Waveney, Lowestoft is the largest town where approximately half of its residents live.

One quarter of Norfolk and Waveney's population are aged 65 years or older, higher than other places in the country, whilst the population of Norwich is relatively young compared to many other cities. As the local population grows, the proportion of people aged 65 years and older is expected to increase

1.4.The Norfolk Health & Wellbeing Board

The Health and Wellbeing Board works to improve the health and wellbeing of people in Norfolk. Its members are the health and wellbeing system leaders from organisations across the area. They include:

- Councils
- Clinical commissioning groups (CCGs)
- Healthwatch Norfolk
- Norfolk and Waveney Sustainability and Transformation Partnership (STP)
- Representatives from the voluntary, community and social enterprise (VCSE) sector
- Norfolk police and the Police and Crime Commissioner (PCC)
- Main providers of health and care services in Norfolk

The Health & Wellbeing Board works to improve the health and wellbeing of the people in the area by:

- Prioritising prevention
- Tackling inequalities
- Integrating ways of working
- All working towards a Single Sustainable Health and Wellbeing System

The Board is responsible for producing a set of priorities for health improvement - the Joint Health and Wellbeing Strategy.

1.5.What is prevention?

It is recognised by the Health and Wellbeing Board that there is a lack of clarity about what prevention is considered to be and suggested that there needs to be an agreement reached across the system (Health & Wellbeing Board for Norfolk, 2021).

The Health & Wellbeing Board have highlighted that *'what the word prevention means to the public and the communities of Norfolk and Waveney is of utmost importance. Particularly so that communities can understand their role in prevention and what it means for them'* (Health & Wellbeing Board for Norfolk, 2021).

In the exploration of prevention as part of this report activity, we found that the people we engaged with appeared to share a general understanding of what prevention was. On balance, people described it as taking action to avoid something worse from happening in relation to a person's physical and mental health.

The Health & Wellbeing Board commissioned a piece of work through the research provider Britain Thinks, in late 2021. The primary objective of this research was to understand the public's starting point on prevention. They found that their research participants tended to draw a distinction between what it means to be 'healthy', and what it means to be 'well' – the former more strongly associated with physical health, the latter interpreted more holistically including a greater focus on mental health. They also found that prevention was broadly understood as a concept (i.e., the idea that you can take action earlier on to stop things going wrong / getting worse) although it had relatively low salience in the context of health and wellbeing. When prompted, most default to thinking about interventions by healthcare professionals and/or measures focusing on physical health (Britain Thinks, 2021).

In the current absence of a universally or locally agreed and succinct definition of what 'prevention' is, for the purposes of this report the following definition from the Social Care Institute of Excellence (SCIE) has been used:

'Prevention means stopping problems from arising in the first place; focusing on keeping people healthy, not just treating them when they become ill. And if they do, it means supporting them to manage their health earlier and more effectively.

This means giving people the knowledge, skills and confidence to take full control of their lives and their health and social care and making healthy choices as easy as possible' (SCIE, 2021, p5).

1.6.Prevention priority areas

Within the Health & Wellbeing Strategy for 2018-21 there are three priority areas for prevention. These are:

- Creating healthy environments for children and young people to thrive in resilient, safe families
- Delivering appropriate early help services before crisis occur
- Helping people to look after themselves and make healthier lifestyle choices

We have explored prevention activities and public experiences under these three priority areas, and this is how the findings have been laid out in this report.

2.Approach

We used a variety of methods to gather feedback and information for this piece of work, as set out below:

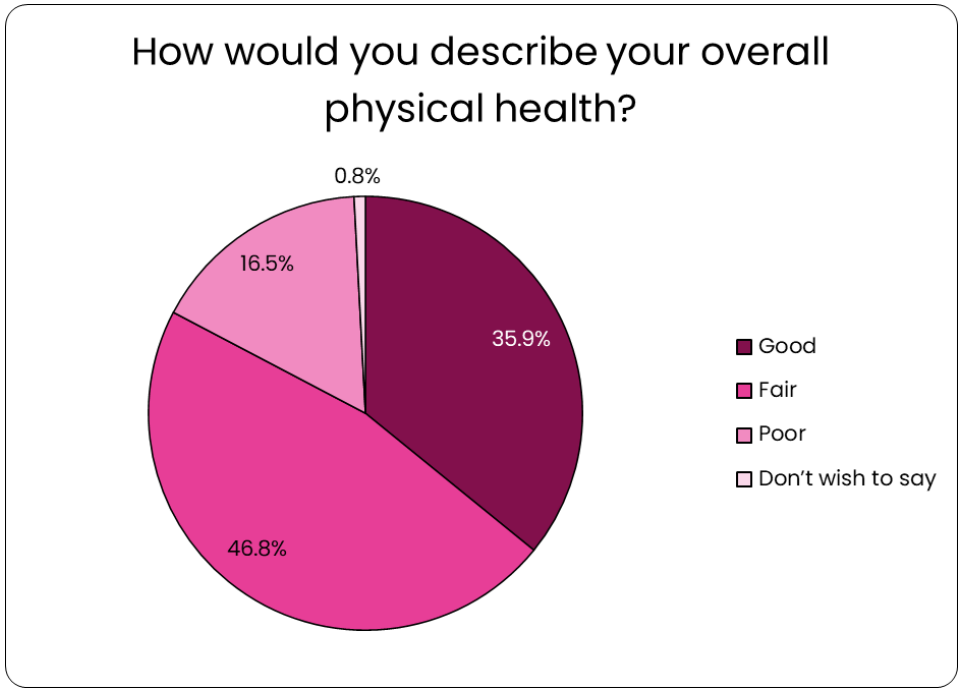
2.1.Public engagement

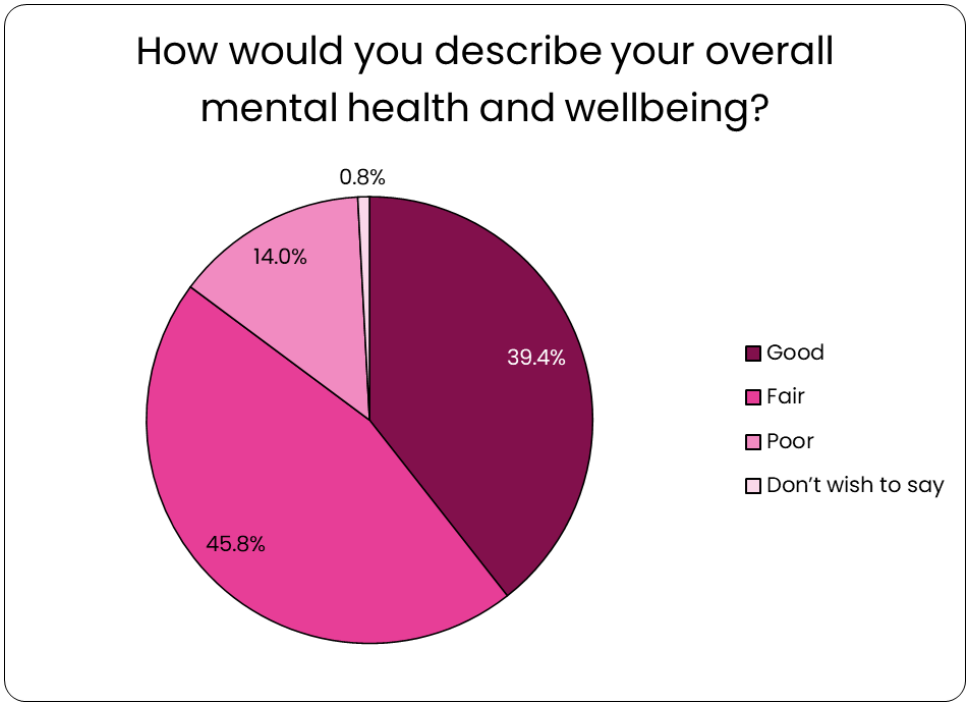
Three focus groups were carried out with the public, to explore prevention activity and perception, and to help design the surveys we would use for a wider view from the public. One focus group was held with adults of working age, one with older people and another specifically with young people. We also carried out telephone interviews with parents of two young families.

Healthwatch Norfolk designed and launched a public survey and had over 250 respondents. We have strong relationships with VCSE partner organisations in Norfolk and Waveney who represent specific patient and service user groups and communities. We worked with these organisations to increase our reach and ensure participants had access to all information produced.

2.1.1.Characteristics of survey respondents

We asked survey respondents to start the survey by rating both their physical and mental health. The greatest response to both questions was 'fair' and responses for physical and mental health closely mirrored one another, perhaps reflecting the close link between the two.

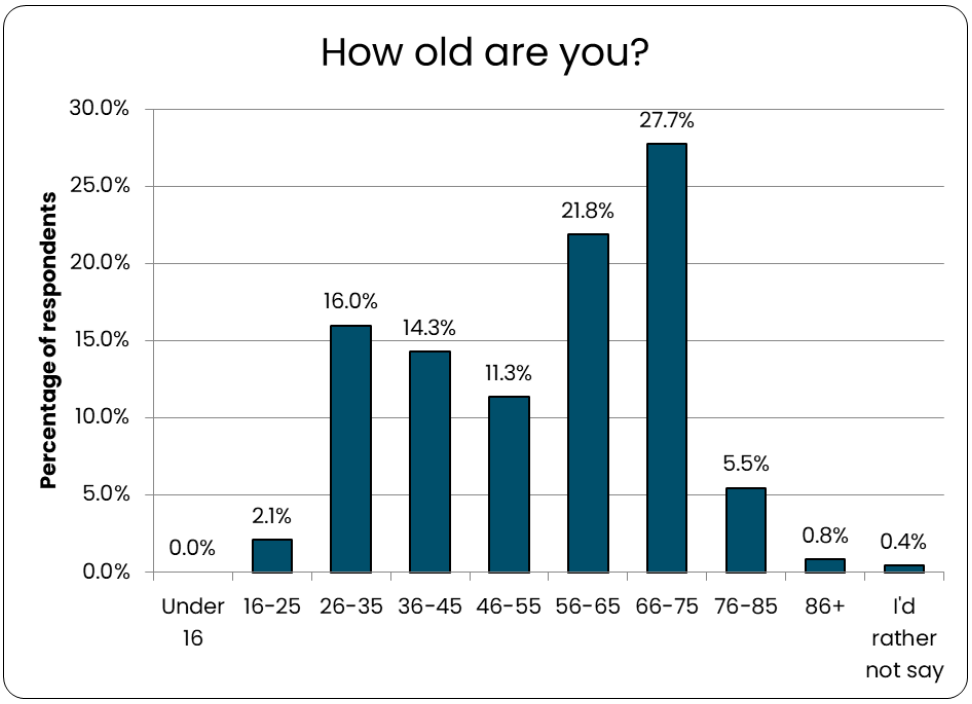




There was a strong female bias in responses with over 70% of survey responses from people who identified as female.

Just under 22% of survey responses were from people who identified as disabled.

We had participation in the survey from a wide range of ages, although relatively few in the 16-25 age range, as demonstrated in the graph below:



2.2.Partner engagement

Healthwatch Norfolk engaged with over one hundred individuals from local partner organisations as part of this review. These individuals came from organisations across the private, public, and voluntary sector in Norfolk and Waveney.

We explored examples of prevention activity that were provided by partners, pulling out key themes and learning and we use some of these specific examples in this report to highlight prevention activity to date. Here are some of the organisations we were able to engage with through this project:

2.3.Literature review

We carried out searches on the national Healthwatch database to identify relevant literature on prevention. We also carried out a search of other literary sources online and reviewed these to pull out key themes to support local learning.

2.4.Adapting the brief

The original brief for this piece of work also included engagement with Norfolk & Waveney's 'nearest neighbours', in a demographic sense. These were identified as Suffolk, Somerset, and Lincolnshire. Although happy to talk to us, such a wide brief and the unfortunate but necessary timing of our requests for information during the Christmas period and Covid Booster programme rollout, meant it was difficult for the organisations in these areas to engage. As such it was decided to focus on the local data and experiences.

The brief for this review was significantly wide, as prevention activity can encompass a very large number and types of services and activities across Norfolk and Waveney. As such it was important to be clear what could and couldn't be achieved as part of this piece of work. The following areas were identified as out of scope, to keep the brief clear and achievable:

- Coverage of all known prevention activity in Norfolk and Waveney from 2018-22
- Clinical evaluation of prevention initiatives
- Economic analysis of prevention activities and spend
- Impact analysis and evaluation of individual prevention activities
- National and international information on prevention activities
- Coverage of any prevention activity that precedes 2018

3.Findings

We have set out our findings under each of the prevention priority areas from the Health and Wellbeing Strategy, 2018-21 (Health & Wellbeing Board for Norfolk, 2018).

3.1.Prevention Priority 1: Creating healthy environments for children and young people to thrive in resilient, safe families

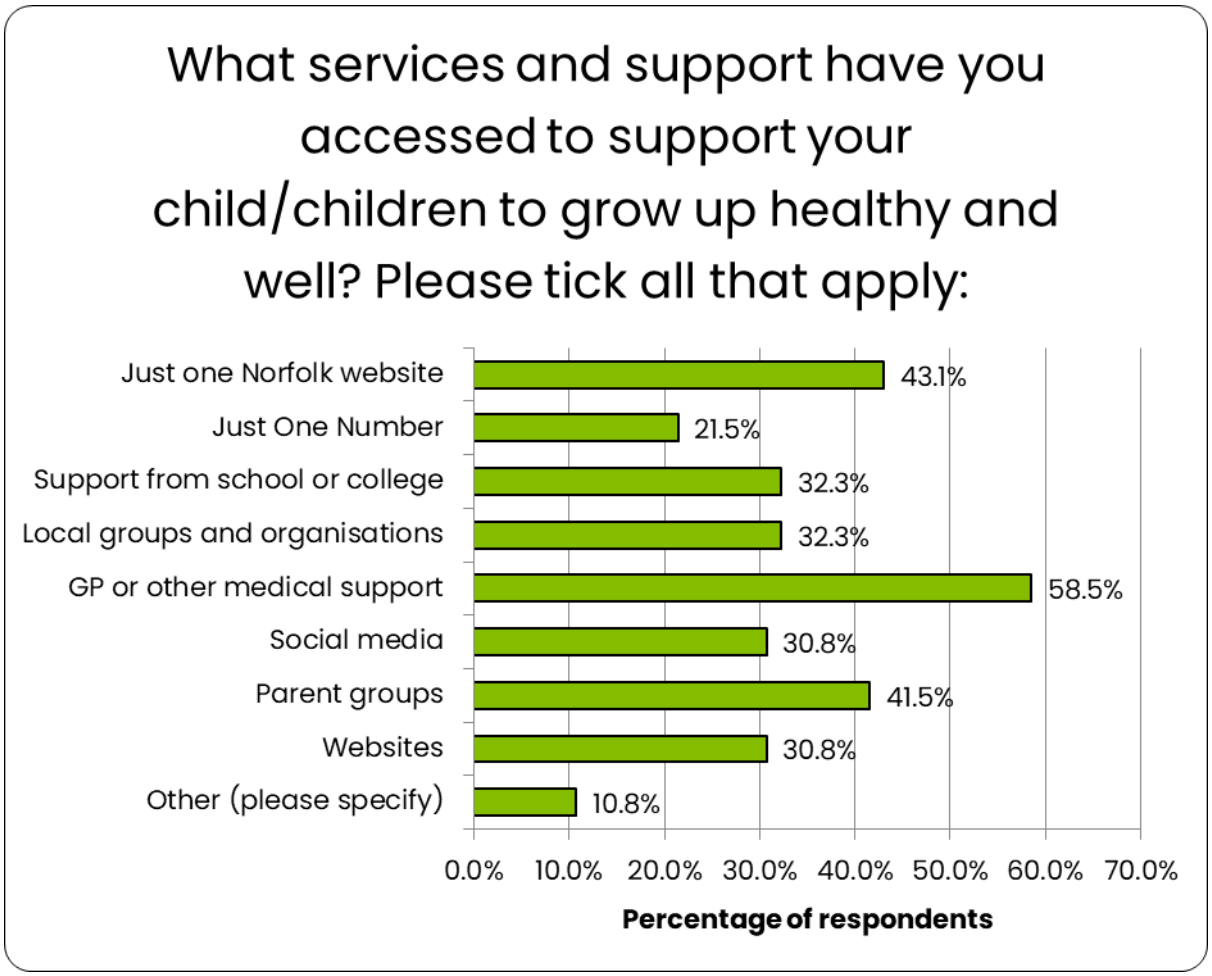
In late 2021 Health and Wellbeing Board members reflected 'that prevention must start with children and young people, setting good foundations to live well into adulthood, as this is where the system can have the biggest impact, therefore investment in prevention is vital.' (Health & Wellbeing Board for Norfolk, 2021). The Health and Wellbeing Board described that the focus should be on how we make a difference to someone's life and knowing that children are the most vulnerable in society it was strongly conveyed that that is where we should be focusing, to make a difference in the long term.

The following themes emerged as part of the exploration under this prevention priority:

- Range of barriers to support
- The importance of the first two years
- Mental Health
- Shared messaging and multi-agency approach
- School years- key opportunities for engagement

3.1.1. Range of barriers to support

In the public survey we asked parents about the different types of services and support they had accessed to support their children to grow up healthy and well. The highest proportion of answers was for the GP or other medical professional, with 58.5%. The next two most popular answers were the Just One Norfolk website (43%) and parenting groups (41.5%).



Parents engaging with Healthwatch Norfolk highlighted the enduring impact of the pandemic on their family, directly on their children and as parents. People describe that due to the pandemic they have felt the absence of opportunities for support and advice, and there is a theme of frustration with waiting lists for interventions, such as speech and language, that has felt to parents to have been increased with the impact of Covid-19 on the wider health and social care system.

> "Because of the pandemic my daughter has missed out on a lot of her checks which should have been completed by the HV team." - survey respondent

> "We have been waiting for an autism diagnosis for my daughter which has been so long due to Covid." - survey respondent

Survey responses echoed emerging themes on Norfolk online parenting support/chat groups, including 'Norwich Mumbler', who reports that "*the posts on the chat groups show that people have found no face-to-face antenatal classes/health visitor appointments really hard and the lack of access to support and groups has had a big impact on mental health*" - Norwich Mumbler.

The ongoing impact of lockdown and the cessation of services and wider support for children has been recognised nationally, and within Norfolk and Waveney this is being felt in early years education; "*Lockdowns have had a big impact on speech and language. Teachers are having to play catch up with getting children ready to learn, by having to spend time teaching good learning behaviours/oracy/listening, etc*" - Norwich Mumbler.

Parents also shared that they felt the absence of in-person, easy to access, baby and children's groups that are free/low cost, has had a negative impact on their child's development and their parental/carer wellbeing.

> "The closure of Sure Start centres has been detrimental for us. I used our local one (Wymondham) weekly before it closed. That local in-person support is a massive loss to communities." - survey respondent

> "Baby/child groups run by children centres have stopped. I attended these with my first child, and they were such a help with support and socialising." - survey respondent

It was also noted by parents that there is a lack of continuity of quality across the system, and that whilst many services do their best with limited resources, it can be challenging to access timely support.

> "I have accessed all of the above and mental health services. Some have been appalling. It has been so variable that it hasn't felt safe at times. Some have done their best with limited resources. Lack of continuity is a huge issue." - survey respondent

Another key theme that emerged from public engagement was concerns about the cost of living. It is recognised that there are opportunities, especially from commercial businesses available such as classes for babies, children, and parents, to support health and wellbeing, but that cost is a barrier for many.

This is again echoed on Norfolk parenting chat groups: *"There are more and more posts coming up about parents worried about money. It is a concern as people are going to be careful about spending money on parenting groups and activities. This in particular, creates greater risk for the children of people on lowest incomes to miss out on opportunities to develop social and language skills, as well as supporting the parents as well"* - Norwich Mumbler.

Concerns about financial pressures and how they might impact on health and wellbeing outcomes for families, whilst being felt locally, is of course also a national issue. In a national context: *'one in four (25%) parents say that they have had to cut down on necessary expenses such as food, heating, or clothing to afford childcare. Rising to almost half (48%) for young parents, and more than half (53%) of all single parents. 13% of single parents say they have had to use a food bank due to increased childcare costs and other costs. 80% of parents expect their childcare bill to rise further in the next 6 months. And 99% of parents say that the cost of childcare is making the cost-of-living crisis even more challenging'* (Pregnant Then Screwed, 2022).

3.1.2. The importance of the first two years

'Investing in early childhood development is good for everyone – governments, businesses, communities, parents, and caregivers, and most of all, babies and young children… And investing in early childhood development is cost-effective: For every $1 spent on early childhood development interventions, the return on investment can be as high as $13' (WHO et al, 2018).

It is reported that whilst a child's future is not decided by the age of two, wellbeing in the early years is strongly connected to outcomes in later years. It is argued by organisations supporting families *that 'by protecting and promoting babies' emotional wellbeing and development – improving infant mental health and strengthening parent-infant relationships – we have an opportunity to put children on a positive developmental trajectory, better able to take advantage of other opportunities that lie ahead'* (Parent Infant Foundation, 2022).

Activity in this area in Norfolk and Waveney is provided by statutory, voluntary, and commercial sectors. The range of opportunities is broad and runs from informal online or in person chats and meet ups, groups, clubs, and family activities, to targeted prevention initiatives provided by the voluntary sector, and more formal service offerings by statutory partners.

The largest, public health commissioned, service is the Healthy Child Programme for Norfolk, provided by Cambridgeshire Community Services NHS Trust. As part of this, Just One Norfolk is a website created by Norfolk Children & Young People's Services, which has been designed as the 'go to health website for families' and

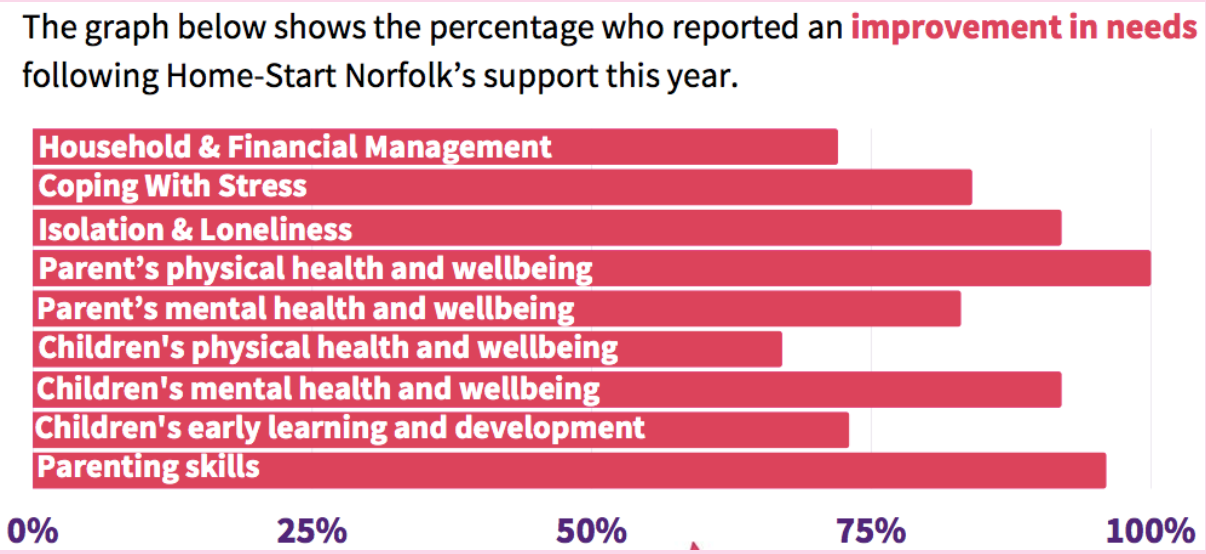
over 43% of the parents who responded to our survey had used this resource (Children & Young People's Health Services, 2021).

It was of note, in the engagement for this piece of work across the public, voluntary, commercial and statutory sectors, as well as specifically highlighted by the Health and Wellbeing Board, that there is united concern about the impact of the pandemic on this early stage of children and their development. Not just for those who experienced the height of lockdown and restrictions, but also the ongoing disruption and changes to services and support opportunities.

An insight into local activity: Home-Start Norfolk

One example of the targeted activities to support health and wellbeing and prevent poorer outcomes for individuals, is the core programme activity of Home-Start Norfolk.

Home-Start Norfolk is focused on preventing Adverse Childhood Experiences which not only damage lives, but they also impact widely across our Integrated Care System (ICS). The Home-Start model is predicated on families taking agency themselves, leading a self-assessment of identified need. Staff 'match' a volunteer with appropriate parenting experience and then provide supervision and support for both family and volunteer as they share experience and learning. Home-Start's mission is to empower parents to develop the knowledge, skills, and resilience to enable their children to thrive.



(Home-Start Norfolk 2020-21)

"Sylvia has been amazing, and not just for Dexter, she has been a real support for me too. I know for certain that if it wasn't for Sylvia my mental health would have deteriorated. She has done so much and made such a difference to our lives. There is not just one thing she has done for us; it is lots and lots of little things. She would encourage me to play with Dexter by coming up with

activities like painting and baking and would help me to cope with the mess. We would work on my confidence in leaving the house. We started off going out to the shops together and as I grew in confidence Sylvia would wait outside so I knew she was there if I needed her" (Home-Start Norfolk, 2022).

3.1.3. Mental Health

Children's Mental Health

> "My daughter can be very anxious, and I have not been able to find much support for this, other than literature. Practical support before any point of crisis would be nice. Leaflets are not enough." - survey respondent

The public are conscious of the impact of the pandemic in particular on children's mental health and noted delays in being able to access the support they feel is needed. The 'Babies in Lockdown: Listening to parents to build back better' report highlighted the impact of Covid-19 on babies and families. They report that COVID-19 has affected parents, babies and the services that support them in diverse ways. Families already at risk of poorer outcomes have suffered the most and the pandemic will cast a long shadow (Best Beginnings et al, 2020).

It is also known that *'1 in 6 children and young people are thought to have an emerging or diagnosable mental health need, a figure that has unfortunately risen from 1 in 9 in 2017'* (Children & Young People's Partnership for Norfolk, 2021).

> "My son needs help, and we are treading water to keep him going. Have been waiting for over a year for Mental Health support. Meanwhile our physical and mental health is deteriorating." - survey respondent

Parents' Mental Health

The pandemic has had an impact on parents' mental health. This has been observed across all parts of the system. *"Parents are lonely, it is commonly posted about in the chat groups. This is a knock-on of the pandemic as lots of*

parents didn't have the chance to make friends when pregnant or with new-borns" - Norwich Mumbler.

The Office for National Statistics (ONS) found in 2021 that women were more likely to be furloughed, to spend significantly less time working from home, and more time on unpaid household work/childcare, than men. In April and early May 2020, around one in three women (34%) reported their wellbeing was negatively affected by home-schooling a school age child. For men this was one in five (20%) (Office for National Statistics, 2022).

There are a range of activities that have emerged to support men's mental health, these appear to centre on opportunities related to sport or Men's Sheds.

Men's Shed - an insight into local activity

There were very few community activities for men in Cromer and there had been concern regarding men's mental health in Cromer due to the number of suicides by young men in recent years.

The Norfolk Shed Network identified Cromer as an area currently without a Shed and the Coordinator was keen to consult and work with the local community to ascertain need. Local organisations, the North Norfolk Campaign for Mental Health, the Town Council, and the public were consulted and invited to a virtual meeting to ascertain if there was a need and willingness to start a Shed.

There was sufficient support to immediately hold regular virtual meetings and make progress. Men of all ages but particularly those who are retired or not working can benefit from this community development. Women are also able to take part.

Participants/members are helped to overcome isolation and loneliness, gain improved confidence and wellbeing, and build new connections with individuals and the community. They also gain new skills around woodwork and IT and have access to information about support services, health, and other activities.

One survey participant described how interconnected all the factors are in improving health and wellbeing, and how challenging it can be to make change:

> "Time - working, being a parent and a carer to elderly parents, leaves very little time to work out. Money - a good app like Noom or a gym membership costs money and when you are trying to keep costs down because, you know, Gas and Electric are costly, you can't spend on that. Mental health - being at home since 2020 and

> protecting those I love by being sensible, not going crowded places or being conscious of what I do has impacted my mental well-being. I no longer feel confident and my weight gain makes that even more so." - survey respondent

This was also echoed in an interview with a person supported by Home-Start Norfolk, who described that going to the GP results in being prescribed antidepressants, but that this does not help to create solutions when time, access to specialist support for the children, challenging personal circumstances, lack of access to internet and transport, were all barriers that would continue to remain.

> "I think my anxiety has been much worse as it's such a big worry with everything going on and the schools being sent home if a child in class has covid. Every day I worry sending my children to school and going to work. Not everybody will wear a mask". - focus group member, working age

3.1.4. Shared messaging and multi-agency approach

A summary of views from the Health & Wellbeing Board said: *'often lots of messages are put out to communities which can become confusing. It is important to engage in the right way with communities on the topic of prevention, focusing on coproduction with a clear explanation of prevention that communities will understand in plain English'* (Health & Wellbeing Board for Norfolk, 2021).

A multi-agency approach has been identified as essential in the Flourish Children's and Young People Partnership Strategy for Norfolk. *'Our focus is on working with children and young people and families to design an approach that works for them, so that all families can access the help they need, when they need it, no matter who they ask. We need to enable families to identify and make use of the strengths within their existing networks, build resilience, and know when and how to ask for help. This requires practitioners across agencies and organisations to be able to work as one early help and prevention system with shared ways of working, so that support is joined up, clearly communicated, simple to understand and easy to access'* (Children & Young People's Partnership for Norfolk, 2021).

A review of literature connected to the Local Government Association highlighted a case study example of the NCC Network of domestic abuse champions, which it described as placing early intervention and prevention at the heart of their response. Inspired by Hertfordshire's "family safeguarding model" and together

with partners, they developed a whole family, strength based, relationship focussed approach, aiming to genuinely support the whole family. They brought together a multi-disciplinary team of practitioners which included domestic abuse, parenting support, and substance misuse, to meet the needs of families and where appropriate support behaviour change. This demonstrates multidisciplinary and shared action across sectors which values the power of just one intervention. Their mantra is *"If all of the 2000 champions support just one person, that's already a lot of adult and children victims kept safe"* (Local Government Association, 2021).

Another example shared was the All Babies Cry initiative. It was set up during the pandemic to support families at home with babies, making sure that crying did not go on to cause further issue and harm. The initiative involves partners from Children's Services, Safeguarding teams, and the Police and information is shared on the Just One Norfolk website. There is also a social media campaign and as well as materials for the public, training materials have also been developed for multi-agency staff. It is felt that this multi-agency approach has resulted in consistent messaging across all partners (Children & Young People's Health Services, Norfolk & Waveney, 2021).

"Families…We've Got This" - an insight into local activity

In September 2020, in response to the impact of the pandemic, a regular meeting was formed by professionals across a range of organisations, but all of whom shared the same goal: to support young people and families with the issues affecting them and to get them the support they needed. Partners came from organisations including voluntary sector organisations, Police, Children's Services, Public Health, and various NHS organisations. There is a total of 56 people currently on the group membership.

'We've Got This' meetings would take place at the same time each Friday, on a weekly basis, with no set agenda, other than to hear about the experience of children and families during the lock down. There were no traditional formal structures such as minutes, and terms of reference. People were free to come to the meetings as and when they wished, to raise, or help address, a current or emerging issue for families.

People involved in the meetings attribute its success to being organic in nature, a shared commitment and focus on families, and borderless partnership working that includes true collaboration and pooled resources.

By the end of December 2021, the group had worked collectively on 28 issues for young people and families. The group aimed to get ahead of issues and

prevent families from needing further support and intervention later down the line.

The group launched the hashtag #WE'VEGOTTHIS in children's mental health week in February 2021, reaching 93,000 people on Instagram.

Later it used the hashtag #WE'RESTILLHERE which had over 60,000 social media impressions. As part of this campaign postcards were sent to 7,500 households, as well as a text blast to 45,000 contacts directing them to online and phone support should they need it.

In response to some of the issues, the group has collectively organised and run 14 webinars for families on various issues that were raised.

As an example of how this group works, one of the issues raised was that young people felt their mental health could be improved if the mental health of their parents was better. With the support of this group, Family Learning devised a course to address this. Working with the Norfolk and Suffolk Foundation Trust (NSFT) and Just One Norfolk, it was refined for parents where children were experiencing anxiety.

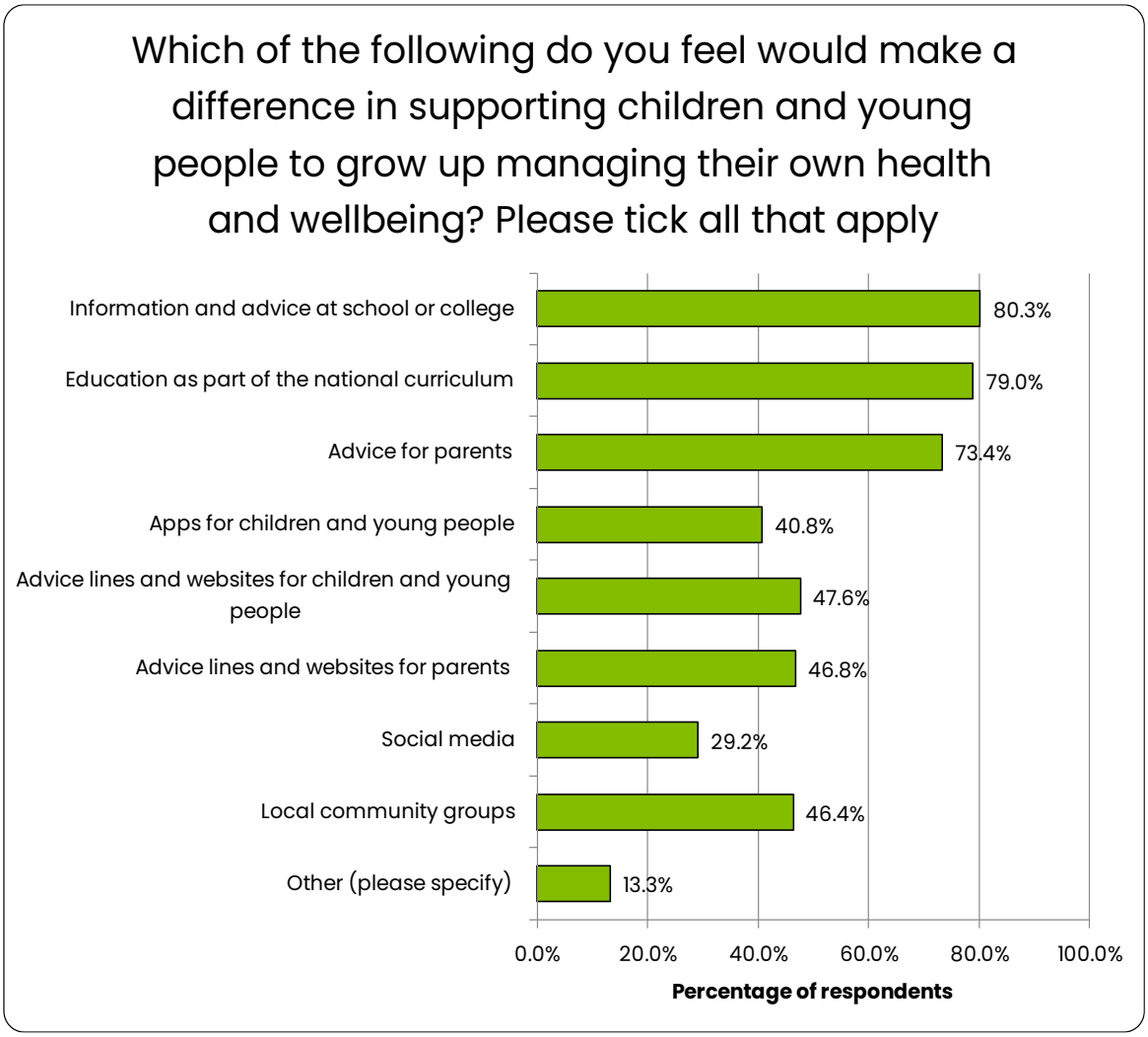
Due to the ability to work in this dynamic and fast-paced way to tackle and address issues for families and young people as they emerge, the decision has been taken to continue with this group and its weekly meetings beyond the pandemic, as all parties have found value in this less formal, multi-agency approach.

3.1.5. School years- key opportunities for engagement

National Curriculum

In a summary of thoughts from the Health & Wellbeing Board, it was felt that prevention is a long-term commitment that must start in Education. Health & Wellbeing Board members noted that running public campaigns on prevention would only reach so far and this is where education and prevention need to be brought together, strengthened, and taught on the curriculum (Health & Wellbeing Board for Norfolk, 2021).

In the public survey we asked about the types of support people felt would make a difference in enabling children and young people to grow up managing their own health. 80% of respondents said information and advice at school or college, 79% said education as part of the national curriculum and just over 73% said advice for parents.



Respondents to an engagement piece by Healthwatch Norfolk on the NHS long term plan, in 2019, also highlighted the importance of *'better access to education about diet and exercise in improving the health of the public'*. It was suggested for example, that children should be *'taught how to cook healthy meals at school'* and there should be *'cheap meal planners that are healthy and nutritional'*. It was also felt that this content should be better taught in schools. *"So far all my daughter has made is cakes and biscuits."* (Healthwatch Norfolk, 2019 B).

An insight into local activity - ChatHealth

ChatHealth is a secure NHS approved text messaging service for 11-19 year olds in Norfolk run for Children and Young People's Health Services, covering Norfolk & Waveney.

Young people can text 07480 635060 to start a conversation with a trained health professional about any physical or mental health question or worry they might have.

The initiative uses ChatHealth Ambassadors to let young people know about the service.

These Ambassadors are young people themselves who raise the awareness of the service in schools. They are provided with support and training to carry out this role.

It is felt that this approach is a success due to the peer-peer promotion of the service.

An insight from young people

We explored prevention themes with some of the members of one of the Youth Advisory Boards (YABs) for Norfolk. The young people shared a sense of overwhelm in messaging. They described feeling a *'great weight on their shoulders'* as young people, due to messages around climate change, the pandemic, problems with the NHS, and many other issues occurring in the world.

Members of the group shared a concern for the future. It is clear that any messaging around prevention sits alongside a huge number of other 'messages' that young people are receiving.

The members of the YAB described that social media can be incredible, but also a curse. They stressed the importance for them of being able to use digital technology at the right time, with their preference being for a blend of human relationship initially, followed by technology. They felt human connection was important, and also stressed that approachability of people was key, in order to come forward with issues or for advice and support. The young people also highlighted that one single approach would not work for everyone.

School holidays

School holidays and the impact on low-income families has received recent national and local attention in respect of meals. Research has shown that the school holidays can be pressure points for some families. Children from low-income households are less likely to access organised out-of-school activities,

more likely to experience 'unhealthy holidays' in terms of nutrition and physical health, and more likely to experience social isolation (Active Norfolk, 2022 A).

The Big Norfolk Holiday Fun (BNHF) activity programme provides holiday activities for children and young people aged 5-16 in Norfolk. BNHF is run in partnership between Active Norfolk and Norfolk County Council, and those who claim means-tested free school meals can claim free spaces on the activities, whilst paid spots are available on many activities for those who don't. The aim is to encourage children and young people to try new things whilst keeping their brains and bodies stimulated over the school holidays (Active Norfolk, 2022 A).

3.2. Prevention Priority 2: Delivering appropriate early help services before crisis occur

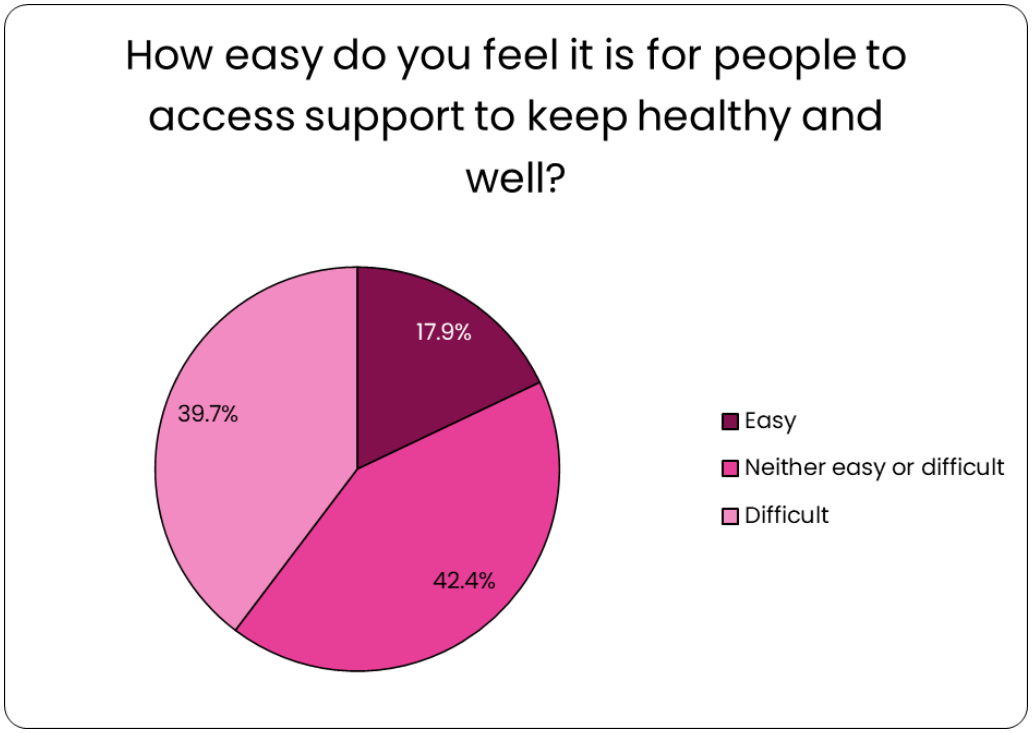
The following themes emerged as part of the exploration under this prevention priority:

- Access to services
- System is 'too busy'
- Value of preventative support
- Support in the local community
- Technology

3.2.1. Access to services

One of the questions in the survey asked how easy people felt it is for people to access support to keep healthy and well.

Only 17.9% felt it was easy, with over 40% not having a sense of whether it was easy or not.



The young people we engaged with in our focus group spoke of a fear of not actually getting the support they need, e.g., having to keep telling their story, filling in lots of paperwork and it resulting in nothing. They want quick, easy, and to be able to have help straight away. This was also echoed in the focus group with older people.

Young people also felt that a barrier to accessing services was the fear of judgement and speculation by others. Partly due to social media, they spoke of how public many aspects of their lives were and that there was a potential lack of privacy about support or services they may use.

Changes in service access

Dentistry

There have been changes to the ways health services are accessed which have been accelerated by the Covid-19 pandemic. In some cases, it is felt that services can no longer be accessed at all for large numbers of the population in Norfolk and Waveney, such as dentistry.

A number of survey respondents highlighted 'the dentist' as a prevention activity or service they felt they needed but had not been able to access.

> "I have not had a dentist for 8 years and there are none in Norfolk who are accepting new clients." - survey respondent

The General Dental Council highlights that *'the impact of COVID-19 on oral health is likely to be more severely felt by those who are already more likely to have poorer health outcomes, raising concerns about the creation and exacerbation of oral health inequalities in the UK, if not addressed'* (General Dental Council 2022).

> "I am having second thoughts about going to the dentist for my hurting wisdom tooth because of the costs, which is affecting my daily life and my mental health. I am trying my best to stay healthy in other cases." - survey respondent

Lack of access to GP

The GP was the top response in the survey answers when asked where people might go if they had a concern about their health and wellbeing, yet at the same time many responses highlighted serious issues with being able to access their GP.

A Focus Group participant felt that *"the last two years has forced us into thinking about prevention as we know how difficult it can now be to access things we took for granted for so long".*

Another participant said there were *"real barriers to support when I have an immediate need, let alone something that might be preventative".*

We repeatedly saw throughout the survey, across a range of questions, people who felt they couldn't get a GP appointment. This is a significant issue, given that so many people feel the GP is key to helping them keep healthy and well. This issue seems predominantly linked to:

- Dissatisfaction with the reduction in face-to-face appointments
- Waiting times for appointments
- Feeling that services are too busy, or contact unwelcome

> "I'm reluctant now to seek medical advice from the GP as we are told that they are overworked." - survey respondent

> "The reality of prevention is different to how it should be. Drs and dentist appointments are hard to get. Need support more than ever but it's taking so long." - focus group member, working age

People described that they feel the reduction in face-to-face appointments has had a negative impact.

> "Very few face-to-face consultations with doctors. Very dismissive when you see them. GP practice is rarely proactive in local community. Limited opening times for those working in the day." - survey respondent

There was agreement from all the older people at our focus group that the GP was currently harder to access (with the exception of specific clinics regularly attended) for general support and advice. People described feeling ignored, *"just given another pill"* (re. mental health). Some of the group described feeling like they had to wait until things were really bad before being able to make contact. They also expressed concern that they no longer have a specific GP.

People also noted a lack of access to mental health services.

> "My son needs help, and we are treading water to keep him going. Have been waiting for over a year for Mental Health support. Meanwhile our physical and mental health is deteriorating." - survey respondent

> "I have a 'mental health condition' that interferes with my being well. I have had no information on how to manage my life with this condition. I am also trying to recover from two major surgeries. I have been given next to no information on what to expect in this recovery, and no support to help me recover, so I can lead a healthy life and be well." - survey respondent

Online access to health services

During the pandemic GP practices moved to phone or video appointments wherever possible and initial contact was also moved online, such as through online booking or email. In many cases these changes to online appointment bookings and appointments by phone call or video have stayed.

There was a very mixed response through both the survey responses and the focus groups on the changes to how GP appointments are made and held. Most of the people we spoke to in the focus group with people of working age really valued being able to contact a GP online.

> "I have had a different experience with GP as has been really positive within last year. Pre-covid I had to ring or turn up at half eight and was impossible to get through. Now I can fill in a form online and there's a choice in what I think I need. I manage to then

> get a face-to-face appointment straight away. Seems to vary from area to area" - focus group member, working age

> "Having online forms for GP since covid started has been really good for asking questions and getting a response. This has moved me away from other services as I know they will come back to me. Because of that I haven't needed to go to the pharmacy" - focus group member, working age

> "For me it is being able to contact the GP online, if I had to wait on the phone there would probably have been a couple of times I would have given up. I have found this option quite empowering as a patient and helped me think how urgent my needs are as having to say whether my appointment needs to be same day, few days' time, etc." - survey respondent

> "I prefer the increased use of IT, e.g., in booking GP appointments."- survey respondent

People recognised that there was a lot of information available online to support people in keeping healthy and well, but they also recognised that there are barriers to this for those who do not have easy access to technology.

> "There is a great deal of information and support available but often you need to be able to use a computer to access it and not everyone is computer literate or has access to Wi-Fi etc" - survey respondent

Although the majority of the feedback was about online access to GP services, people in both the focus groups and the survey also mentioned accessing other services online to manage their health and wellbeing.

> "I recently qualified from Uni and they were offering more counselling services because of the pandemic and made it available online. Because it was a video call it ended up cheaper online, so I took it up and it worked well for me" - focus group member

> "I have accessed private online counselling calls that I probably wouldn't have pushed myself to go to a face-to-face meeting. So many less things you have to deal with in the comfort of your own home. Because I know the wait time for NHS mental health services is so long, I didn't even attempt it and as I'm in a position to, I went private. I didn't realise pre-pandemic that I could access it online." - focus group member, working age

3.2.2. System is 'too busy'

From the survey and focus groups we carried out with people there was a clear sense that people felt the NHS and the wider system was overwhelmed and they didn't want to add to the burden.

> "I only access when in an almost crisis point. Don't want to waste time at GPs or attend surgery unless vital." - survey respondent

There was real concern about wasting the time of busy medical professionals and a recognition that you should look after yourself and catch issues early. People often described feeling that their contact would be unwelcome and so they actively avoid contacting the GP, which they noted may also present missed opportunities for catching potentially serious conditions early.

> "There feels a contradiction between national and regional messages and what you actually feel able to do. E.g., go to your pharmacy first, but then you hear how inundated they are and you don't feel you can. National messages make it seem a lot easier than it might be in practice especially if you have a less responsive Drs surgery" - focus group member, working age

> "Because of my job as a nurse in palliative care, over the last year and a half we are seeing huge numbers of people diagnosed too late as couldn't/didn't access their GPs. People definitely are not getting diagnosed quick enough and then there are no treatment options available to them and this is happening to different ages of people" - focus group member, working age

This was echoed within articles identified through the literature review. It has been described that the precedence of the pandemic put other public health programmes on hold and as such has been a threat to the prevention agenda. It

has been highlighted *'In particular, those working in diagnostics have warned of the damaging consequences of patients missing routine checks for cancer, cardiovascular disease and other life-threatening conditions – missed checks lead to delayed diagnoses and worse health outcomes as medical practitioners struggle to treat more advanced conditions'* (Reform, 2021).

> "Most enquiries I can get information on the internet. I am cautious approaching my GP as they are so overloaded, and I have been unable to get registered with a dentist since I moved." - survey respondent

There is an overall sense that you can't get preventative help from statutory services, and that preventive support needs to be self-organised and managed. For people who have the skills and have easy access to the internet, the public described utilising commercial apps such as headspace, Couch to 5k and Youtube channels.

> "There was more focus in the early part of the pandemic on looking after your mental health and I got the Headspace app. I felt the responsibility was with me as there was so much pressure on the NHS." - focus group member, working age

> "I use an online trainer for one particular activity whereas I would have gone to meet them / attended a class at the gym. I also use YouTube videos more than pre-pandemic for yoga (Yoga with Adrienne) and exercise (Joe Wicks)(Leslie Sansome)" - survey respondent

3.2.3. Value of preventative support

Although we found it to be well accepted by all the partnership organisations we spoke to, that preventative services and support make a difference, not just to individuals and families, but to the system as a whole in terms of spend, there seems to be a lack of detailed analysis and evaluation on much of the preventative activity.

It can be difficult to fully evaluate the impact of something that is preventative, and it can also be difficult to divert resources to evaluation and analysis, when the immediate need for service delivery and support is so great and the whole system is stretched. However, further evaluation could help to develop a more robust business case for investment of resources in prevention activity.

'Assessing cost-effectiveness in prevention is challenging, not only due to the lack of a shared understanding of what prevention is, but also because of the difficulties in demonstrating causality between the preventative interventions and outcomes over time' (Marczak et al, 2019).

The relative lack of evaluation data appears to be a national challenge, as illustrated in 'Evaluating Social Care'. They described that *'The Care Act Statutory Guidance (Department of Health, 2014) also notes that there is no single definition of prevention and that different local approaches may be developed to fulfil councils' legal duties around prevention. To the extent that clarity about what constitutes prevention remains lacking at either the national or local level, what is to be evaluated will remain unclear and the development of local evidence about its effects will be hindered'* (Marczak et al, 2019). It found in the local authorities sampled that there are relatively few evidence sources to inform investment decisions around statutory duties around prevention.

'Prevention activity may result in future cost-savings, but also requires ongoing investment and engagement to ensure the consistency of activities on the targeted problems, as well as the emergence of others' (Verity et al, 2021).

Insight into sensory impairment and rehabilitation

The rehabilitative nature and independent living focus of the Sensory Support Team in Adult Social Services, means that they play a vital role in preventing people from poorer individual outcomes and in wider demand management, in particular in preventing the commencement of, or the reduction in, ongoing care packages.

> An example of activity within the rehabilitation team:
>
> *A woman lives with her husband, for whom she is also his main carer. She was experiencing difficulties in the kitchen and was burning pans and her hands.*
>
> ***Rehab input**: The Rehabilitation Worker provided living skills input around increasing safety, use of tactile methods and safe pouring skills. They also arranged for kitchen lighting adaptations, the issue of UV shields and a floor lamp, as well as cool skin gloves. Hi-marking was also put on the microwave and cooker dials*
>
> ***Outcome**: The woman remains independent in caring for herself and her husband.*
>
> ***Without intervention**: There would possibly be a breakdown of informal care and/or the need for daily home support from a care agency. There would also be a risk of burns or fire.*

In 2017 the RNIB commissioned the Office for Public Management (OPM) study to assess the impact and value of vision rehabilitation services in England, an economic assessment on the financial costs and benefits of vision rehabilitation services which fall under the statutory responsibility of local authorities. This was conducted on the services provided by 'Sight for Surrey' which provides vision rehabilitation services to individuals, similar to those offered by the team in Norfolk.

Their *'findings suggest that vision rehabilitation services not only contribute to meeting a set of needs experienced by people with a vision impairment but that the financial value resulting from these services (in the form of costs avoided, reduced, or deferred) may significantly outweigh the financial costs of delivering the services for the health and social care sector'*. (RNIB, 2017)

The research calculated *'The total cost of the Sight for Surrey vision rehabilitation service in 2015/16 was £918,034. It was calculated that, the avoided, reduced, or deferred costs that may be experienced in the health and social care systems, as a result of the Sight for Surrey vision rehabilitation service, totalled: £3,168,022 (in the year 2015/16). Further to this, the avoided, reduced, or deferred costs (and value generated) that may be experienced by service users, their families, and carers as a result of the Sight for Surrey vision rehabilitation service, totalled: £255,823 (in the year 2015/16)'* (RNIB, 2017).

3.2.4. Support in the local community

A subtheme of the engagement Healthwatch Norfolk facilitated on NHS Long Term Plan in 2019, was an interest in having *"improved local facilities",* while this did include an emphasis on health services such as *"more local GPS"* and *"better available local hospital care for minor ailments"* it also included more social services such as *"more local groups/activities"* and *"local groups for motivation and support and to share experiences"* (Healthwatch Norfolk, 2019 B).

It was also noted that it was important to ensure *"there are opportunities for socialisation rather than isolation - doing all treatment and interventions in the home is not always the answer - allow people to mix with others and the situation/problem is often less challenging as experiences and encouragement can be shared."* (Healthwatch Norfolk, 2019 B).

In the older people's focus group, participants linked the difference the Aylsham Care Trust lunch club and ability to access other social events through community transport, had in preventing a decline in wellbeing and mental health. They described that these opportunities created feelings of purpose, lifted the spirit and mood, and provided opportunities to ask others for help when needed. They made direct links to keeping them feeling and living independently by keeping them active.

Voluntary sector organisations often play a large role in providing support in the community that can prevent people from needing more intervention at a later stage. Many partner organisations we spoke to from the voluntary sector felt that all the work they did and the support they provided could be classed as 'prevention' and would fit under one, if not all, of the prevention priority areas in the Health & Wellbeing strategy.

3.2.5. Technology

As well as the use of technology for online bookings, appointments, self-management tools and information as we explored earlier, we also came across other examples to highlight technology use, perhaps accelerated by the Covid-19 pandemic.

Alcove Pilot - an insight into local activity

In March 2020, all day service buildings were closed due to the coronavirus pandemic, leaving over two-thousand day-service users in Norfolk facing social isolation and loneliness.

The use of video calls through technology such as Zoom, Facetime or MS teams could be managed for some of these people but there was a group who did not have the digital skills, or access to technology and the internet to be able to access support in this way and they risked being digitally excluded.

The Video Phones pilot through Norfolk County Council (NCC) was designed to provide a potential solution for people with low levels of digital skill, or none at all. It ran a small trial of an out of the box SIM enabled video-carephone and dashboard option, providing the devices for free.

Initial interest led to nineteen day-service providers coming on board and training was conducted in Feb 2021, with the first devices being rolled out at the end of that month. Just under ninety service users were supported through this device.

The service user had the device and the day service provider interacted with them via an app on a smartphone or tablet computer or via a web browser on a PC or laptop.

Initially calls were made to check in on service users. However, in April 2021 a group calling function was introduced and events could then be organised. Day service providers held cooking lessons, quizzes, and exercise activities via video calls.

The service user had access to the device in their own home and could call an agreed set of people by simply pressing on a tile on the tablet screen with a picture and the name of the person on it. The device then connected them to whoever they were calling. Two users struggled with using the devices independently but could do so with assistance from a family member.

85% of people involved in this pilot had originally indicated through evaluation that they were lonely most or some of the time and were missing friends and family. When people were asked again after 3 months of using the device, no users reported feeling lonely most of the time.

Call analysis data also showed a marked increase in carephone to carephone calls from April 2021, which confirms that the service users were also using the devices to stay in contact with each other, as provider and friends/family interactions were separate via an app or web browser.

The project success can be attributed to a number of factors including engagement work with providers, and use of a device which is simple and easy to use and with built in internet capability. The fact the project was free to participants also contributed to its uptake and continued use.

Although the project mitigated initial issues regarding social isolation and digital inclusion, this device only makes video calls, so people are still not able to access the full range of activities that a digitally included day-service user can, such as online shopping, email, social media and streaming activities. The next phase of the project is to look at whether this device can be a stepping-stone to wider digital inclusion.

As well as technology use by individuals we also came across an example of how technology can support prevention on a system level.

In the following example technology can identify cohorts of patients most at risk of poor health or disease by combining a range of identifying factors. Information, intervention, and support can then be targeted directly to those that need it, instead of running large, generalised communication campaigns across the whole population.

Eclipse tool - an insight into local activity

The Eclipse Tool is a digital technology innovation that was implemented extraordinarily quickly during the pandemic. It was the digital tool used as part of a project called Covid Protect, which was a local social care and NHS initiative to protect Norfolk and Waveney's most vulnerable patients at the onset of the Covid-19 pandemic. The tool allows for a range of data to be used to identify particular groups of patients who can subsequently be engaged with.

As the pandemic's first wave hit the UK, NHS England provided 'shielded patient' lists (SPL) and tasked local health and care systems with contacting those registered as clinically extremely vulnerable (CEV) to ensure their health and care needs were met during lockdown.

A collaboration of diverse organisations from across Norfolk & Waveney - in partnership with data technology specialists Prescribing Services Ltd, maximised the use of Norfolk's population health management system (Eclipse) and GP-held patient information, to identify, monitor and quickly respond to the needs of those at high risk of serious complications from Covid 19.

A core Covid Protect team was set up to drive the use of this data; expanding the list of patients identified nationally for shielding at home to include a wider group of individuals known by local GPs to be clinically vulnerable, or at moderate risk. This meant an additional 12,000 patients were able to benefit from direct contact and support in addition to the already identified shielding patients.

The Covid Protect team sent letters to both those on the SPL and the expanded group. The letter asked patients to register and provide daily updates via the Covid Protect system, using a unique code linking to a website with an online questionnaire. The questionnaire asked a range of questions including whether they had COVID-19 symptoms, whether they had enough food and medication, and whether they had any other health or social concerns. Where patients did not engage with the online questionnaire, they were contacted by phone to complete the questionnaire verbally.

All questionnaires completed online and by telephone triggered alerts that were triaged to appropriate teams. Concerns about COVID-19 symptoms were passed to an in-person team at Litcham Health Centre (a primary care practice where the project's clinical lead GP was based) which operated seven days a week. Social care needs were passed to local authorities and alerts relating to a clinical or prescribing need were passed to the appropriate locality teams.

The remote monitoring of health conditions, ongoing contact with those most at risk of harm, and the provision of early care and support interventions enabled people to stay safe and well at home. This approach allowed the health and care system, working collaboratively as a whole, to proactively reduce demand on ambulance and A&E services and avoid further increases in hospital admissions during the early months of the pandemic.

This project won a 2021 Health Service Journal (HSJ) Award and the HSJ judges strongly recommended that other care systems study and adapt this approach in developing their own solutions to meet the needs of their local populations.

Covid Protect has now evolved to be called 'Protect NoW' to signal broader applications beyond COVID-19. The NoW stands for Norfolk and Waveney. Covid Protect revealed and responded to significant unmet needs, particularly for social care, in the region and Protect NoW has laid down the foundations for projects that span health and social care, creating an infrastructure that can be used to enable a proactive, population health management approach in the developing Integrated Care System (ICS). Now that the infrastructure has been developed and the model has been tested, it can be applied to an expanding set of population health issues, targeting traditionally hard-to-reach groups who would benefit from more personalised engagement with healthcare services. For example, the tool can be used for a range of population health management purposes, including cervical cancer screening, falls prevention, and better support for patients with diabetes. (Eastern AHSN et al, 2021).

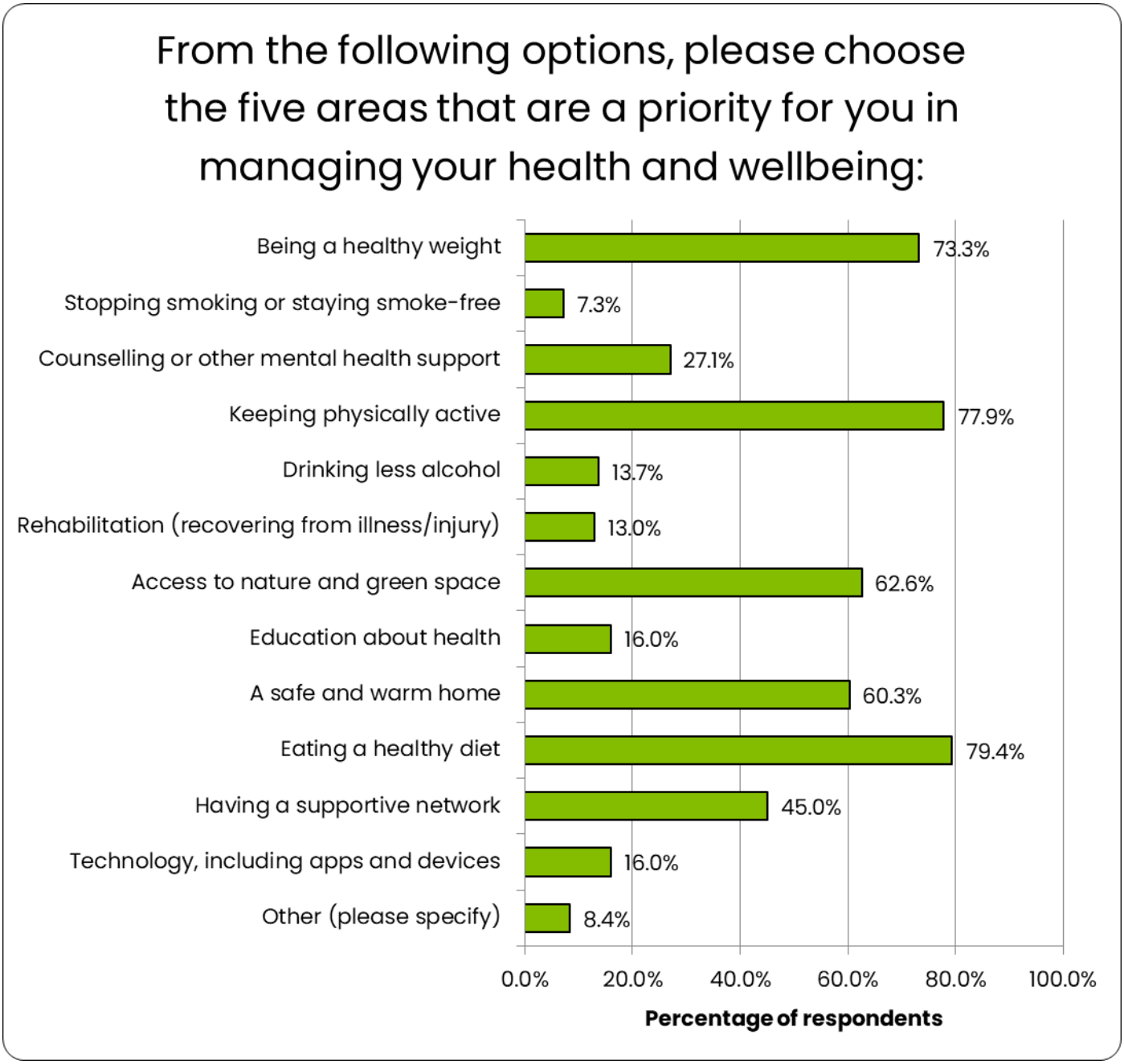
3.3. Prevention Priority 3: Helping people to look after themselves and make healthier lifestyle changes

The following themes emerged as part of the exploration under this prevention priority:

- Healthier lifestyle priorities and barriers
- It is just not that simple
- Technology in supporting healthier lifestyles
- Workforce
- Isolation and mental health
- Healthier lifestyle choices and the pandemic
- Little initiatives can have a big impact

3.3.1. Healthier lifestyle priorities and barriers

Through the public survey we asked participants to identify their top five priority areas for managing their health and wellbeing.



The top six areas that scored highest were:

- Healthy diet
- Keeping physically active
- Healthy weight
- Access to nature and green space

- A safe and warm home
- Having a support network

We also asked people where they might go to find information about living a healthy life. The top four places/routes that people chose were:

- Internet search
- GP
- Friends and family
- Social media

When people are concerned about their health and wellbeing the results of both the survey and the focus groups we facilitated, show that the four key places people turn to are also:

- Internet search
- GP
- Friends and family
- Social media

Survey participants also shared with us who/where has the most influence on how they choose to manage their health and wellbeing. The four key sources included:

- GP
- Other medical professional
- Friends and family
- National experts

Not one size fits all

It is well understood that an intervention or activity that works well for one person will not work for another, and this was echoed in the findings of conversations with those running initiatives, the literature review, and survey and focus groups findings.

> "I think it depends on your circumstances, if you are working long hours it is much harder to access support and fit in healthy activity. If you are on low wages paying for sporting activities becomes difficult/impossible." - survey respondent

We explored what people felt had most helped them manage their health and wellbeing. The survey illustrated the wide breadth of solutions or support. Friends and family were listed as the element that most helps people manage their health and wellbeing, with people identifying that healthy eating and exercise are crucial to keep well.

As part of the survey and focus group activity we also asked people about what types of services they have accessed that have helped prevent their health and wellbeing from getting worse. Again, there was wide variety in response but in this context GP, family & friends, counselling, and face to face groups were the four avenues that emerged as playing a key role for individuals.

Barriers to keeping healthy and well

The range of reasons for people experiencing barriers to keeping healthy and well is equally as varied, but respondents significantly identified the following reasons:

Financial pressures

> "Financial pressures sometimes make it hard to get as many fresh fruit and veg as we'd like but we've found frozen great." - survey respondent

> "The waiting list for mental health counselling on the NHS is very long but private sessions are very expensive." - survey respondent

It was strongly communicated through the public engagement, and by those who support preventative initiatives, that people are feeling financial pressure and worried about how this is due to increase in the coming months. People understand that eating well and exercise are fundamental to good health and wellbeing but view cost as a barrier to making changes.

A large number of people raised the issue of healthier foods being more expensive than some convenience options, which was a barrier to making choices that supported managing health and wellbeing.

> “Money - not enough to join a group or gym. Difficult to afford healthier foods all the time.” - survey respondent

> “Gym membership prices, I would like to be able to work out at a gym 2-3 times a week, but it is too costly.” - survey respondent

Time

People recognised time as a significant barrier, especially for those with caring responsibilities or working. People noted that this is not something that can simply be resolved and is a result of a myriad of influences cultural, practical etc.

> “A self-perpetuating cycle of stress, not enough sleep, overeating and not having enough time to resolve it.” - survey respondent

> “I have to juggle family and home life whilst working full time so it can be hard to have the time or energy for exercise or to cook a healthy meal” - survey respondent

Lack of motivation

The description of a lack of motivation was used frequently and most commonly linked with time and an awareness of changes that were needed around diet and exercise. People recognised the benefits but felt unable to self-motivate to break habits or get started.

> “Lack of motivation and energy” - survey respondent

Environmental and place-based factors

> “Dark nights! Cold house makes it difficult to find the motivate to move.” - survey respondent

In the older people focus group, heating was noted by a few participants as key to keeping them well. They felt that help with covering the cost of heating was therefore important.

Additionally, they recognised the value and importance of assistive technology in the home in preventing falls or the need for greater support from health and social care.

People noted that geography and a lack of easy access to sports facilities, or support groups played a part in preventing them from making changes to their health and wellbeing.

Participants of our focus group for older people highlighted a lack of transport as a key barrier. Everyone felt transport was important and should not be overlooked when thinking about prevention, not just in terms of getting to cardiac appointments, the GP, or shopping, but for the significance in being able to access services and support in the community as well, such as lunch clubs and social opportunities to reduce isolation.

In addition to observations about the impact of the home, and the location people lived in, people also mentioned environmental concerns on population health, specifically air pollution:

> "Local air pollution from high levels of traffic and lack of safe cycling facilities. A lot more people cycled during roads were empty during lockdown so I'm sure more would do so if there were safe cycleways."- survey respondent

Existing health conditions

People recognised that their existing health conditions played a role in limiting desired outcomes for their health and wellbeing, but people did also make the connection that taking action could help improve or prevent their situation from getting worse.

Lack of access to support needed

> "I'm still waiting for various test procedures to be carried out to see whether it's ok for me to access sport facilities and resume my dance classes. Been waiting months." - survey respondent

As discussed in 3.2.1 people felt strongly that it is difficult to access support needed in a timely manner, as well as managing conflicted feelings of balancing needing help and being a potential burden.

Family commitments

People described feeling overwhelmed in meeting caring responsibilities, and therefore any preventative action around healthier lifestyles felt out of reach.

> "Being a carer for a family member, which often means putting their needs before mine & being unable to have enough sleep." - survey respondent

> "Childcare arrangements prevent me from frequenting a gym or other kinds of exercise." - survey respondent

Accessibility

People noted that interventions and opportunities were often not accessible to disabled people, which significantly exacerbated barriers to making changes for healthier lifestyles.

> "Accessibility - most online groups/presentations are all verbal - there is absolutely no support for deaf people such as subtitles, BSL interpreters, BSL translations, transcripts, etc. 99% of support available is all based on audio and verbal." - survey respondent

> "Many keep fit clubs will not accept people with disability. Many clubs for health and fitness give very little help with how to manage conditions that come with age, bad knees, hips etc." - survey respondent

3.3.2. It is just not that simple

> "I think it depends on your circumstances, if you are working long hours, it is much harder to access support and fit in healthy activity. If you are on low wages paying for sporting activities becomes difficult/impossible." - survey respondent

The range of reasons that people were unable to take preventative action around their health and wellbeing, perhaps reflects some of the discussion around complexity theory within health and social care. That there is not a linear path between 'upstream' action to avoid it being required 'downstream'.

Verity/Richards/Read/Wallace observe that *'there is a continued reliance on linear, cause- affect models for prevention in social care and limited accounts of the complexity associated with everyday life'*. They propose *'as conflicting as*

it may seem, integrating elements of complexity into how prevention is conceptualised, planned and commissioned may ultimately benefit it with greater clarity' (Verity et al, 2021).

In 'Addressing the leading risk factors for ill health (2022)', it is concluded, that *'Population-level interventions that impact everyone and rely on non-conscious processes are most likely to be both effective and equitable in tackling major risk factors for ill health. Yet recent government policies implemented in England have largely focused on providing information and services designed to change individual behaviour'* (The Health Foundation, 2022).

In this study it is cited *'Aiming to alter the environments in which people live should form the backbone of strategies to address smoking, alcohol use, poor diet, and physical inactivity. These interventions need to be implemented alongside individual-level policies. The strong role played by corporations in shaping environments and influencing individual behaviour must also be recognised and addressed in a consistent way through government policy'* (The Health Foundation 2022).

'It is not, however, a simple case of either/or. To reduce exposure to risk factors driving ill health and tackle inequalities, the government will still need to deploy multiple policy approaches designed to address the complex system of influences that shape behaviours. The focus needs to be on population-level policies including taxation, regulation, and public spending, which should be implemented alongside individual-level interventions to support those most in need. To be effective, policies that directly target a particular risk factor must be underpinned by wider structural interventions designed to improve the circumstances in which people live – reducing factors such as poverty and poor housing and making it easier for people to adopt healthy behaviours' (The Health Foundation, 2022).

Resonating throughout the public feedback is that people recognised their lives are intertwined with the environment, social structures, and what is happening within local and national government. There was a sense across the system that whilst initiatives which support individual responses may provide value, this is limited without considering and addressing the broader social inequalities.

At this moment in time and captured in comments by the public throughout this report, concerns over cost of living and enduring fears around Covid-19 are weighing heavily on the public consciousness. People are concerned for themselves, and others feeling the impact of these current challenges.

3.3.3. Technology in supporting healthy lifestyles

'Technology can help empower individuals to take control of their health and improve their health and wellbeing by supporting their health literacy. Many of the solutions aimed at empowering people can be particularly innovative.

But…too often these digital solutions don't benefit everyone across society equally. Lack of access to required infrastructure or devices can leave too many excluded from tech-based preventative health interventions. This is particularly likely for those from less privileged socioeconomic backgrounds, and those in remote or rural areas. Again, imbalances in access can exacerbate or even create new inequalities in health' (Himawan, 2021).

Digital poverty is an issue that can prevent access to prevention initiatives amongst young people. When exploring the ChatHealth service, an example was highlighted where children in schools may not have access to a mobile phone in order to use the Chat Health Text Service for 11–16 year olds. In one instance the school made one available for use for a particularly vulnerable young person.

The public experience for working age adults appears to be that the use of technology can increase likelihood of taking preventative actions when it comes to health. Many people reported that the introduction of the online portal at GP practices meant that they felt able to check in with their GP practices about health concerns that they were unsure would warrant a GP appointment. People also utilised apps such as Headspace or couch to 5k as they felt more convenient, along with remote appointments for counselling, etc. Being able to do this from home removed barriers such as time and enhanced a sense of safety being able to do this from their home environment.

In our focus group with older people, participants identified that assistive technology, such as wristband alarms, hot water taps, pull chords, etc, were preventative in bringing help in a timely manner or in reducing the risk of burns and falls, etc. They also made links to these technologies helping keep them independent.

In the public survey we asked where people would go for information about keeping healthy and well and also where they would go for advice and support if they had a health concern. In both cases the internet was one of the top answers. It seems people with digital access increasingly use information on the web to help manage and navigate their health and wellbeing.

When we spoke to the young people in the focus group, a point was made about consistency of information across the internet and how they would corroborate information across different sources to get a sense of whether they could trust it. This again emphasises the importance of consistent messaging across the system.

Healthier North Walsham - an insight into local activity

The Healthier North Walsham project was initiated by Birchwood Medical Practice in 2020, to try to connect the local community together. There were lots of people that were struggling to find out what was happening locally and what support was available to them. This support could include a local social group or help with a long-term health condition.

The surgery wanted to be able to provide information in a simple, user friendly, and searchable way that would connect people to groups/support quickly and easily. In essence they wanted to create a self-service, social prescribing portal.

The initiative began, housed on the Birchwood Medical Practice website with a simple list of categories. Behind each category there was a list of the associated groups and their contact details. A Facebook page was developed called "Healthier" and this had the most success.

Facebook posts were done twice a week with targeted health promotion messaging. All the messaging was created in-house using a range of available tools from Doodly but mostly via the user-friendly, free, graphic design programme called Canva.

So far topics covered in these Facebook posts have included:

- Living Well - which covered diabetes, eating well, healthy weight, preventing common infections, NHS Health Checks and what to expect
- Sun & Skin Safety covering advice for children, sunburn aftercare, skin damage & Skin cancer
- Cytology during the pandemic
- Sleep, including sleep apnoea, children's sleep, common sleep issues, teenagers and sleep, and insomnia
- Women's Health, covering contraception, menopause, and endometriosis
- Men's Health, including general men's mental health, prostate cancer, and testicular cancer

The Facebook page posts reached over 200,000 views in the first 10 months of running. The clinical team provided Facebook Live Events which were very well received. These 15–30-minute chats each had over 2,000 views. On the back of a talk about menopause specifically, the practice nurse had a massive increase in women booking in to talk about their symptoms and possible treatment or support.

This activity was about raising the profile of issues and informing people that they did not just need to accept things. The message they wanted to give was, come and speak to the GP or Nurse and see what other options there are, or simply for a reassuring chat.

Birchwood surgery found there was a high level of engagement with posts that were localised and familiar to the practice's population. This included videos and pictures of practice staff, local support offers, and information about the operations of the practice in general.

In time, Birchwood Practice realised that they needed a dedicated website to house "Healthier" and to allow it to grow. They also found they didn't need a big team to manage it and Birchwood Medical Practice has operated the Healthier North Walsham project with just two members of staff. User-friendly sites such as Canva, have supported staff to create content that has been effective in enabling engagement with the local community on many different areas of preventative advice and support (Healthier North Walsham, 2022).

3.3.4. Workforce

Being active at work

Survey respondents and focus group participants all noted that the Covid-19 pandemic had created a shift in focus on making healthier lifestyle changes, particularly in relation to awareness of mental wellbeing, and exercise.

> "In regards to health and fitness it was much easier in the first lockdown as different things were available, e.g. couch to 5k, Joe wicks - you just had to put the tv on or go on Youtube. Easier to keep health and fitness going but don't do it now as back at work and life comes back in" - focus group member, working age

The restricted opportunities to exercise and be outside of the home created for many a focus on movement for physical and mental wellbeing, and comradery around this in the workplace for those in desk-based roles. This cultural shift does not appear to have been maintained in all cases, as illustrated by this focus group feedback:

> "In the first lockdown everyone talked about their lunchtime walk. We're all still working from home but that's not the conversation anymore. Now the expectation is that we have acclimatised to working from home and I should be visible online all the time at home, when I'm actually entitled to a lunch break, fresh air, etc" - focus group member, working age

There is perhaps the opportunity to consider engagement with workplaces to support healthier lifestyle changes, as organisations continue to embed and evolve working practices post the peak of the pandemic.

> "It could be seen as more of a priority in our everyday lives, e.g. in the workplace." - survey respondent

Physical activity in retirement

> "It would be helpful to have free membership to the leisure centre for people over 65. The gym and the pool access are very helpful in keeping fit and healthy. Just too expensive for people living on a pension." - survey respondent

Adults in England are spending more years of their life working than ever before, and with an ageing population there is also an ageing workforce who need support to age, work and retire actively.

In England, participation in physical activity tends to decrease around the age of 55, which for most older adults is whilst they are still employed. Frailty and pre-frailty (the decline in health, resilience and mobility, often associated with ageing) are conditions previously expected to be found in people at retirement age and over, but now these conditions affect a third of British adults aged 50-65 (Active Norfolk, 2022 B).

Transitioning to retirement is a life-changing event which provides opportunities for behaviour change and coincides with declining physical activity, health and wellbeing associated with age. The approach to retirement therefore presents an opportune time to protect existing habits, combat decline and enable individuals to be active prior to and following retirement (Active Norfolk, 2022 B).

Some of the key findings from a Physical Activity in Retirement Transitions Study include:

- Retirement is seen by most over-55s as an opportunity to increase physical activity and many find that once retired, they have more time, motivation and opportunities to take part in physical activity
- However, 30-45% of people aged 55+ didn't experience these benefits when retiring, and a quarter of people face barriers linked to caring responsibilities, affordability and availability of peer support which prevent them from being as active as they'd like
- There is no one-size-fits-all approach to supporting over-55s to be active in the lead-up to and following retirement. Working to improve the key parts within the system has the potential to achieve the greatest impact for this audience.
- Making information about opportunities to be active locally more accessible could help this target audience to be more active. Providing opportunities to try activities for free could also enable more people to maintain or increase their physical activity in the lead up to and during retirement (Active Norfolk, 2022 B).

3.3.5. Isolation and Mental Health

At the focus group with older people, all recognised that the pandemic had had an impact on their mental and physical health and some members felt they had become more 'fragile' over this period. The opportunity for connection at events such as lunch clubs and organised trips had been sorely missed. Absence of connection, including physical touch, was also noted as of key importance and greatly disrupted by the pandemic.

Challenges around isolation and mental health were also captured in relation to parents (see 3.1.3), young people, and within individual survey responses.

There is significant work taking place across Norfolk and Waveney in this area, as the need is recognised across the system, as well as by individuals. The breadth of opportunities and interventions in this area is significant, for example ranging from the rollout of new initiatives such as 'REST' Norfolk and Waveney Mind, to more informal activity in bringing people together to support mental health wellbeing such as the 'Mental Health Swims' across Norfolk.

All to Play For - an insight into local activity

Three-quarters of people that have died from suicide in Norfolk in the last ten years were male. Nationwide research has shown that men suffering with mental health issues have lower levels of engagement with available mental health support services, than women.

A partnership between the Norfolk and Suffolk NHS Foundation Trust, Active Norfolk and Premier Sport sought to develop a football programme for men with mental health issues that offered an attractive environment for men to be active, develop friendships and peer support networks, and find out about support services available to them.

All To Play For has successfully recruited participants from deprived areas with roughly half of participants to date living in poorer than average areas of deprivation.

Over 200 participants have taken part in All To Play For to date.

77% of participants said that their mental health was worse as a result of Covid-19 and social restrictions put in place. After three months of participation 64% reported less stress/anxiety, 55% reported improved fitness and 41% reported improved mood.

People also go on to receive other support as a result of taking part, with 72% accessing employment support and 47% accessing mood/anxiety management support (Active Norfolk, 2021).

3.3.6. An example of a whole system approach

Norfolk and Waveney Clinical Commissioning Group (CCG) is leading the development of an Exercise Referral model which represents one of the first big investments in preventative service that will be delivered through the Integrated Care System (ICS) when it launches in 2022.

A working group from the CCG, Norfolk and Suffolk County Council, Public Health, district councils and Active Norfolk have developed a model that will embed and facilitate exercise referrals from across the health and care system.

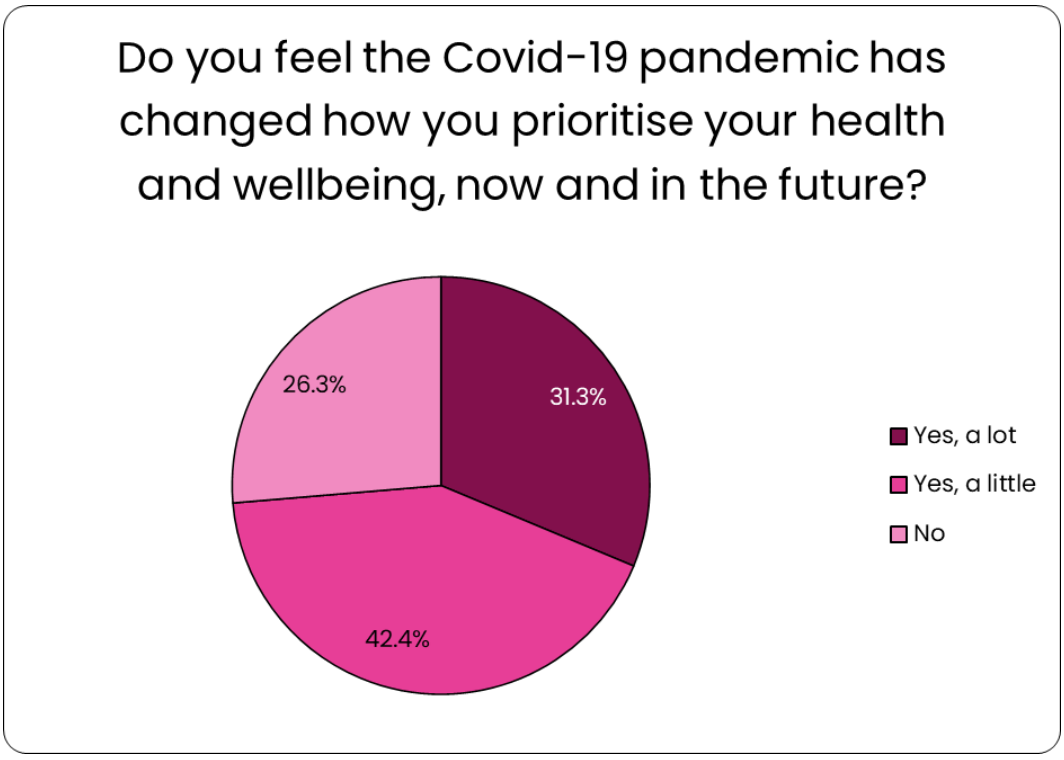
The aim of the Exercise Referral approach is to support inactive populations, those with identified long term conditions, and those that experience the greatest inequalities, to more effectively access appropriate physical activity opportunities to improve health outcomes.

The development of a Whole System Approach to exercise referral creates a consistent approach to embedding physical activity into the health system alongside input from all ICS partners. It creates a single system and point of access for both health and social care professionals as well as the wider public to access.

Key components of the model include, embedding the model into health pathways and services (including elective care wait and discharge processes), training health professionals and supporting conversations around physical activity, having a single coordinating point of access for physical activity for the system, and supporting delivery of local, place-based physical activity that uses and builds on existing assets within the community (The Norfolk & Waveney Health & Care Partnership, 2022).

3.3.7. Healthier lifestyle choices and the pandemic

We asked survey participants whether the Covid-19 pandemic has changed how they prioritise their health and wellbeing now, and how they intend to in the future. Over 73% of respondents said it had, whether that was by a little or a lot.

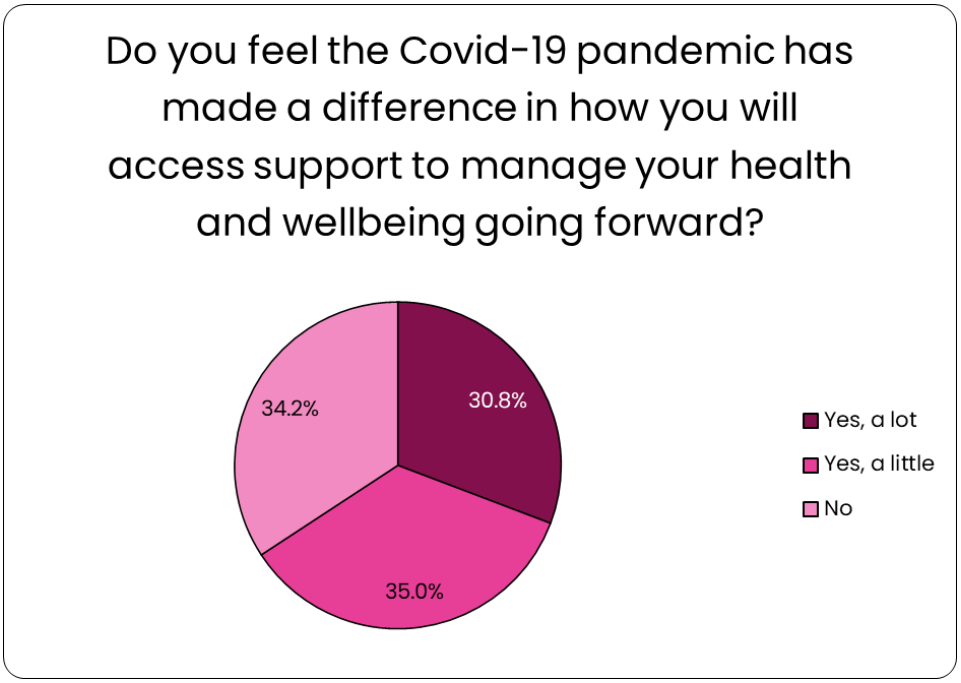


"It definitely makes you more aware of trying to be healthy and build a strong immune system. It has also made me prioritise time for myself and talk more about how I'm feeling as it made you stop all the activities/ socialising/ extracurricular and spend time at home with loved ones. That is what has stuck, prioritising time at

home with loved ones over being pulled in all directions." - survey respondent

"I try to have a healthy lifestyle because I feel very much on my own now. I don't know how much support I would get if I was ill." - survey respondent

We also asked survey participants if the Covid-19 pandemic has made a difference in how they will access support to manage their health and wellbeing going forward. Around 60% said that it had, whether that be a little or a lot.



"COVID hasn't changed my priorities much, just made me more determined to stay fit. But it has changed how I take my exercise. My group sessions are now online." - survey respondent

"I definitely avoid going to the doctor's surgery or trying to access support that way as they are so overwhelmed, and you feel like you'd be wasting their time." - survey respondent

"Feel apprehensive contacting a GP as we're told they're so busy. Concerned that hospital referrals are taking so long as health and quality of life will decline unnecessarily." - survey respondent

"As a millennial i use other internet, apps and media for a lot of my information and will continue to do so albeit accessing it through a flood of misinformation, fake news or just plain lies." - survey respondent

"I get some good information from a closed invite only U.K Facebook group of women who have experienced breast cancer and life after breast cancer." - survey respondent

"I have used the online physio which was great. I would say it mainly makes me worry I'm taking up time someone else needs more. That bothers me." - survey respondent

"G.P services have changed. Access is more remote and the push is for self-care." - survey respondent

"Think it worse to get help" - survey respondent

"I feel I have to be more determined to push through a system that appears to present barriers to accessing health and wellbeing. And given budgetary concerns, I am fearful this will get worse." - survey respondent

"Covid has had a profound effect on my mental wellbeing. My partner is clinically extremely vulnerable." - survey respondent

3.3.8. Little initiatives can have a big impact

Within Norfolk and Waveney there are a vast number of small initiatives that are having significant impact, as they address a very specific and niche need within that particular community, whether that be a geographical community or a community of shared interest/challenge/need.

The voluntary sector plays a significant role in community-focused activity supporting the prevention agenda within Norfolk and Waveney, and established Voluntary, Community, and Social Enterprise (VCSE) sector initiatives of course play an important role in this. It was also of note however, that there is significant value and impact in pockets of activity that emerge informally, with people taking direct action to improve their community or address specific gaps and needs.

> "Many people are struggling so I am setting up a menopause group in Gorleston to help people talk about it as I feel Covid hasn't helped with this" - survey respondent

Verity et al. notes that *'Communities' may share characteristics but differ in many other ways. Attempting to understand the diverse characteristics of a 'community' and the social groups and individuals comprising it, is a prerequisite to effective prevention activity'* (Verity et al, 2021).

One of the themes of discussion, in particular with the voluntary sector, is that due to the unique characteristics of the community, a model that works well in one locality or community may not work if simply replicated in another location. Insight given by the Good Neighbour Scheme demonstrated how initiatives evolve and vary dependent on the assets and community resources available. The same concept can look quite different in separate places depending on the local picture.

Community Action Norfolk coordinate a network to support Good Neighbour Schemes, which alongside nurturing and supporting activity in localities, helps to create continuity in quality across the county and system. This manages the important balance of developing community resources through connection, and also enabling continuity where key but respecting the value in 'local' activity responsive to need.

Another example of small initiatives having a significant impact on individuals is Aylsham Care Trust's lunch club. In focus group discussion participants identified that food and nutrition were very important for keeping healthy and well and that their local lunch clubs help support this. They do so by providing nutritious food and also giving people the opportunity to eat in the company of others.

The access to company is important to them in creating social connection. In some cases, people described how it gave them an aim for pushing themselves to exercise, and that they would seek to walk to the lunch club if the weather was fine. Participants linked the difference that the lunch club and access to other social events had, in preventing a decline in their wellbeing and mental health.

Participants of the focus group felt these initiatives supported feelings of purpose, lifted the spirit and mood, and also provided opportunities to ask others for help when needed. They made a direct link to keeping them feeling and living independently by keeping them active.

Older people also highlighted that access to 'self-care' such as the hairdressers, was also really important to wellbeing and should not be overlooked. Sometimes seemingly small opportunities can have a significant preventative impact more broadly.

4. Conclusion

4.1. Reflections on this review

The brief for this report was very wide as the definition of prevention can encompass so much. There were some limitations in developing this report as we could not look to cover all preventative activity that has taken place in Norfolk & Waveney over the last three years. Instead, we relied on partners across the different sectors to provide us with examples of prevention and their thoughts on why certain initiatives had worked well.

The breadth of the brief also meant that our public survey questions were wide reaching, as opposed to specific research questions. Nevertheless, this provided a wealth of information and did give respondents the freedom to raise anything that they personally perceived to link to the idea of prevention and managing their health and wellbeing.

We had over 250 respondents to the public survey, but prevention is relevant to many more people across Norfolk and Waveney. As prevention is such a wide area to explore there is perhaps less of an immediate incentive for people to get involved and give their views, as opposed to something that individuals can identify as a crisis, or as affecting their immediate health and wellbeing, e.g., dentistry.

A third wave of Covid-19 cases and the subsequent booster programme rollout across December 2021, put huge pressure on everyone within the system. This resulted in meetings with NHS staff to explore preventative activities, being cancelled as they were non-urgent in nature. Across the system it was challenging to source information on prevention from partners, at a time when everyone was very stretched.

4.2. Summary conclusion and key areas for consideration

Prioritising prevention is a challenge for all

For health and social care, the wider system, and for individuals, the value of preventative activity and action is understood, but there are always barriers to prioritisation for all. In health and social care this might be financial constraints or immediate pressures on the system. For individuals this is also echoed in a

culture where people are time-poor and struggle to manage the immediate pressures, for example family needs, or finances.

The voluntary sector demonstrates a strong sense of commitment and understanding in the investment of time and resource, to reduce risk of escalation for more formal support and better outcomes for individuals. However, this sector also faces challenges around funding and sustainability that can limit potential impact.

The sense from statutory support, through to an individual level, is that of overwhelm. People know what should be done and recognise the importance of this but are often unable to effectively create the space and capacity to work towards prevention goals.

'Health and Wellbeing Board members identified the need for consistency in funding to support the prevention agenda but noted the considerable strain the system is currently under and the reality of the financial sustainability of it. The realities today highlight the financial deficit the system is in with increasing demands that results in the inability to divert funding to prevention due to the immediate pressures that are faced' (Health & Wellbeing Board for Norfolk, 2021).

This was echoed by organisations providing preventative initiatives, as well as the public. They recognised that taking preventative action around their health and wellbeing was important, but that more urgent priorities often took focus. For organisations this might be around workforce issues, or for the voluntary sector the impact of unstable and variable funding. For individuals, people often find themselves without time, overwhelmed, unable to easily access the support they feel is needed.

It was noted in the Health & Wellbeing Board member interviews that due to urgent priorities for health and social care *'they may be unable to give prevention the same focus as wider partners such as voluntary sector organisations, so there is a need to invest and to collaborate on this area'* (Health & Wellbeing Board for Norfolk, 2021).

It was additionally noted by VCSE organisations engaged with through this project, that there has become a reliance upon the voluntary sector to bridge gaps in preventative activity. It appears to be felt that increasing a system-wide approach and taking collaborative action when thinking about prevention could create increased impact for individuals and the wider system.

It was expressed that detailed conversations on prevention are limited, yet it was seen as a major priority that needs thoughtful and specific refocusing on the prevention agenda noting what we as a system will prioritise in the coming years. Without this it was deemed that the system would have limited impact. It was felt a general blanket approach was not acceptable and refinement was needed to set an ambition for prevention as a system and discuss the specific

actions needed to undertake this work (Health & Wellbeing Board for Norfolk, 2021).

The need to be specific and targeted was also echoed through the engagement with partner organisations, and the literature review. In *'A new deal for prevention'* it was summarised that *'Building the foundations of healthy living early in life, screening to detect disease in a timely manner, and collecting and analysing quality data to better plan and execute public health interventions will be key to realising ambitious prevention aims'* (Reform, 2021).

The conclusions found within this piece of work will likely feel familiar to the Health and Wellbeing Board. This perhaps reflects that system wide, and with members of the public, there is established awareness of the importance of the prevention agenda for Norfolk and Waveney, but that it can struggle to reach priority when immediate demands and crises take hold.

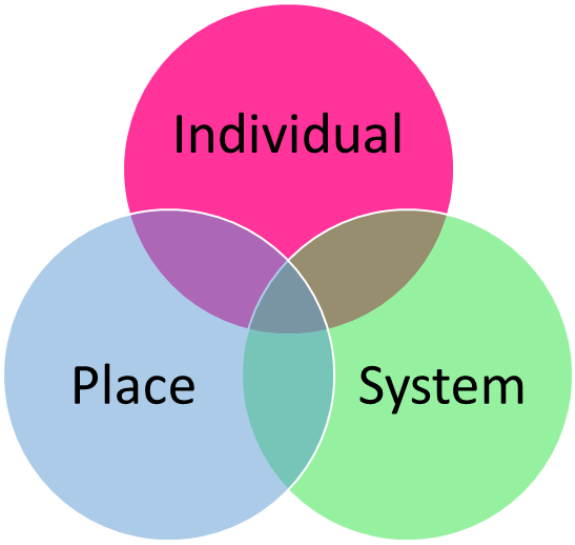
Individual, place and system

It was clear throughout the range of survey questions and responses that what people need in their own individual situation, in order to best manage their health and wellbeing, will be different to what someone else needs for their situation. Verity et al propose that *'social issues requiring prevention activity are often complex, messy, and interrelated; as such they may need multiple, interlinked, and dynamic solutions'* (Verity et al, 2021).

A focus on developing initiatives that solely focus on the individual and a message that it is the individual's responsibility to self-care alone, is unlikely to have the required impact. Changes at a system level are also required to support solving inequalities and to enable individual changes to be easier and more automatic.

Addressing the leading risk factors for ill health asserts that a focus on individual behaviour changes alone *'will have less of an impact on health, particularly among people who are more socioeconomically disadvantaged and may be less able to draw on the social, material and time assets required to benefit'* (The Health Foundation, 2022).

For preventive activities to have full impact perhaps there is a need to consider them from an individual, place-based and system wide level, to give individuals an opportunity to self-care within a place and system that supports and enables this.



Through conversations with partners across the system, there was a shared ambition to reduce pressure on the system and prevent a move towards crisis for individuals. The following model, as identified through the literature review, perhaps best reflects the collective approaches and ambitions cited.

A High Impact Change Model has been developed by the Local Government Association and aims to *'support local health, care, and wellbeing partners to work together to prevent, delay, or divert the need for acute hospital or long-term, bed-based care. The model focuses on two goals and five high impact changes that help realise one or both goals'* (Local Government Association, 2022).

The two goals are:

- Goal 1: Prevent crisis: Actions to prevent crises developing or advancing into preventable admissions
- Goal 2: Stop crisis becoming an admission: Actions to divert or prevent an attendance at A&E becoming an admittance to hospital or long-term bed-based care

The five high impact changes are:

- Change 1: Population health management approach to identifying those most at risk (Goal 1)
- Change 2: Target and tailor interventions and support for those most at risk (Goal 1)
- Change 3: Practise effective multidisciplinary working (Goals 1 and 2)

- Change 4: Educate and empower individuals to manage their health and wellbeing (Goals 1 and 2)
- Change 5: Provide a coordinated and rapid response to crises in the community (Goal 2)'

Technology plays a key role

The role of technology in enabling people to self-manage and access preventative support has taken a significant shift in significance over the pandemic, with many people utilising apps, online platforms and accessing formal support online. Whilst many value and are benefiting from this change, there is a risk that lack of digital access could exacerbate health inequalities for some.

We found that technology can play a key role in prevention, not just by providing tools at an individual level and in the local community, but also at a system level by ensuring information is available and consistent online, as well as by using tools such as Eclipse to be able to utilise data, and target information and intervention to those who may be most at risk of a decline in health and wellbeing.

Workforce issues

Many Norfolk & Waveney residents spend a large amount of time in the workplace and so this can potentially have a large impact on how people manage their health and wellbeing. Issues such as workforce culture, home working arrangements, flexible working options (or lack of), and policies on areas such as maternity, paternity, dependents, caring responsibilities, retirement, menopause, etc, can all have a profound impact on individual wellbeing and prevention.

We found that people feel there should be a greater emphasis and conversation in the workplace about managing health and wellbeing, particularly because of changes to working practice since the pandemic. It was noted that there is perhaps a window for establishing a new culture and approach to health and wellbeing at work, before memory of the value and prioritisation during lockdown of stepping away from the desk and taking a daily walk or exercise, is lost.

Messaging

During the engagement in this project, we found the area where messaging is currently most complex relates to accessing primary care for support with

physical and mental health concerns. People are aware of the importance of keeping themselves well, but with the emphasis that it is on their shoulders to navigate how to do this. In many cases this comes with a sense that seeking support, in particular from NHS professionals, is often felt unwelcome or unavailable.

From those engaged with as part of this work there is a universal sense that the health and social care system, and even society more widely, is struggling to cope. Survey responses highlighted the GP as one of the key aspects of managing health and wellbeing and one of the key influences over how to do this. Yet accessing the GP was also identified as one of the greatest barriers to keeping well, throughout the survey and other engagement.

The importance of consistent messaging across the system emerged as a theme from all areas of engagement and exploration.

Start young

A theme throughout this piece of work, and the engagement activities, was the agreement that prevention needs to start early and to ensure that children and families are supported from the earliest possible stage. Although there was a lot of opportunity identified though schools and college, many felt this was too late and that greater investment was needed in the first years of a child's life.

Co-production

It was of note that across partners delivering services, there was a strong understanding of the value of co-production in developing and even delivering support around preventative activity.

In order to address the complexity in relation to prevention, effective approaches and interventions will need to understand the perspective of those directly experiencing it to be adequately responsive and supportive. *'When considering prevention activity as being complex rather than a linear path for individuals; then it is argued that co-production becomes all the more obvious and vital'* (Verity et al, 2021).

Evaluation and financial impact

Throughout this piece of work, we found there to be a general lack of evaluation data available from most organisations, services, and projects, on their prevention initiatives.

It is widely accepted that prevention activity can result in cost savings to the system and better physical and mental health for individuals. It is often referred to as common sense, but there are gaps in consistent evaluation and financial analysis across all sectors, that clearly demonstrates the benefits of investment in this area. The reasons for this tend to be that priority is given to delivery of an initiative or service, especially through the recent period when the Covid-19 pandemic has stretched every part of the system.

Ongoing impact of the pandemic

It is clear the impact of the Covid-19 pandemic will be far reaching and with us for some time. As well as the indirect effects of Covid-19, an estimated 1.7 million people living in private households in the UK were experiencing self-reported long COVID as of 5 March 2022. This is around 2.7% of the population, or 1 in every 37 people (Office for National Statistics, 2022).

Around 73% of our survey respondents felt that the pandemic has changed how they prioritise their health and wellbeing and around 65% felt the pandemic had changed how they will access support now and in the future. For some the change in how they will access support is a positive one, with the move to online support offering benefits in terms of time, convenience, and availability. However, for many this change referred to a real or perceived lack of access to key health support such as the GP and dentistry, and a feeling of being lost within the system.

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Report title: Tell your story once: Norfolk & Waveney Shared Care Record

Date of meeting: 08 June 2022

Sponsor
(ICP member): James Bullion, Executive Director Adult Social Services

Reason for the Report
The report is being submitted to the Board as it covers significant digital developments for partner organisations in Norfolk and Waveney's Integrated Care System (ICS).

Report summary
The NHS have mandated that all Integrated Care Systems across the country develop and implement a full digital shared care record so health and care professionals have a shared view of health and care information about a citizen(s).

In Norfolk & Waveney, the digital shared care record will be provided by Intersystems and take in information from partner organisations' line-of-business systems (for NCC, this is Liquidlogic).

Ten health and care partners in Norfolk & Waveney have signed a partnership agreement that makes an active commitment to collaborative working, shared costs (apportioned appropriately) and sharing of information from their line-of-business systems into the digital shared care record.

Work is imminently due to start on this project with a view to implementing the shared care record in Norfolk & Waveney in the latter half of 2022.

Recommendations
The ICP is asked to:

a) Commit to taking this to their own organisational Boards, embedding this within their own organisations and actively championing the benefits of this integrated approach to information.

1. Background

1.1 The letter set out the need to accelerate joint working local health and social care partner organisations in four areas:

- Collaborative leadership arrangements, agreed by all partners, that support joint working and quick, effective decision-making
- Organisations within the system coming together to serve communities through a Partnership Board, underpinned by agreed governance and decision-making arrangements including high standards of transparency
- Plans to streamline commissioning through a single Integrated Care System (ICS) approach; this will typically lead to a single Clinical Commissioning Group (CCG) across the system

and critical to this report:

'A plan for developing and implementing a full digital shared care record, allowing the safe flow of patient data between care settings, and the aggregation of data for population health.'

1.2 A digital shared care record, for the purposes of this report, is a multi-agency record through which health and care professionals in different organisations can share and access information about patients and citizens.

2. Norfolk & Waveney Shared Care Record

2.1 Many ICS areas already have a live digital shared care record (37 of 42 areas in the country), and Norfolk & Waveney is one of the few left who have yet to mobilise this technology.

2.2 The development of a digital shared care record is a critical change in the way information is shared and used and will significantly improve the integration of health and social care in Norfolk & Waveney, introducing both improvements and efficiencies at an organisation and whole system level.

2.3 The key primary benefit of bringing health and social care data about an individual into one view is that the Norfolk & Waveney citizen (whether adult or child) shouldn't have to tell their story more than once to health and care workers.

2.4 There will also be significant practical benefits for health and care professionals, who will be able to improve their practice by:

- Viewing the team around the adult/child at a glance and with contact details.
- Understanding the chronology of a person's contact with health and social care organisations.
- Accessing critical diagnosis and medication information if needed (in Mental Health or Reablement, for example) without referring to other agencies.
- Viewing documents like discharge summaries, clinic letters and crisis plans.

2.5 At the end of 2020, new governance arrangements were established for the shared care record in Norfolk & Waveney.

2.6 The following organisations have signed a partnership agreement that makes an active commitment to collaborative working, shared costs (apportioned appropriately) and sharing of information from their line-of-business systems into the digital shared care record:

- Cambridgeshire Community Services NHS Trust
- East Coast Community Healthcare CIC
- Integrated Care 24 (IC24)
- James Paget University Hospitals NHS Foundation Trust
- NHS Norfolk and Waveney CCG
- General Practice
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- Norfolk and Suffolk NHS Foundation Trust
- Norfolk Community Health and Care NHS Trust
- Norfolk County Council
- Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

2.7 Partner organisations worked collaboratively during winter 2021 to prepare the business case, and procurement of the new shared care product was undertaken in February 2022, led by Al Collier (NCC Director of Procurement) on behalf of the ICS.

2.8 The preferred supplier, Intersystems, was awarded the contract in March and technical work will start in May 2022 with the aim of launching the live record during the latter half of 2022.

2.9 The overall ambition is for a Shared Care Record to be available to all clinicians and care professionals across the Norfolk and Waveney health and care community, whenever and wherever they need it.

2.10 It will be accessible wherever health and care workers can access their current electronic clinical systems in provider facilities, with the vision for future developments to make it also available in citizens' homes, nursing and care homes, ambulances, treatment centres and hospices. Mobile technologies will enable the shared record to be accessed anywhere care or treatment is provided.

2.11 The longer-term aspiration is for the Shared Care Record to be the foundation for citizens to be able to access their health and care records. This is a content of Norfolk and Waveney ICS' strategic direction, and the goal is for citizens to own and access their own data.

2.12 The shared care record will have strong information governance processes in place to ensure the correct records are matched, that patient objections to sharing their records are honoured, that records can only be viewed by health and care sector workers, clinicians, and care professionals with the right authority to view and that data is secure and safe.

2.13 The ICP is asked to commit to taking this to their own organisational boards, embedding this within their own organisations and actively championing the benefits of this integrated approach to information.

2.14 It is also understood that whilst some members of the public will naturally assume that their health and social care information is already shared between professionals, others may have concerns about this. There will therefore be a carefully considered communication campaign about the shared care record for both the public and professionals and partner organisations are asked to support this.

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Report title: Norfolk and Waveney People and Communities approach

Date of meeting: 08 June 2022

Sponsor (ICP member): Rt Hon Patricia Hewitt, Chair Designate, Norfolk and Waveney Integrated Care Board and Chair, Norfolk and Waveney Health and Care Partnership.

Reason for the Report

The Norfolk and Waveney People and Communities approach will form the basis of the way in which organisations across the Integrated Care System (ICS) will work together, with people and communities to ensure that meaningful, purposeful and aligned approaches take place across the health and care system. This will include the NHS Norfolk and Waveney Integrated Care Board (ICB), the Norfolk and Waveney Integrated Care Partnership (ICP) and the wider ICS. This report is being brought to the shadow ICP to provide an update on the approach and outline next steps. It is also intended to seek the views of shadow ICP members on the direction of travel.

Report summary

ICSs are new partnerships between the organisations that meet health and care needs across an area. These partnerships will help to coordinate services and to plan in a way that improves the health of people and communities and reduces inequalities between different groups. The purpose of the Norfolk and Waveney People and Communities approach is to outline the strategic approach being undertaken in Norfolk and Waveney ICS to working with people and communities, to enable us to achieve the ambition laid out in the guidance that:

> "An Integrated Care System (ICS) should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services." Go to NHS England to view the ICS design framework.

This strategic approach will follow the recommendations of the NHS Confederation in 'building common purpose', go to the NHS Confederation website to view the 'building common purpose' report. It will give us a way of working with all our partners to ensure how we work with people and communities, how we respond to their views and experiences, and how we identify and share the impact of what we learn, are aligned.

Building on learning during the COVID-19 pandemic, our vision is to improve our collective ability to listen to what people are saying across Norfolk and Waveney about what matters to them. We can do this by going out to the communities we serve, and by building on existing community engagement assets among our ICS partners including the VCSE sector. Feedback and insight can be joined up across ICS partners and channeled into decision making structures, so that our people and communities tell their story of lived experience once and it's heard by everyone in the ICS. Some aspects of this proposed approach already exist, some are under development and others are still at an early, visionary stage. We are taking an evolving approach which is being designed together, with ICS partners and many of the people and populations we serve.

Recommendations

The ICP is asked to:

a) **Review** the slide deck during the shadow ICP meeting and **agree** the approach outlined to engaging with people and communities across Norfolk and Waveney.
b) **Support** the ambitions set out in the People and Communities approach.

1. Background – what's happened so far

1.1 A **mapping exercise** has begun to understand how our partners hear the voice of the populations they serve, and to look for opportunities to develop this into a systemwide approach. It will take time to fully achieve the vision - it's a huge task - but we are starting from a good place as there's lots of good work and enthusiasm in Norfolk and Waveney already.

1.2 During the COVID-19 pandemic we learnt that to reach people who are less likely to engage with us we had to use trusted communicators at very local levels, often street by street or village by village. We learnt we have to focus on the quietest voices, underserved and more vulnerable groups and actively go to them to find out what their priorities are. Building on the success of the Great Yarmouth Community Champions, Norfolk and Waveney is developing the Community Voices Project to work at district council level, using data and local insight to target conversations with local people. We are carrying out a trial of an **'insight bank'** where all the qualitative data we collect can be stored. The vision is ultimately to make this into a system resource for learning and potentially for system partners to upload and share qualitative feedback they gather.

1.3 **Collaborative working with the children and young people's system**, supporting the work of the Children and Young People Strategic Alliance (CYPSA) to improve quality and collaboration around engagement and insight activity. As a system, we will learn from their approach and experience. Similar opportunities are being investigated for the Waveney area of Suffolk.

1.4 The CCG Communications and Engagement Team are developing a **People and Communities Engagement Hub** to offer a focus for the systemwide vision for working with people and communities, to share opportunities and learning, and to draw together and promote the many existing participation opportunities: For example hospital, resident & neighbourhood panels, as well as the work both Healthwatch Norfolk and Healthwatch Suffolk do to capture and listen to the views and experiences of people and communities.

2. Next steps

2.1 An on-going process of engagement and involvement with local people and communities is planned for the summer and autumn which will focus on making our insight and participation work across the ICS as effective and meaningful as possible for local people. This process will be co-produced with system partners involved in the People and Communities Task and Finish group which includes a member of the NCC stakeholder and consultation team.

2.2 It is important that the system wide approach to ensuring effective and meaningful engagement with our people and communities across Norfolk and Waveney is adopted by all strands of our ICS, including but not limited to the ICB and ICP.

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If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Report title: Health and Wellbeing Partnerships Progress

Date of meeting: 08 June 2022

Sponsor (ICP member): Dr Louise Smith, Director of Public Health

Reason for the Report

This report is to update the Shadow Integrated Care Partnership (ICP) on the latest developments in the establishment of the Local Health and Wellbeing Partnerships.

Report summary

This report provides an overview of activity and progress to date in establishing the Health and Wellbeing Partnerships, as part of Norfolk and Waveney's Integrated Care System. The report covers:

1. Commitment and intentions,
2. What we have achieved so far,
3. What we intend to do next,
4. How we will know we are successful.

Recommendations

The ICP is asked to:

a) Commit representatives from their organisations to attending the Health and Wellbeing Partnership meetings.
b) Commit to bringing relevant projects and areas of joint work to the Health and Wellbeing Partnership meetings.
c) Support the Health and Wellbeing Partnerships to produce local priorities and delivery plans.
d) Commit to evolving and developing the partnerships to achieve shared vision, objectives, and joint accountability at each place.
e) Endorse the proposed framework and associated activities for measuring success of the Health and Wellbeing Partnerships.
f) Agree to receive an annual report on achievements of the Health and Wellbeing Partnerships from the HWB District Council sub-committee.

1. Background

1.1 As part of the Norfolk and Waveney Integrated care system, two place-based structures have been agreed. The creation of eight Local Health and Wellbeing Partnerships (HWPs) based on lower tier local authority boundaries; and the creation of five Place Boards based on current health localities.

1.2 Norfolk's District, City and Borough Councils, are taking a leading role in the Health and Wellbeing Partnerships, which bring together statutory and non-statutory bodies at a local level, including the Councils, the NHS, and the wider voluntary and community sector partners to make a positive impact on people's health and wellbeing in each place.

1.3 The eight Health and Wellbeing Partnerships have been developing and are currently meeting in shadow form. The Partnerships will be officially formed in line with the national ICS deadline, 01 July 2022.

1.4 As a system, Norfolk and Waveney have begun determining the functions and aims for our Place-based arrangements. Development sessions for the Health and Wellbeing Partnerships and Place Boards were held in April focusing on the vision and ambition for what we can achieve.

1.5 Waveney HWP is in the process of developing the structure of their proposed partnership, and officers from East Suffolk are liaising with Norfolk and Waveney CCG to support this process. This will build on the work of the 8 Community Partnerships which bring together the council, partners, and communities across Waveney. The first meeting of the Waveney HWP is planned for July.

2. Health and Wellbeing Partnerships Progress report: Commitment and intentions

2.1 Key partners have committed to establishing a leadership and support role of ICS Places through: providing attendance at key meetings with officers involved appropriately to ensure a whole life course approach; providing knowledge and expertise to support an evidence-based approach to drive local action; ensuring equity of access of services across ICS Places.

2.2 Norfolk and Waveney CCG have committed leadership resource into the partnerships and support around wider infrastructure including communications, data and intelligence. There is also the virtual team offer from adult's social care and engagement from partners previously not as looped into local delivery groups, such as housing associations and care associations.

2.3 Alongside the systems commitment to the ICS Places, Norfolk Public Health provided an offer to help establish the Norfolk's Health and Wellbeing partnerships which included:

a) **Support and Engagement** – Providing a dedicated Advanced Public Health officer for each Partnership to develop the Partnership's strategy and delivery plans
b) **Covid Recovery Fund -** As well as continuing to work together to chains of transmission, there is an opportunity to continue to build on these partnerships and to work together to identify Covid recovery work across the County, recognising that health inequalities will have been exacerbated by Covid
c) **Data and Intelligence -** Public Health continue to provide data, intelligence, and expert insight into local areas to determine population need and give direction for prioritisation of services.

3. Health and Wellbeing Partnerships Progress report: What have we achieved so far?

3.1 A lot of progress has been made by the local system in developing our ICS places as we move closer to the 01 July 2022. Highlights include:

3.2 **The Health and Wellbeing Board (HWB) facilitated a 'HWP Development Session'** - Held in April 2022 and attended by over 60 participants, the session brought partners together to: ensure a shared understanding of the new ICS structures; to initiate discussions on vision and what we can achieve through working collaboratively at place; and, to discuss the barriers and opportunities for the HWPs going forward.

3.3 The workshop resulted in a common understanding in the purpose of the HWPs to work towards them delivering:

- Using a population health and care perspective when considering how to address the wider determinants of health, improve prevention of avoidable illness, reduce inequalities and align NHS and local government services and commissioning.
- Creating a local health and wellbeing profile that identifies long term trends and plans how to address the root causes of health inequalities.
- Shape the local delivery of the Integrated Care Strategy for that partnership area.
- Development of an Integrated Care Strategy (a responsibility of the ICP) is considering how the Partnerships can shape and deliver that at a Place level.
- Partners are identifying resource within their own organisations to drive the Partnerships, including strategic priorities around the Better Care Fund, the Covid Recovery Fund and how our teams work in the Partnerships.

3.4 **The Advanced Public Health Officers have conducted a data review of the health needs at each place –** building on existing work in each area, the Public Health team have reviewed national and local data to identify key areas of need to guide and support priority setting for their places.

3.5 **District councils have committed a leadership role to the HWPs and have begun forming the partnerships –** All District, City and Borough Councils have identified a Councillor to become the Chair of their HWPs and have held or have scheduled their shadow meetings ahead of 01 July 2022. **See Appendix 1 for key details regarding each HWP.** These initial meetings are focusing on networking to build relationships, reviewing the data needs of each place and on establishing the function and form in each HWP.

3.6 **Partner organisations have identified senior officers to sit on each partnership –** Including Adults Social Care and Children's services within NCC who have committed senior leads for each place.

3.7 **Alignment on emerging scope, roles, and responsibilities –** A template Terms of Reference has been circulated to partners to support their governance planning and to help determine a shared purpose for Norfolk and Waveney's HWPs.

3.8 **HWB District council subcommittee (including East Suffolk Council) –** In May 2022, the HWB district council subcommittee met to discuss the development of the partnerships and effective place-based leadership based on the Kings Fund guide. Go to the Kings Fund website to see the developing place based partnerships publication. This gave the new chairs of the partnerships and council officers an opportunity to come together and work towards a collective understanding and collaborative approach.

3.9 Partners have worked collaboratively during the past 6 months to consider how the wider ICS vision for places can be applied in practice in their areas. The achievements above have resulted in the system holding a shared understanding of the emerging purpose of our Health and Wellbeing Partnerships. As demonstrated above, partners are working to identify the practical implementation of this vision.

3.10 It has been recognised that the HWPs will address challenges that no single organisation can address alone, they will collectively drive strategies and activities for their place to;

- Promote health and wellbeing of residents.
- Address the wider determinants of health,
- Tackle health inequalities,
- Prioritise the prevention agenda,

- Align, develop, and influence NHS and local government services and commissioning.

4. Health and Wellbeing Partnerships Progress report: What do we intend to do next?

4.1 Over the coming months the HWPs will continue to develop, and with support of the ICP members and their officers will prioritise:

- Jointly setting their place priorities and delivery plans.
- Building on and enhancing activities to understand local communities and their needs, including mapping existing local networks in targeted areas (aligning with deprivation and inequalities).
- Identifying and implementing evidence-based opportunities for utilising the Covid Recovery Funding to address health outcomes impacted by Covid-19.

5. Health and Wellbeing Partnerships Progress report: How will we know we are successful?

5.1 Broad multi-agency partnerships involving local government, NHS organisations, Voluntary and community Social Enterprise (VCSE) organisation and communities themselves are recognised as being key to bringing about meaningful improvements in population health. The partnerships involving varied agencies, across sectors will be able to draw upon a wider range of levers to influence health outcomes.

5.2 The success of Norfolk's HWPs will come down to our local implementation and leadership. To guide the evolution, adapt and measure success it is suggested that:

a) Each HWP conducts a Partnership Maturity Self-Assessment with the support of NCC's Public Health Officers at each place and builds in regular review points.
b) The system adopts the Kings Fund principles to guide the development of place-based partnerships (See Table 1 below).
c) The HWPs commit to building evaluation into any shared projects or interventions directed by the partnerships.

Table 1 Kings Fund Principles to guide the development of place based partnerships

Start	Start from purpose, with a shared local vision.
Build	Build a new relationship with communities.
Invest in	Invest in building multi-agency partnerships.
Build up	Build up from what already exists locally.
Focus on	Focus on relationships between systems, places, and neighbourhoods.
Nurture	Nurture joined-up resource management.
Strengthen	Strengthen the role of providers at place.
Embed	Embed effective place-based leadership.

Officer Contact

If you have any questions about matters contained in this paper please get in touch with:

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If you need this report in large print, audio, Braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Appendix 1: Health and Wellbeing Partnership Key information

District	Chair	Lead officers			CCG – Integration and partnerships	Date of shadow meeting
		Place Based	Public Health	Adult Social Care		
Breckland	Cllr Alison Webb	Greg Pearson *Head of Strategic Policy*	Ali Gurney Programme Director Justine Hottinger *Advanced Public Health Officer*	Jo Fisher Operations Director Chris Scott Assistant Director	Olga Tsirogianni *Head of Integration and Partnerships - South* Rob Jakeman *Head of Integration & Partnerships*	17 May 2022
Broadland	Cllr Fran Whymark	Jamie Sutterby *Director of people and communities*	Ali Gurney Programme Director Liz Barnett *Advanced Public Health Officer*	Sonia Kerrison Operations Director Nick Clinch, Assistant Director	Heather Farley *Head of Integration & Partnerships - North* Phillipa Gregory *Integration & Partnerships Manager – North*	11 May 2022
Great Yarmouth	Cllr Emma Flaxman-Taylor	Paula Boyce *Strategic Director*	Ali Gurney Programme Director Sophie Crowe *Advanced Public Health Officer*	Michaela Hewitt Operations Director Susanne Baldwin, Assistant Director	Rachel Hunt *Head of Integration and Partnerships – Great Yarmouth and Waveney*	09 May 2022
Kings Lynn and West Norfolk	Cllr Sam Sandell	Debbie Gates	Ali Gurney Programme Director Nikki Coburn *Advanced Public Health Officer*	Jo Fisher Operations Director Chris Scott, Assistant Director	Rob Jakeman *Head of Integration & Partnerships* Jo Maule *Integration & partnerships manager*	20 May 2022
Norwich	Cllr Alan Walters	Louise Rawsthorne *Executive Director of Community Services*	Ali Gurney Programme Director Bev Alden *Advanced Public Health Officer*	Kirsty Rowden Operations Director Nick Clinch, Assistant Director	Claire Leborgne *Head of Integration & Partnerships - Norwich*	09 June 2022
North Norfolk	Cllr Virginia Gay	Karen Hill *Assistant Director of People Services*	Ali Gurney Programme Director Fiona Russell-Grant *Advanced Public Health Officer*	Sonia Kerrison Operations Director Nick Clinch, Assistant Director	Heather Farley *Head of Integration and Partnerships - North* Phillipa Gregory *Integration and Partnerships Manager – North*	25 April 2022

South Norfolk	Cllr Alison Thomas	Jamie Sutterby *Director of people and communities*	Ali Gurney Programme Director	Kate Pontin Operations Director Nick Clinch, Assistant Director	Olga Tsirogianni *Head of Integration & Partnerships - South* Anigue Liiv *Integration & Partnerships Manager – South*	11 May 2022
Waveney	*TBC* Cllr Mary Rudd (HWB rep)	Nicole Rickard *Head of communities*	*TBC*	Bernadette Lawrence *Director*	Rachel Hunt *Head of Integration and Partnerships – Great Yarmouth and Waveney*	July 2022