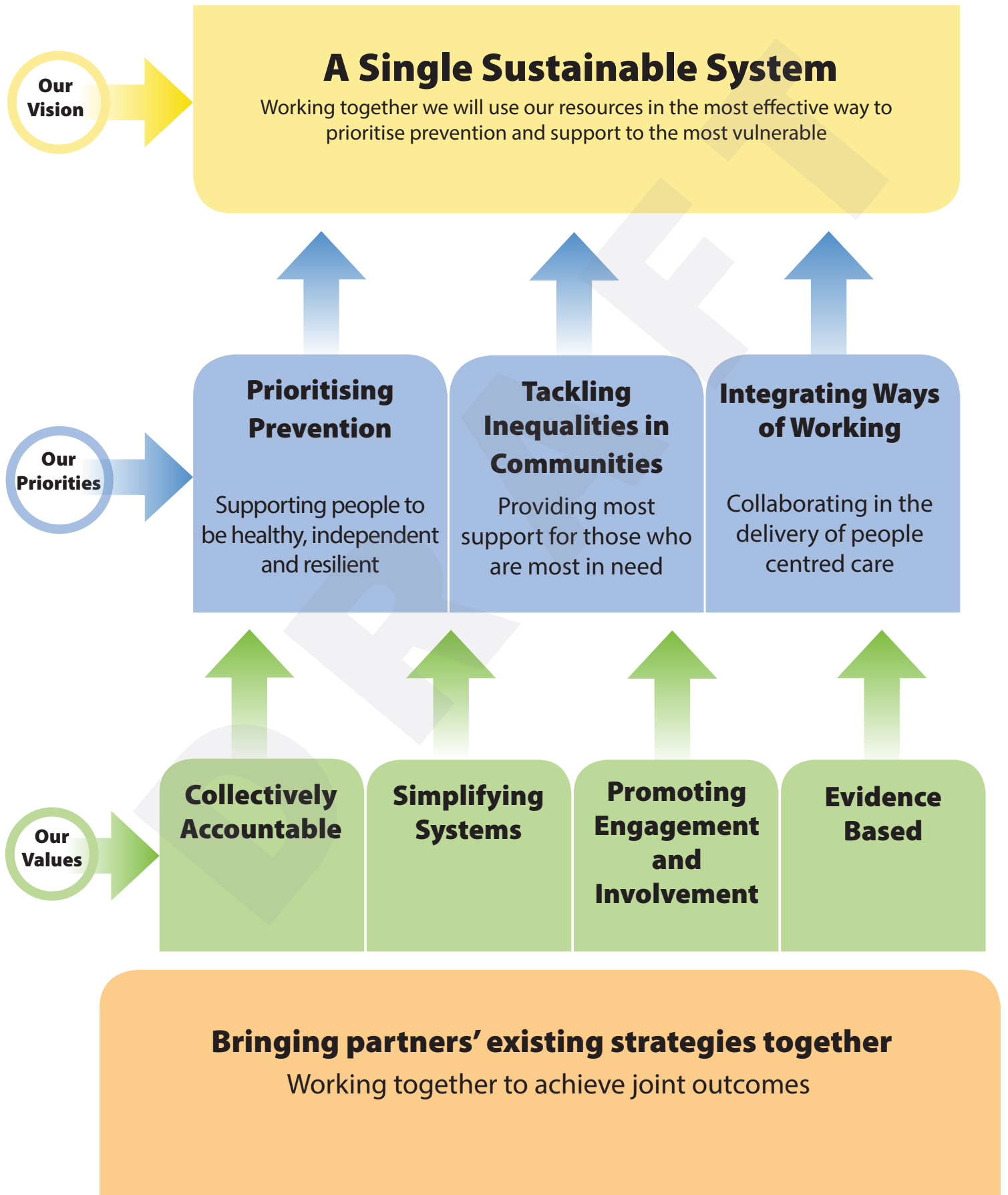


Health and Wellbeing Board  
Norfolk & Waveney

# Joint Health and Wellbeing Strategy 2018 – 2022

***“A single sustainable health  
& wellbeing system”***

# Our Strategic Framework



# Welcome

## Image to follow

Cllr Bill Borrett  
Chairman Health and Wellbeing Board for  
Norfolk and Waveney

We are delighted to introduce our **Joint Health and Wellbeing Strategy 2018-22: A single sustainable health and social care system** for the people and communities in Norfolk and Waveney.

This Strategy is **different** - it's about **how we all work together** as system leaders to drive forward improvement in the health and wellbeing of people and communities, given the unprecedented challenges facing our health, care and wellbeing system.

Health and care services across the country are under **considerable financial strain** – and Norfolk and Waveney is no exception. There is a significantly large total annual budget for health and social care services in Norfolk and Waveney, but with growing demand our budget spend continues to increase leading to over-spend which needs to be addressed.

At the same time, **our population continues to grow**, and the pattern of family life has changed. **People are living longer** and have access to many more medical specialists than in the past. **Families are under increasing pressure**, and society's concern for children's and adult's safety has placed additional responsibilities for ensuring their protection.

## Image to follow

Dr Louise Smith  
Director of Public Health

The health and social care system is working together under the **Norfolk and Waveney Sustainability & Transformation Partnership** and underpins support for the move towards an **integrated care system** from the Health & Wellbeing Board for Norfolk and Waveney.

This Strategy builds on that **collaborative mandate - our top priority is a sustainable system** and we are evolving our longer-term priorities from our previous Joint Health & Wellbeing Strategy to help us face the challenges of the future. **Prevention and early intervention is critical** to the long term sustainability of our health and wellbeing system. Stopping ill health and care needs happening in the first place and targeting high risk groups, as well as preventing things from getting worse through systematic planning and proactive management. Through our Strategy, we are focusing the whole system on **prioritising prevention, tackling health inequalities in our communities** and **integrating our ways of working** in delivering people centred care.

Through our Strategy, we are **making a difference** – creating a single sustainable health and wellbeing system for Norfolk and Waveney.

# Our Priorities

**Our vision of a single sustainable system requires us to work together, implementing what the evidence is telling us about health and wellbeing in Norfolk and Waveney, on these key priorities:**

Priorities	By this we mean
<b>1. A Single Sustainable System</b>	Health and Wellbeing Board partners taking joint strategic oversight of the health, wellbeing and care system – leading the change and creating the conditions for integration and a single sustainable system.
<b>2. Prioritising Prevention</b>	A shared commitment to supporting people to be healthy, independent and resilient throughout life. Offering our help early to prevent and reduce demand for specialist services.
<b>3. Tackling Inequalities in Communities</b>	Providing support for those who are most vulnerable in localities using resources and assets to address wider factors that impact on health and wellbeing.
<b>4. Integrating ways of working</b>	Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.

Image to follow

# Our Values

**Our values describe our shared commitment to working together to make improvements and address the challenges:**

Values	By this we mean:
<b>Collectively Accountable</b>	As system leaders, taking collective responsibility for the whole system rather than as individual organisations.
<b>Simpler system</b>	Reducing duplication and inefficiency with fewer organisations - a commitment to joint commissioning and simpler contracting and payment mechanisms.
<b>Engagement</b>	Listening to the public and being transparent about our strategies across all organisations.
<b>Based on evidence of needs</b>	Using data, including the Joint Strategic Needs Assessment (JSNA), to target our work where it can make the most difference - making evidence-based decisions to improve health and wellbeing outcomes.
<b>Bringing partners' existing strategies together</b>	Under the umbrella of the Health and Wellbeing Board for Norfolk and Waveney - identifying the added value that collaboration brings and working together to achieve joint outcomes.

Image to follow

# 1. A Single Sustainable System

Working together we will use our resources in the most effective way to prioritise prevention and support to the most vulnerable.

## Our Population

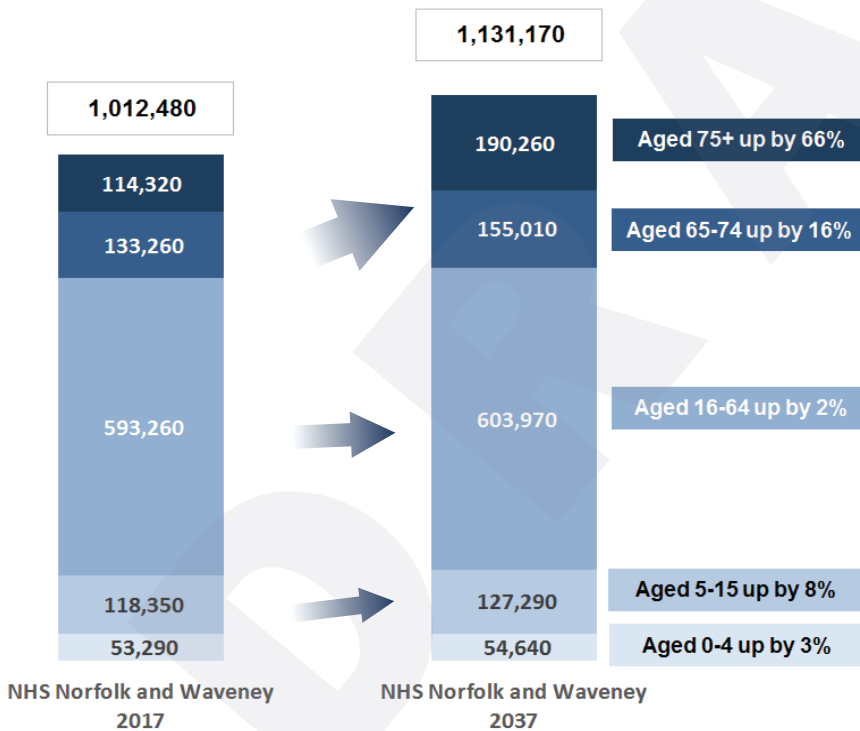
Norfolk and Waveney's population of 1.01 million is forecast to increase by over 10% by 2037, about 120,000 people.

The main population growth will be people aged 65+ years. Life expectancy is 80 years for men and 84 years for women.

Currently 90% of retirement age people are economically inactive. By 2037 this is forecast to be 1 in 3 of the population.

## Our System

Our health and wellbeing system is complex including: Norfolk County Council, 8 District Councils, 5 Clinical Commissioning Groups, 3 acute hospitals, 3 community NHS providers, and mental health, and ambulance trusts, police and Police Crime Commissioner, around 110 GP practices, 400 care homes and 10,000 voluntary, community and social enterprise organisations.

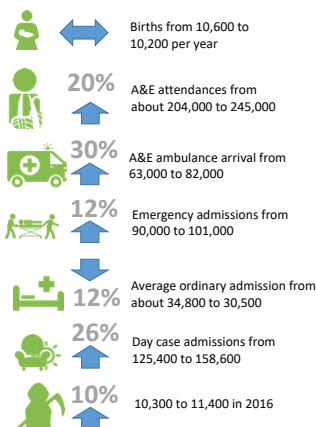


## Future Activity

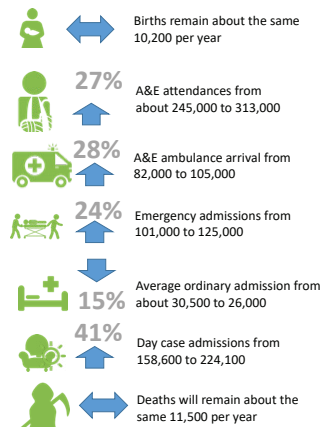
Planning future services is challenging with increasing demand and needs alongside reducing or level budgets.

### What has happened between 2011 and 2016

Median age for emergency admissions has increased from 62 to 64



### What is likely to happen between 2016 and 2022



# 1. A Single Sustainable System – Actions

## What's important strategically?

Norfolk and Waveney has an annual budget in excess of £1.5bn for health and social care services. However as a system we are seeing increasing demand resulting in budget pressures.

Needs are becoming increasingly complex and so our service improvements must be more co-ordinated and effective for the service user and their carer.

Services are improved where there is a coordinated, effective and seamless response.

### Priority actions

**We will work together to lead change for an integrated financially sustainable system by:**

- Sharing our thinking, planning, opportunities and challenges – informing new ways of working and transformation.
- Engage with and listen to service users, residents and communities to inform our understanding and planning.
- Undertake needs assessments, including the JSNA, to help us keep our Strategy on track and understand its impact.
- Develop mechanisms such as risk stratification tools and the sharing of information to target care where it is needed most.
- Use partners' existing plans - building on the priorities partners are already working hard to address, identifying the added value that collaboration through the HWB's Strategy can bring.

## Key Challenges

- Addressing these needs with all partners managing on reducing or level budgets.
- Working as a single system in the delivery of people centred care, across a complex organisational and service delivery landscape
- Driving the cultural change necessary to deliver a single sustainable health and wellbeing system

## Key Measures

**Each HWB organisation can clearly report to the HWB how they are:**

1. Contributing to financial sustainability and an integrated system.
2. Reviewing the impact of strategy and outcomes.
3. Using the evidence intelligently – including evidence from service users - in our discussions and our planning.
4. Working in partnership with others to support delivery of partners' transformation plans.

Image to follow

# 1. A Single Sustainable System - A case study

## Healthwatch Norfolk (HWN)

The development of the Pharmaceutical Needs Assessment (PNA) is a good illustration of collaborative working in Norfolk.

The Health and Wellbeing Board is responsible for publishing and updating the PNA which sets out the current pharmaceutical services available in Norfolk, identifies any gaps in services, and makes recommendations on future development.

Healthwatch Norfolk (HWN) were selected to coordinate and produce the PNA through a steering group of partners. A HWN survey to support the assessment resulted in over 2700 responses.

Alex Stewart, Chief Executive of Healthwatch Norfolk, said:

*"This has been the liveliest and most interactive Needs Assessment that HWN have been involved in to date and we have had pleasure in helping to ensure that the voice of the public and patients are represented in this process. A feeling of trust and sound working relationships built over time between several group members has enhanced the sense of achievement. Other additional benefits to this collaborative partnership approach has brought a cultural sensitivity to the PNA. Recommendations around translation services in pharmacies have identified possible cost savings with avoidance of potential adverse events."*

Image to follow

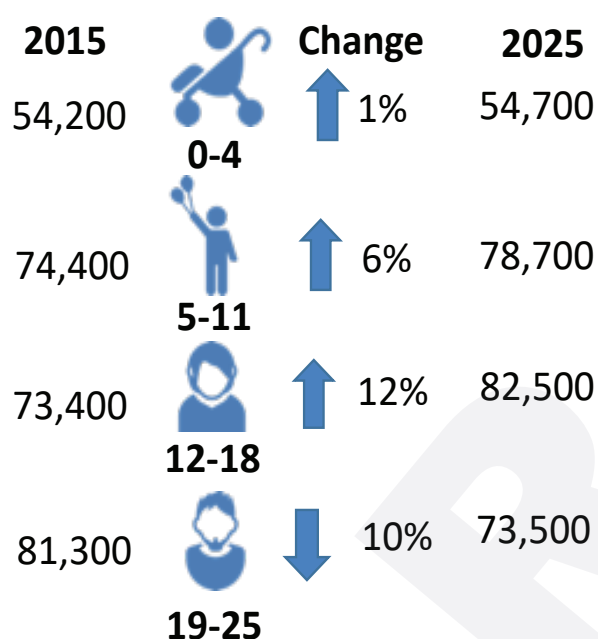


## 2. Prioritising Prevention

Supporting people to be healthy, independent and resilient

### Children & Young People

About 283,200 under 25 year olds live in Norfolk and Waveney - this number is forecast to remain steady



The health and wellbeing of children is consistent with the England average, as are recorded levels of child development.

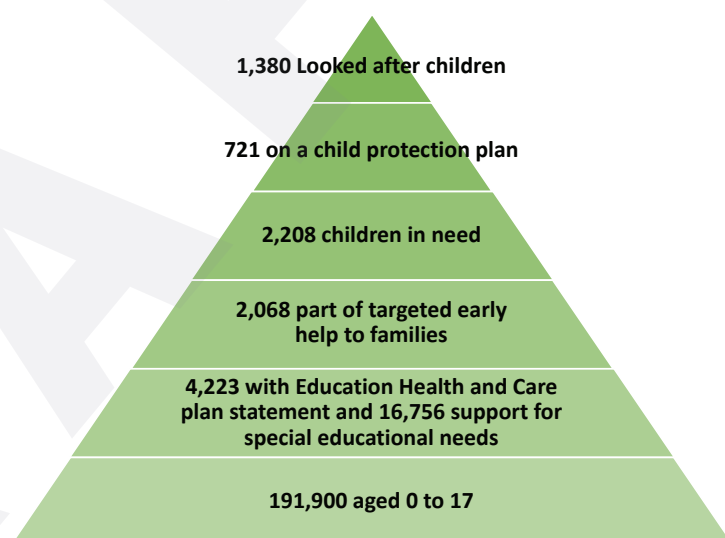
1 in 4 children are overweight by age 4 – 5.

There are fewer teenage pregnancies but remain above England average in Great Yarmouth and Norwich.

1 in 7 women are smokers at the time of having a baby.

Levels of anxiety in young people are rising as are hospital admissions for self-harm.

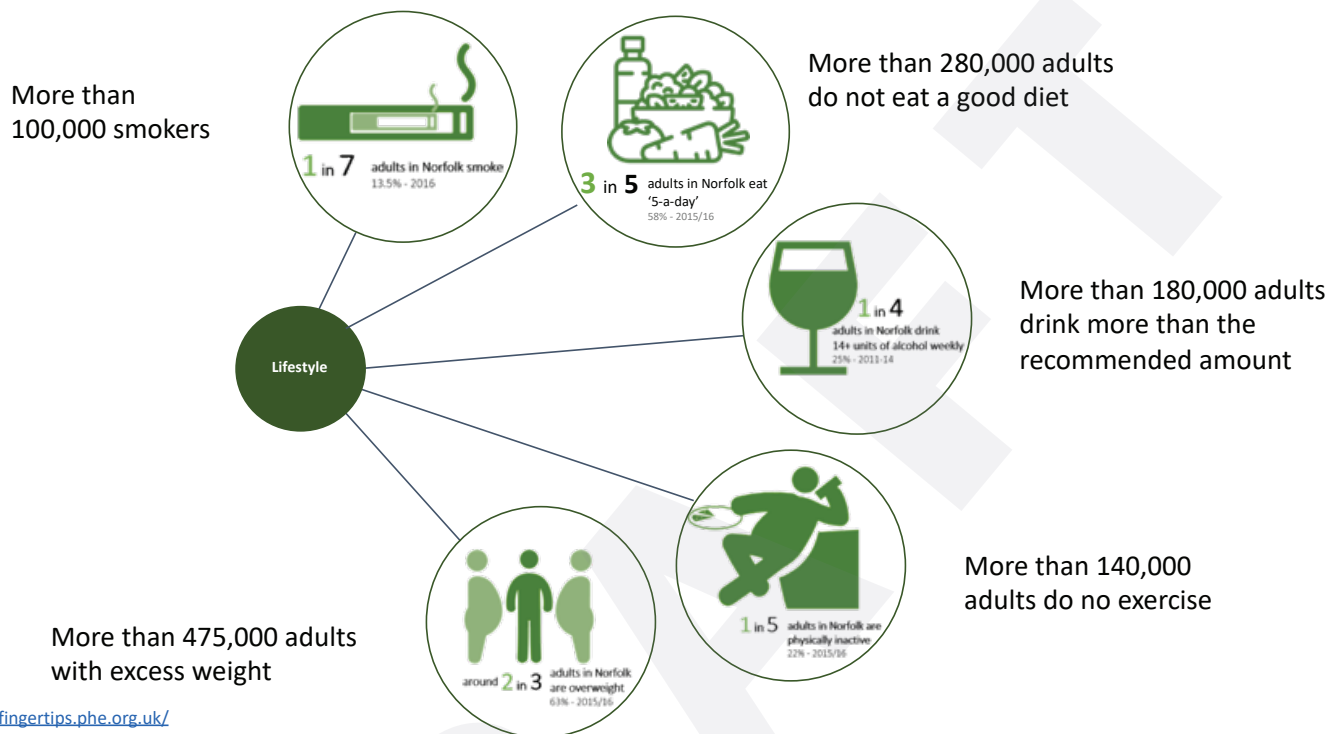
1 in 7 children live in relative poverty



The vast majority of children and families are supported by universal services such as health visiting, early years provision, schools and colleges. There are some children accessing additional social care and educational support and services based on their needs.

## 2. Prioritising Prevention

Unhealthy lifestyles impact on our health outcomes and need for health services.



### Healthy lifestyles and health services

We are seeing demands on our hospital based services with:

- 10,900 smoking attributable hospital admissions in 2016/17.
- 8,911 hospital admissions where obesity was the main or secondary diagnosis.
- 6,020 hospital admissions for alcohol-related conditions.
- 3,852 emergency hospital admissions due to falls in people aged 65 and over.

### Inequalities in healthy lifestyles

If the most deprived areas had the same rates as other areas then each year we would see:

- 400 more children at a healthy weight.
- 1,000 fewer emergency admissions for older people.
- 60 fewer deaths due to preventable causes.

## 2. Prioritising Prevention - Actions

### What's important strategically?

There is strong evidence that interventions focussed on prevention are both effective and more affordable than just focussing on providing reactive emergency treatment and care. To build a financially sustainable system means we must promote healthy living, seek to minimise the impact of illness through early intervention, and support recovery, enablement and independence.

Priority areas for prevention are:

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

#### Priority actions

##### **We will prioritise prevention by:**

Developing in partnership a systematic approach for children and young peoples' support and provision.

Embedding prevention across all organisational strategies and policies.

Providing joint accountability so that as a system we are preventing, reducing and delaying needs and associated costs.

Promoting and support healthy lifestyles with our residents, service users and staff.

### Key Challenges

- Identifying and protecting investment in prevention within budgets.
- Identifying needs early and providing early access to support.
- Embedding prevention across all of our strategies and policies.
- Raising awareness of the impact of lifestyle on health, for example with diabetes

### Key measures

#### **Each HWB organisation can clearly report to the HWB how they are:**

1. Implementing an integrated strategy and a single system approach for children and young people where need is understood and priority actions shared.
2. Prioritising prevention both at a policy level and in decision-making.
3. Promoting the health and wellbeing of their workforce.

Image to follow

## 2. Prioritising Prevention - Case study

### Early Help and Family Focus

Early Help and Family Focus Broadland received a request for support for a young couple who had just had a baby and were homeless with no extended family support.

The early help practitioner arranged a joint visit with the health visitor and talked with them about their worries and what was working well for them. (This is the Signs of Safety approach).

The 'team around' the family then worked with the young parents to produce a plan which resulted in the following support.

#### Who did what

The housing options advisor continued searching for a suitable permanent home.

The young parents met with the debt advisor from Broadland District Council who helped them understand how to plan a budget and manage their finances. A benefits advisor made sure they were claiming the correct benefits.

The early help practitioner supported the young parents to talk with each other and to understand both their own and each other's emotions – encouraging them to argue less.

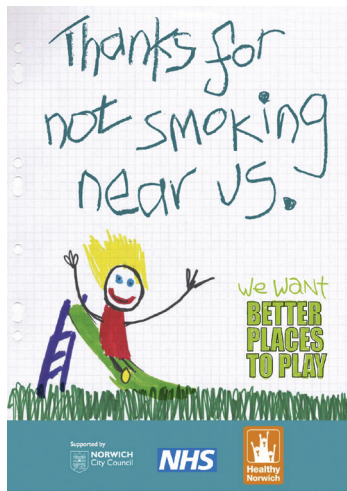
The early help practitioner worked with the health visitor to explain to the young parents how babies develop and what they need at the different stages of development.

#### Conclusion

The family are now in their own two bedroom flat and have worked hard to decorate and furnish it. Mum is now taking her baby to activity sessions in the community and slowly making some friends.

Image to follow

### A Smoke Free Norfolk



#### Healthy Norwich

is an example of an approach to improving health and wellbeing in the greater Norwich area by working together to make a healthier community.

#### Smoke Free Park

signage has been placed in play areas to ask adults

not to smoke nearby. This voluntary code will directly **help prevent children and young people taking up smoking** and potentially help smokers to **seek support to quit**.

Smoke-free sport, including **#Smokefree Sidelines**, is backed by Norfolk Football Association (FA) where local youth football clubs are championing the message that smoking has no place in youth sport. – **"#Smokefreesidelines.uses non-judgemental messaging and will encourage people to think twice before exposing young people to smoking. This will make the idea of smoking less normalised."**

Rebecca Burton, Communications Manager, Norfolk FA

As well as discouraging smoking, **Smoke Free Sport** brings about additional benefits including:

- **Protecting the environment** and saving money by reducing tobacco-related litter.
- Offering further protection from the **harmful effects of second-hand smoke**.
- Providing the opportunity for public acceptance of **voluntary smoke-free locations**.

Image to follow

### 3. Tackling Inequalities in Communities

## Providing most support for those who are most in need.

### Deprivation

Norfolk has average levels of deprivation but an estimated 68,700 people live in the most deprived areas of England.

Norfolk and Waveney has a diverse population and deprivation can be experienced in both urban and rural settings.

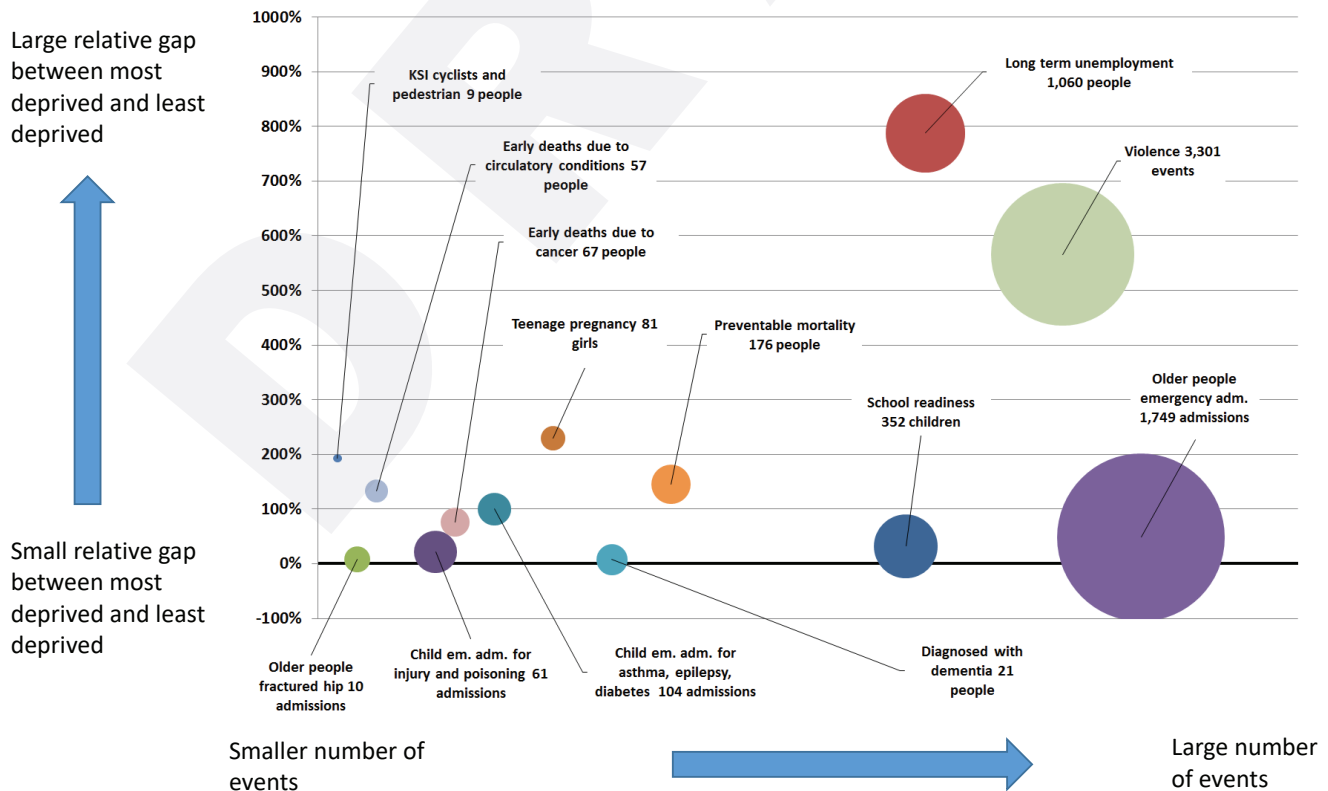
People living in deprivation are more likely to experience violence, crime and accidents despite Norfolk having a low overall crime rate.

Four districts in Norfolk and Waveney are in the lowest quintile in England for social mobility - driven by lower levels of education attainment and skill level.

### Inequalities and life expectancy

The difference in life expectancy gap between those living in the most deprived and the least deprived areas is about 7 years for men and 4.5 years for women.

People living in our 20% most deprived areas are more likely to smoke, have an unhealthy diet and be less active.



Preventable illness, violence, drug overdose, suicide and accidents outcomes do correlate with deprivation. For example, if the most deprived experienced the same rates as the least deprived there will be 3,301 fewer violent events per year.

### What's important strategically?

Those living in our most deprived communities experience more difficulties and poorer health outcomes. We recognise that together, we need to deliver effective interventions, to break the cycle, mobilise communities and ensure the most vulnerable children and adults are protected.

To be effective in delivering good population outcomes we need to most help those in most need and intervene by working together at county, local and community levels to tackle issues reflecting whole system priorities as well as specific concerns at the right scale.

Reducing inequalities in health and wellbeing will involve addressing wider issues that affect health, including housing, employment and crime, with community based approaches driven by councils, the voluntary sector, police, public sector employers and businesses.

Image to follow

### Key Challenges

- Identifying and ensuring access to services for those most vulnerable.
- Promoting healthy relationships in families and communities.
- Helping people out of poverty, particularly hidden rural poverty.

### Key measures

**Each HWB organisation can clearly report to the HWB how they are:**

1. Promoting alignment and consistency in local delivery partnerships to plan for, and with, their local community.
2. Reducing the impact of crime, injuries and accidents in our most deprived areas.
3. Using source data available (including from the JSNA) to inform strategic plans.

### Priority actions

**We will commit to working together to build on the strengths in local communities, rural and urban, by:**

- Improving locality working and sharing best practice.
- Providing and using the evidence to address needs and inequalities.
- Addressing the impact of crime, violence and injuries.
- Joining up development planning by working with those with planning responsibilities.



### 3. Tackling Inequalities in Communities- Case study

## Great Yarmouth - Neighbourhoods that work

Neighbourhoods that Work (NTW) is a partnership initiative led by Great Yarmouth Borough Council together with seven partner organisations. NTW aims to connect local communities to the benefits of economic growth by:

- Increasing community resilience.
- Improving the responsiveness of voluntary sector support services.
- Increasing the participation of communities in driving forward sustainable economic development.

**The vision is to work with local residents to build stronger communities - focussing on people, neighbourhoods, and the things that matter most. Community Development approaches are used to work with local people in the places they live to identify and act upon things that matter most to communities.**

The project builds upon 10+ years of work in Great Yarmouth building on existing and award-winning community development infrastructure, incorporating active and engaged local residents, neighbourhood boards and a varied and diverse community and voluntary based organisations.

***“Our starting point is that communities are full of people who can provide the connections that make their neighbourhood stronger. People thrive in communities that are well connected.”***

–Director of Housing and Neighbourhoods,  
Great Yarmouth Borough Council.

Image to follow



### 3. Tackling Inequalities in Communities- Case study

## Arts and Culture for health and wellbeing

*“There is growing evidence that engagement in activities like dance, music, drama, painting and reading help ease our minds and heal our bodies. It is most encouraging to see just how much potential and ambition there is for joined-up action on this vital work in Norfolk.”*

**Sir Nicholas Serota, Chair, Arts Council England.**

Collaboration between Norfolk’s arts, culture, health and social care sectors is well established with some major successes in attracting investment to deliver effective joint programmes.

Norfolk County Council’s award-winning **Culture & Heritage, Communities, Information and Learning Services** including museums, libraries, archives, arts, community learning and sports play a key role in supporting local health and wellbeing priorities through the provision of: collaborative programmes; volunteering; learning and skills development; provision of welcoming and enriching spaces and professional development for arts, health and social care professionals.

With ten outstanding museums, **Norfolk Museums Service** is strongly embedded in our local communities, providing excellent and ongoing support for health and wellbeing priorities through its extensive public programmes and targeted projects.

With 47 community libraries, **Norfolk Library and Information Service** has a strong focus on reducing social isolation through providing safe and welcoming venues to enable people to engage with others, participate, volunteer and develop new creative skills.

**Norfolk Arts Service** leads the strategic development of arts, health and wellbeing collaboration in Norfolk. It works with multiple local and national partners to influence policy, identify and broker new collaborative opportunities and secure investment for new initiatives.

Image to follow

## 4. Integrating Ways of Working

### Collaborating in the delivery of people centred care

#### Living Independently in Later Life

Whilst life expectancy has risen only half of our retirement years are spent in full health. We will see the largest increases in the number of people over 65 years old.

There are 14,000 people living with dementia now - this is forecast to almost double to 25,000 by 2037 and most of these new cases will be in people aged over 85.

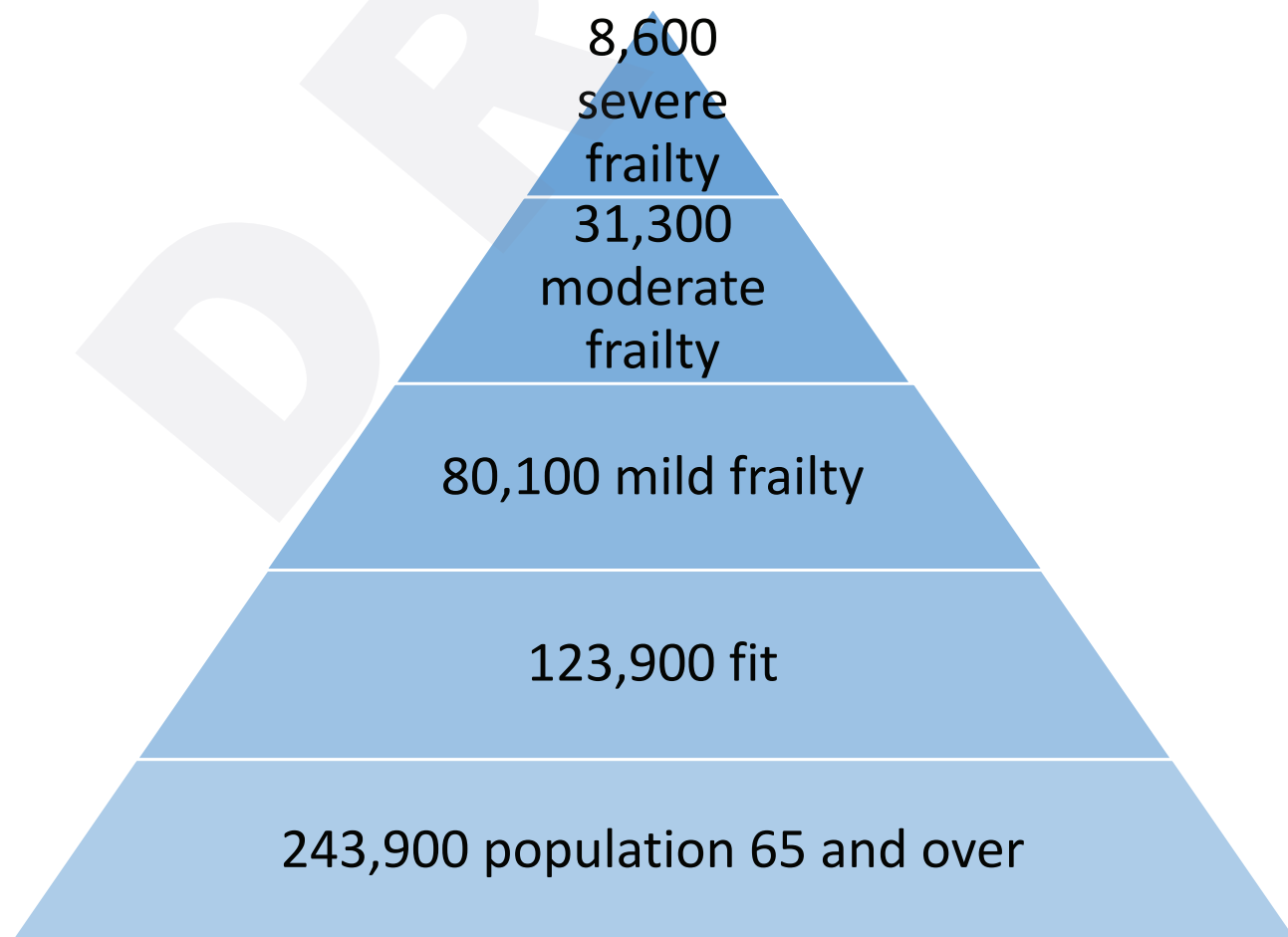
An estimated 23,200 people provide 50+ hours of unpaid care a week.

#### Mental health and wellbeing

About 1 in 7 people in Norfolk and Waveney experience a common mental health disorder with long term mental ill health being higher than the average for England.

- 8% of adults were recorded as having depression.
- 1,712 emergency hospital admissions were for intentional self harm in 2016/17.
- About 110 people die each year from suicide.

The number of ill health conditions an individual has contributes to the complexity of how to manage and increases the cost of health and social care.



Norfolk and Waveney frailty pyramid for 65 and over

### What's important strategically?

We are seeing increasing demand with an ageing population. It is only by working together, in an integrated way, that we can meet the needs of people with more complex health and care challenges, managing with reducing or level budgets.

We want vulnerable people of all ages to live as long as possible in their own homes and to be independent, resilient and well - having access to early help and person centred care when needed.

Long term mental ill health is associated with significantly poorer physical health and shorter life expectancy.

Working together with and within communities is important to promote good mental health support and wellbeing.

It is also important to recognise the contribution of carers and the support they need.

### Priority actions

**We will ensure integrated ways of working by:**

- Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.
- Working together to promote the important role of carers and the support they may also require.
- Embedding integrated approaches in policy, strategy and commissioning plans.

### Key Challenges

- We are seeing increasing demand with an ageing population.
- Disease patterns are changing: multiple morbidity, frailty in extreme old age, and dementia are becoming more common.
- Ensuring parity of approach between physical and mental health.

### Key measures

**Each HWB organisation can clearly report to the HWB how they are:**

1. Prioritising promoting independence and healthy later life both at a policy level and in decision-making.
2. Contributing to the Sustainability & Transformation Partnership's Strategy.

Image to follow

### History of dementia partnerships in Norfolk

Dementia as a priority for Norfolk has been championed by a series of partnership groups over the years: The Norfolk Older People's Strategic Partnership, the Dementia Strategy Implementation Board, the Norfolk and Waveney Dementia Partnership and more recently the Dementia Academy.

#### Areas of focus continue to include:

- Early diagnosis and a gap free pathway for people with dementia and their carers.
- Improving advice and Information.
- Launch of [www.dementiafriendlyNorfolk.com](http://www.dementiafriendlyNorfolk.com).
- Support for employers with a resource pack – addressing an ageing workforce, early onset dementia and more of us becoming carers.
- Medication advice – a leaflet detailing medication effects.
- Life stories as a resource to support stages of dementia.
- Prevention – research and evidence-based approaches to prevent and delay the onset of dementia.
- Involvement as a 'critical friend' in the dementia subgroup of the Norfolk and Waveney Sustainability & Transformation Partnership's Mental Health work stream.

Image to follow

## 4. Integrating Ways of Working - Case study

### Promoting independence in older age

Physical activity has been introduced into Norwich care settings by **Active Norfolk** through the Mobile Me scheme.

Jack, in his 90s, lives in an area where there is little interest in socialising as a community. He was inactive and rarely left his flat. Through Mobile Me Jack is now playing a sport he enjoyed in his youth - ***"I feel better in myself as I can play table tennis again. I'm surprised I still have the touch"***.

**Norse Care** employs a physical activity coordinator for their housing schemes. ***"We have seen an increase in physical abilities, improvements in confidence and general wellbeing. There are also new social groups forming"***.

Cotman Housing has secured funding in order to embed physical activity in their homes. Age UK has integrated physical activity into the **Agewise** project.

Image to follow

### Improving mental health and wellbeing

Norwich Theatre Royal's **Creative Matters** includes performances and workshops to think about important societal and personal issues. This included sessions on men's mental health, stigma, and male suicide - sessions on dementia and homelessness are planned for 2018/9.

**MensNet** in Norfolk brings together organisations with a strategic interest in mental health. All to Play For is aimed at men struggling with mental health issues. John, 24, participates weekly:

***"It has been very beneficial for me dealing with my mental health, boosting my confidence, and helping improve my people skills".***

The **12th Man** project identified barber shops as positive spaces where discussions could happen. Barbers are trained in Mental Health First Aid and subtle prompts are used to encourage these discussions. This **Healthy Norwich** project won a national award in November 2017.

Image to follow

## Working together to achieve joint outcomes

### **We commit to:**

- Identifying the actions that each HWB partner will take in delivering our strategy, either through partners' existing plans or new initiatives.
  - Developing an implementation plan so we can focus on the important things we have agreed to do together.
  - Holding ourselves to account and be an accountable public forum for the delivery of our priorities.
  - Monitoring our progress - reviewing data and information which impact on our agreed outcome measures.
- Carrying out in-depth reviews to understand the impact we are making.
  - Reporting on our progress to the HWB – challenging ourselves on areas where improvements are needed and supporting action to bring about change.
  - Keeping our Strategy live – reflecting the changes as we work together towards an integrated system.

Image to follow

## Partner organisations involved in the Health and Wellbeing Board – Norfolk and Waveney

- Healthwatch Norfolk
- Broadland District Council
- NHS Great Yarmouth and Waveney CCG
- Voluntary Community and Social Enterprise Sector representatives
- Police and Crime Commissioner's Office
- Norfolk and Suffolk NHS Foundation Trust
- Breckland Council
- NHS North Norfolk CCG
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- East Coast Community Healthcare Community Interest Company
- Great Yarmouth Borough Council
- Norfolk Independent Care
- Borough Council of King's Lynn and West Norfolk
- Norwich City Council
- NHS West Norfolk CCG
- North Norfolk District Council
- Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
- South Norfolk Council
- Waveney District Council
- Norfolk and Waveney Sustainability Transformation Partnership
- Norfolk County Council
- NHS Norwich CCG
- Norfolk Constabulary
- NHS South Norfolk CCG
- James Paget University Hospitals NHS Foundation Trust
- Norfolk Community Health & Care NHS Trust

Image to follow