

# Wellbeing Panel

## Agenda

### ***Date***

Monday 8 October 2018

### ***Members of the Wellbeing Panel***

Mr R Foulger  
(Chairman)

Mr D Buck  
Ms S J Catchpole  
Miss J R Keeler  
Miss S Lawn  
Mrs J Leggett  
Mr N C Shaw  
Mr D C Ward  
Mr F Whymark

### ***Time***

5:30pm

Trafford Room  
Thorpe Lodge  
1 Yarmouth Road  
Thorpe St Andrew  
Norwich

### ***Contact***

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**If any member wishes to clarify details relating to any matter on the agenda they are requested to contact the relevant Head of Service.**

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**The Chairman will ask if anyone wishes to  
film / record this meeting**

**A G E N D A**

**Page No**

- |    |   |         |
|----|---|---------|
| 1  | To receive declarations of interest under Procedural Rule no 8  |         |
| 2  | Apologies for absence   |         |
| 3  | <a href="#"><u>Minutes of the Meeting held on 18 June 2018</u></a>  | 3 – 6   |
| 4  | Matters arising   |         |
| 5  | Youth Advisory Board – General Update, Survey Results and Action Plan   |         |
| 6  | Broadland Resilience - Update   |         |
| 7  | <a href="#"><u>Health and Wellbeing Board – Norfolk and Waveney – Our Joint Health and Wellbeing Strategy 2018-22</u></a> | 7 – 35  |
| 8  | Social Prescribing and Social Isolation Services in Broadland – Update  |         |
| 9  | Transforming Children’s Centre Services – Norfolk County Council Consultation   |         |
| 10 | <a href="#"><u>Community at Heart</u></a>   | 36 – 37 |
| 11 | Future Work Programme   |         |
| 12 | Any Other Business  |         |
| 13 | Future Meeting Dates  |         |

3 December 2018, 28 January 2019, 1 April 2019

P C Kirby  
Chief Executive

Minutes of a meeting of the **Wellbeing Panel** held at Thorpe Lodge, 1 Yarmouth Road, Thorpe St Andrew, Norwich on **Monday 18 June 2018** at **5:30pm** when there were present:

Mr A J Proctor – Chairman

Mr D Buck

Mrs J Leggett

Mr N C Shaw

Mr D C Ward

In attendance were the Housing Manager, the Housing, Health and Partnerships Officer and the Committee Officer (DM).

### **1 DECLARATIONS OF INTEREST UNDER PROCEDURAL RULE NO 8**

None.

### **2 APOLOGIES FOR ABSENCE**

An apology for absence was received from Miss S Lawn.

### **3 MINUTES**

The Minutes of the meeting held on 26 February 2018 were confirmed as a correct record and signed by the Chairman.

Minute no: 36 – Integrated Employment and Health Service

The Housing Manager reported that a report on the proposals had now been considered by the Norfolk Chief Executives and that Broadland had agreed to host a number of personal advisors within its Help Hub. A decision on the application for European funding was still awaited. Officers agreed to circulate a copy of the report to Members.

### **4 BROADLAND HANDYPERSON+ SERVICE UPDATE**

Members considered the report reviewing how the Handyperson+ service was being used by Broadland residents and how it was meeting Broadland's objectives. Members welcomed the report and the very positive feedback received about the service. The service was meeting the needs of users and enabling people to stay in their own homes for longer. The focus was on reducing falls and injuries, improving security and improving health and wellbeing. The cost effectiveness of the service was enhanced by the early installation of minor adaptations to prevent issues developing and the need for more significant intervention and users were being encouraged to seek

early help. Members were disappointed that the NHS was still not contributing to the service despite benefiting from savings arising from the prevention of falls and injuries and supported officers' continuing efforts to seek funding from the CCGs. This situation was much the same with regard to the Council's involvement in the District Direct initiative. It was noted that officers were meeting with the Rt Hon Patricia Hewitt later that week and the opportunity would be taken to raise the scheme with her in relation to her work on the Sustainability and Transformation programme for the NHS. Members were supportive of proposals to promote the service and felt that efforts should be made to publicise the success of the scheme and the feedback received and officers agreed to discuss options with the Communications Team. It would also be useful to link up with parishes and other local initiatives, for example the flu clinics in promoting the service and where possible to include in any material, information on helping to avoid falls and trips. Members were also supportive of enhancing the scheme if the opportunity was right. Information regarding the similar service operating in South Norfolk had been requested to examine any options in relation to collaborative working.

Reference was made to a recent press article regarding South Norfolk and Broadland Councils who had been named, alongside 11 other areas nationwide, in a report from the Centre for Progressive Policy (CPP). The two districts were "most likely to see a social care crunch – an elderly population weighing on an underfunded care sector". Officers commented that the CPP had used two parameters to arrive at the conclusions: those authorities with a high level of elderly population and where the hospital was in deficit. Officers confirmed that the Communications Team was currently working on a response to the article.

Subject to the comments above, Members welcomed and noted the recommendations contained in the report and congratulated all officers involved in the delivery of the scheme. A progress report would be made to a future meeting on progress with the scheme including any potential for collaboration with South Norfolk.

## **5 HEALTH AND WELLBEING – UPDATE**

Members considered the report, which provided an update on activity over the last 6 months relating to increasing the levels of health and wellbeing of Broadland residents in line with the Council's stated ambition. The report had also been considered by the Overview and Scrutiny Committee. Members welcomed the findings from the Social Mobility Commission in their "State of the Nation" report which saw Broadland ranked 93rd from the top, the highest scoring Norfolk local authority. They also noted the indicators where the Council had been amongst the worst performing. This data would be used to inform future improvement projects. Members noted the reference to concentration of households in the most financially vulnerable decile in

Thorpe St Andrew, Acle and Aylsham, albeit a relatively small number, and asked if there was any scope to address this. Officers made reference to the availability of debt advice from dedicated officers at Broadland which was made available to anyone approaching the Council but options to promote the service could be looked at to ensure those in need were aware of the service. Up to 300 referrals were supported by officers in any one year. With regard to educational attainment for vulnerable groups, it was noted that this was a countywide matter and that funding from the Local Public Health Offer was being utilised to help support work on increasing self-esteem in 11 to 14 year olds. The Youth Advisory Board were also aware of this work.

It was noted that officers were meeting with the Rt Hon Patricia Hewitt later that week when it was hoped to find out more about the Sustainability and Transformation programme.

With regard to social prescribing, it was noted that the living well workers would be in place by July and that work on promoting the service would begin.

With regard to the Daily Mile initiative it was noted that take-up of this project within schools was dependent on a number of factors, including competing demands on the schools' time and existing provision for PE. Members commented that they would welcome more information on this initiative.

In noting the ongoing initiatives promoted by the Council including, Broadly Active, Why Weight, Parkrun and the Marriots Way 10k, Members noted that the Council's initiatives did not currently extend to cover exercise programmes for those leaving hospital. A key element of support for patients leaving hospital was often physiotherapy but concerns were raised about the shortage of physiotherapists and the implications of this.

With regard to feedback for officers on the report, Members requested further information on the Daily Mile initiative and on Cancer prevention / early detection.

### **RESOLVED**

to note the report and feedback the comments above, in particular, Members requested more information on the Daily Mile and on Cancer prevention/early detection.

## **6 SOCIAL PRESCRIBING – UPDATE**

This matter was dealt with as part of the Health and Wellbeing report considered at Minute no: 47 above.

### **7 FUTURE WORK PROGRAMME**

- Early Intervention and Community Safety Update – August 2018
- Youth Advisory Board – Survey – August 2018
- Health and Wellbeing Policy – August 2018
- Supported Housing/Housing with Care – December 2018
- Community at Heart
- Broadland Resilience – future meeting
- Active Norfolk – Broadland Locality Plan – Update

### **8 ANY OTHER BUSINESS**

Supported Housing / Housing with Care – in response to a question regarding the shortage of supported housing and care homes providing support for those leaving hospital and any proposals to address the shortages, officers commented that the County Council was currently undertaking a review of the housing with care strategy up to 2036 and also looking at a housing futures project with partners in housing and planning to assist with achieving its ambitions for supported housing for vulnerable groups. Colleagues from a variety of agencies were meeting to discuss how they could more effectively work together in terms of revenue, capital and land over a 20-year period to make up the increasing shortfall of provision. Opportunities were available, including some in Broadland, to develop new provision with potential funding from the Government. Officers agreed to update Members on this matter in 6 months' time.

### **9 DATE OF NEXT MEETING**

13 August 2018

*The meeting closed at 6:40pm*

## HEALTH AND WELLBEING BOARD – NORFOLK AND WAVENEY: OUR JOINT HEALTH AND WELLBEING STRATEGY 2018-22

**Portfolio Holder(s):** Cllr R Foulger, Housing & Wellbeing  
**Wards Affected:** ALL

### SUMMARY

- 1.1 The Health and Wellbeing Board (HWB) for Norfolk & Waveney has been developing its Joint Health & Wellbeing Strategy 2018-2022.
- 1.2 On 17 July 2018, the Joint Health and Wellbeing Strategy 2018-22 was agreed by the Health and Wellbeing Board – Norfolk & Waveney.
- 1.3 This sets out the Health and Wellbeing Board's vision of a single sustainable health, wellbeing and care system, with partners working together and using resources in the most effective way to prioritise prevention and support the most vulnerable.
- 1.4 All partners, including Broadland District Council agreed to actively implement the Strategy.
- 1.5 All partners agreed to take the Strategy to their committees/ boards/ governing bodies for formal sign up prior to 31 October 2018.

## 2 KEY DECISION

- 2.1 This is not a key decision and will not be in the Forward Plan.

## 3 INTRODUCTION

- 3.1 The HWB Strategy prioritises:
- 3.2 **1. Tackling Inequalities in Communities** including priority actions:
  - Improving locality working and sharing best practice for those who are most vulnerable.
  - Providing and using the evidence to address needs and inequalities.
  - Source data, including from Joint Strategic Needs Assessment (JSNA) will be used to inform strategic plans
- 2. Prioritising Prevention** including priority actions:
  - 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.

**3. Integrated ways of working** including priority action:

- Embedding integrated approaches in policy, strategy and commissioning plans.

3.3 A copy of the latest Joint Health and Wellbeing Strategy 2018-2022 is given in Appendix A.

3.4 Cllr Roger Foulger is the representative for Broadland District Council on the Norfolk & Waveney Health and Wellbeing Board.

## **4 THE ISSUES**

4.1 Health and care services across the county are under considerable financial strain. There is a significantly large annual budget for health and social care services in Norfolk and Waveney, but with growing demand the budget spend continues to rise leading to an anticipated over-spend which needs to be addressed.

4.2 At the same time, the population in Norfolk & Waveney 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.

4.3 The Health and Wellbeing strategy values describe a shared commitment to working together to make improvements and address the following challenges:

- **Collectively Accountable**
- As system leaders, taking collective responsibility for the whole system rather than as individual organisations.
- **Simpler system**
- Reducing duplication and inefficiency, with fewer organisations - a commitment to joint commissioning and simpler contracting and payment mechanisms.
- **Engagement**
- Listening to the public and being transparent about our strategies across all organisations.
- **Based on evidence of needs**
- Using data, including the Joint Strategic Needs Assessment (JSNA)



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[www.norfolkinsight.org.uk/jsna](http://www.norfolkinsight.org.uk/jsna)), to target work where it can make the most difference - making evidence-based decisions to improve health and wellbeing outcomes.

- **Bringing partners' existing strategies together**
- 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.

## **5 PROPOSED ACTION**

5.1 The Health and Wellbeing Strategy will move into the implementation phase and this will involve all HWB partners in:

- Identifying the actions each HWB partner will take in delivering the Strategy, either through partners' existing plans or new initiatives.
- Developing an implementation plan.
- Developing an outcomes framework.
- Bringing reports regularly to HWB meetings to challenge on areas where improvements are needed and supporting action to bring about change.
- Carrying out in-depth reviews of evidence and explore in detail the impact they are making and how they could improve.
- Holding the HWB to account for progress towards achieving priorities, for the impact they are making and for their effectiveness as system leaders.
- Keep the Strategy live- reflecting the changes as we work towards an integrated system.

## **6 PREVENTION WORKSTREAM: HOMES AND HEALTH**

6.1 Following discussions amongst all seven district councils, Public Health, Integrated Commissioning and the Chair of the Health and Wellbeing Board, Homes and Health was proposed as a key area of work.

6.2 The three key areas are:

- Warm and healthy homes, co-ordinated by Broadland District Council.
- Integrated locality working with multi-disciplinary teams (MDTs), coordinated by Adult Social Services.

- Improved and timely discharge from hospital, co-ordinated by South Norfolk Council.

6.3 These areas of work fit with all three priorities of the new Joint Health and Wellbeing Strategy (JHWBS): prevention, reducing inequalities and increasing integration. They also fit the priorities of the STP Prevention workstream:

- **Warm and Healthy Homes:**  
To work in partnership and build on existing initiatives such as promoting winter wellness, providing energy and money saving advice and installing central heating systems to fuel poor households.
  - **Integrations with MDTs:**  
Specifically targeted to provide support to people identified as frail over the winter period. District Councils have a key role to play in shaping the strategy and delivery support via good links with MDTs
  - **Discharge from Hospital:**  
Coordinate and share learning on working within the three acute hospitals to help find a sustainable model and consider extending the district offer to acute patient flow to include discharge from mental health and community hospitals.
- 6.4 Proposed actions, outcomes, risks, timelines and governance on these areas of work were presented to the Health and Wellbeing District Councillors' Group on 20<sup>th</sup> September 2018. It is proposed that detailed action plans will be developed and delivery monitored by the District Councillors' Group, which will report back to the Health and Wellbeing Board.

## 7 RESOURCE IMPLICATIONS

- 7.1 Members and Officers are committed to attend the regular meetings of the Health and Wellbeing Board and the District Councillors' Group. There are no direct resource implications for Broadland District Council.
- 7.2 The Norfolk and Waveney Health and Wellbeing Strategy and Sustainability and Transformation Plan will inform the Broadland Health and Wellbeing Strategy currently in development.

## 8 LEGAL IMPLICATIONS

- 8.1 There are no legal implications for Broadland District Council from supporting the Joint Health and Wellbeing Strategy.

## **9 CONCLUSION**

- 9.1 The Joint Health and Wellbeing Strategy 2018-22 has been agreed by the Norfolk and Waveney Health and Wellbeing Board.
- 9.2 All partner organisations are currently signing up to the joint Strategy between now and the end of October 2018.
- 9.3 As this Strategy moves into implementation, all partners are being asked to agree to commit to take an active role in the strategy.

## **10 RECOMMENDATIONS**

- 10.1 The Wellbeing Panel are asked to:

Agree to taking an active role in the Health and Wellbeing Board - Norfolk & Waveney Joint Health and Wellbeing Strategy 2018-2022.

Recommend formal sign up of the Joint Health and Wellbeing Strategy 2018-2022 to Cabinet.

Matthew Cross  
Deputy Chief Executive

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### **Background Papers**

Health and Wellbeing Board – Norfolk and Waveney Report to Health and Wellbeing Board on 17 July 2018

Health and Wellbeing Board – Norfolk and Waveney. Report to Health and Wellbeing Board District Councils' Group on 20 September 2018.

Prevention Work Stream Homes and Health Report. Public Health, September 2018

JHWBS 2018-22 Partners Support Presentation.

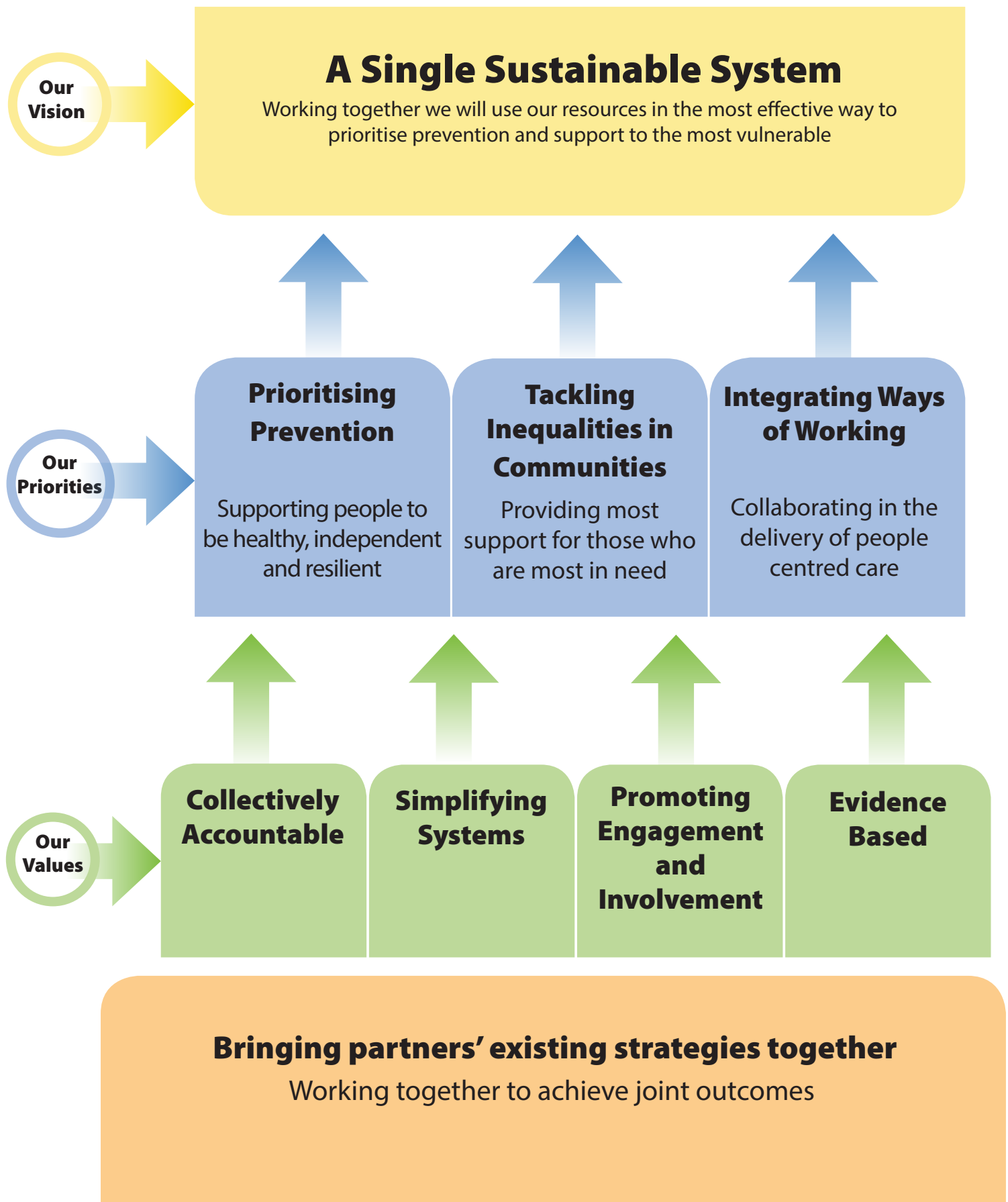
For further information on this report call Sarah Oldfield on (01603) 430121 or e-mail [sarah.oldfield@Broadland.gov.uk](mailto:sarah.oldfield@Broadland.gov.uk)

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
1. A Single Sustainable System	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.
2. Prioritising Prevention	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.
3. Tackling Inequalities in Communities	Providing support for those who are most vulnerable in localities using resources and assets to address wider factors that impact on health and wellbeing.
4. Integrating ways of working	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

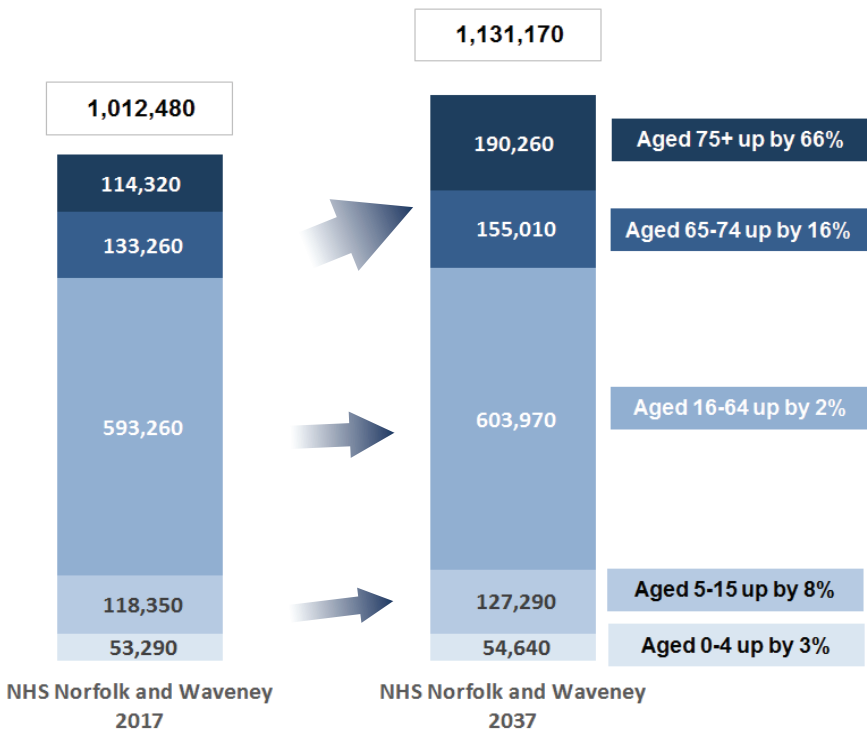
Working together we will use our resources in the most effective way to prioritise prevention and support to the most vulnerable.

## 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.

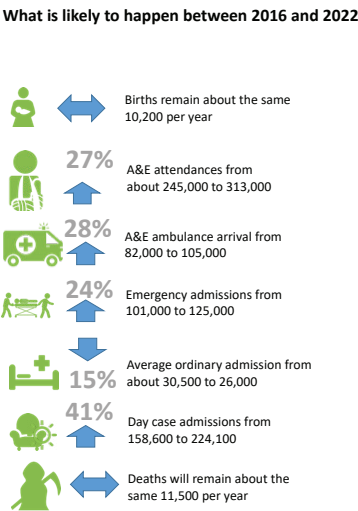
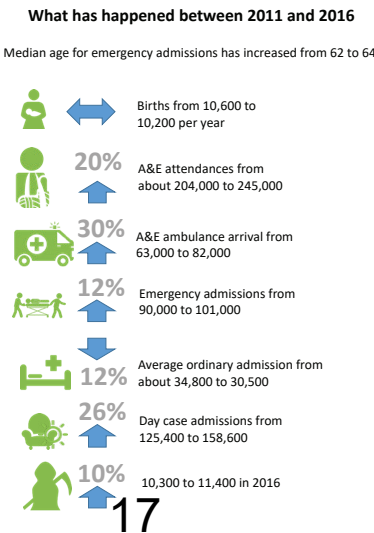


## Our System

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.



# 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."*

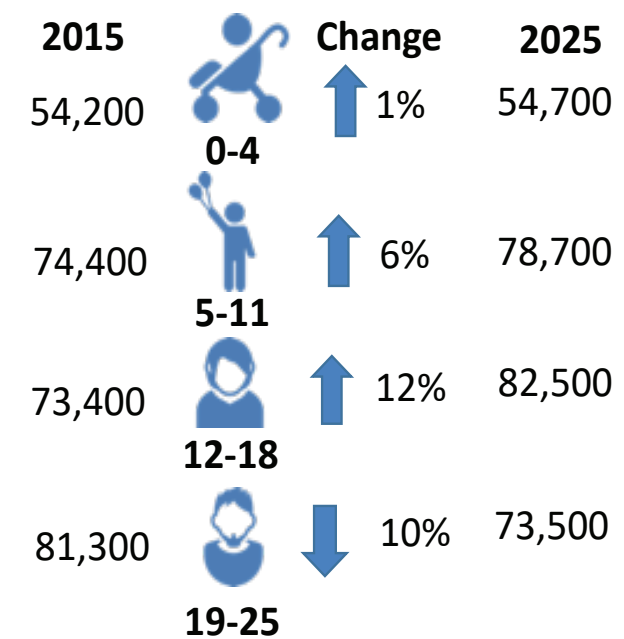
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## 2. Prioritising Prevention

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.

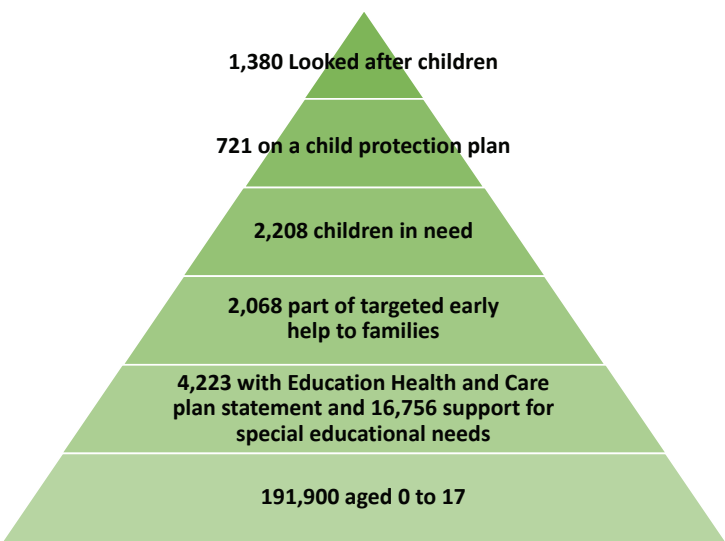
1 in 4 children are overweight by age 4 – 5.

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.

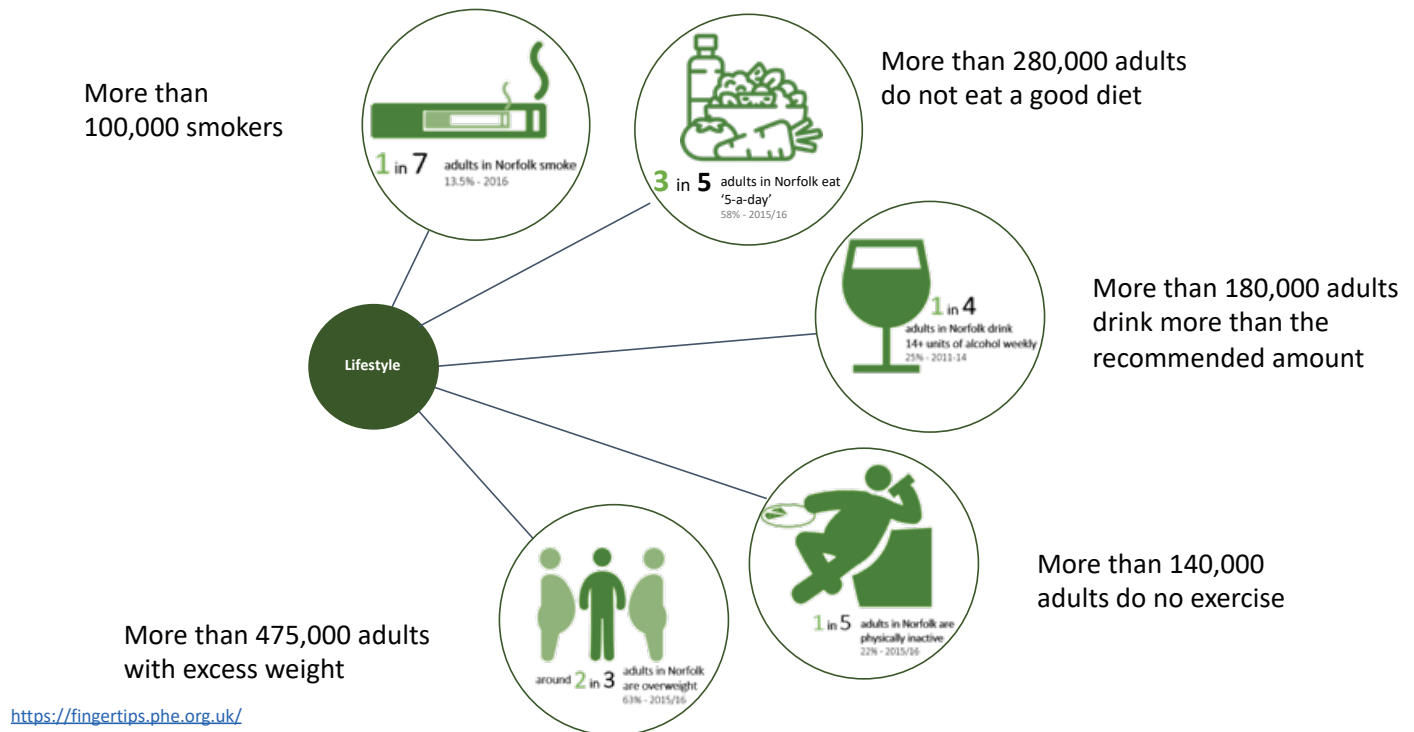
1 in 7 children live in relative poverty



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.



Icons made by Freepik from [www.flaticon.com](http://www.flaticon.com)

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### 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.

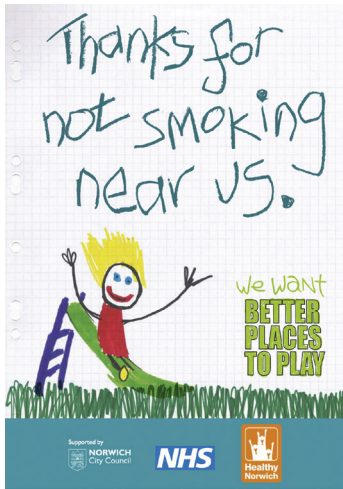
#### Conclusion

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

## 2. Prioritising Prevention - Case study

### A Smoke Free Norfolk



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**.

#### **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

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.

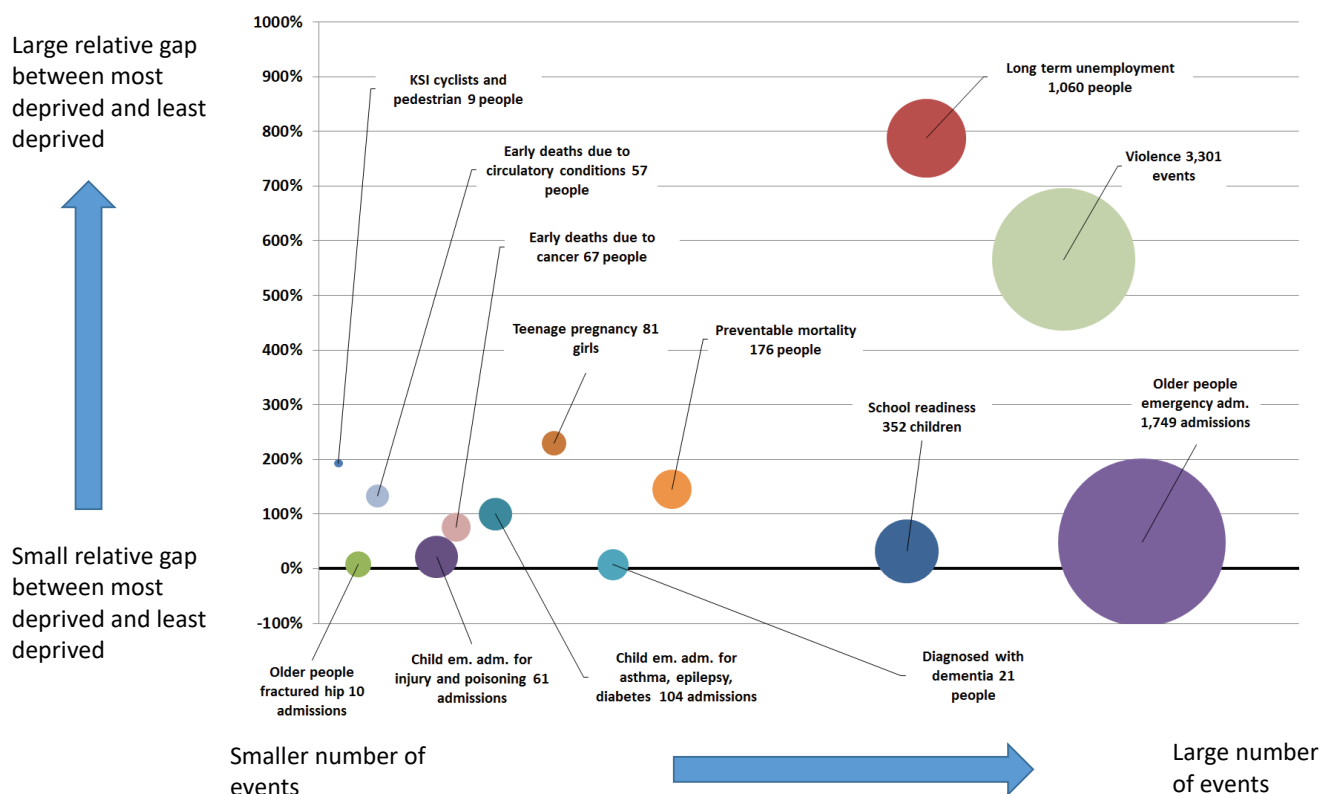
People living in deprivation are more likely to experience violence, crime and accidents despite Norfolk having a low overall crime rate.

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.

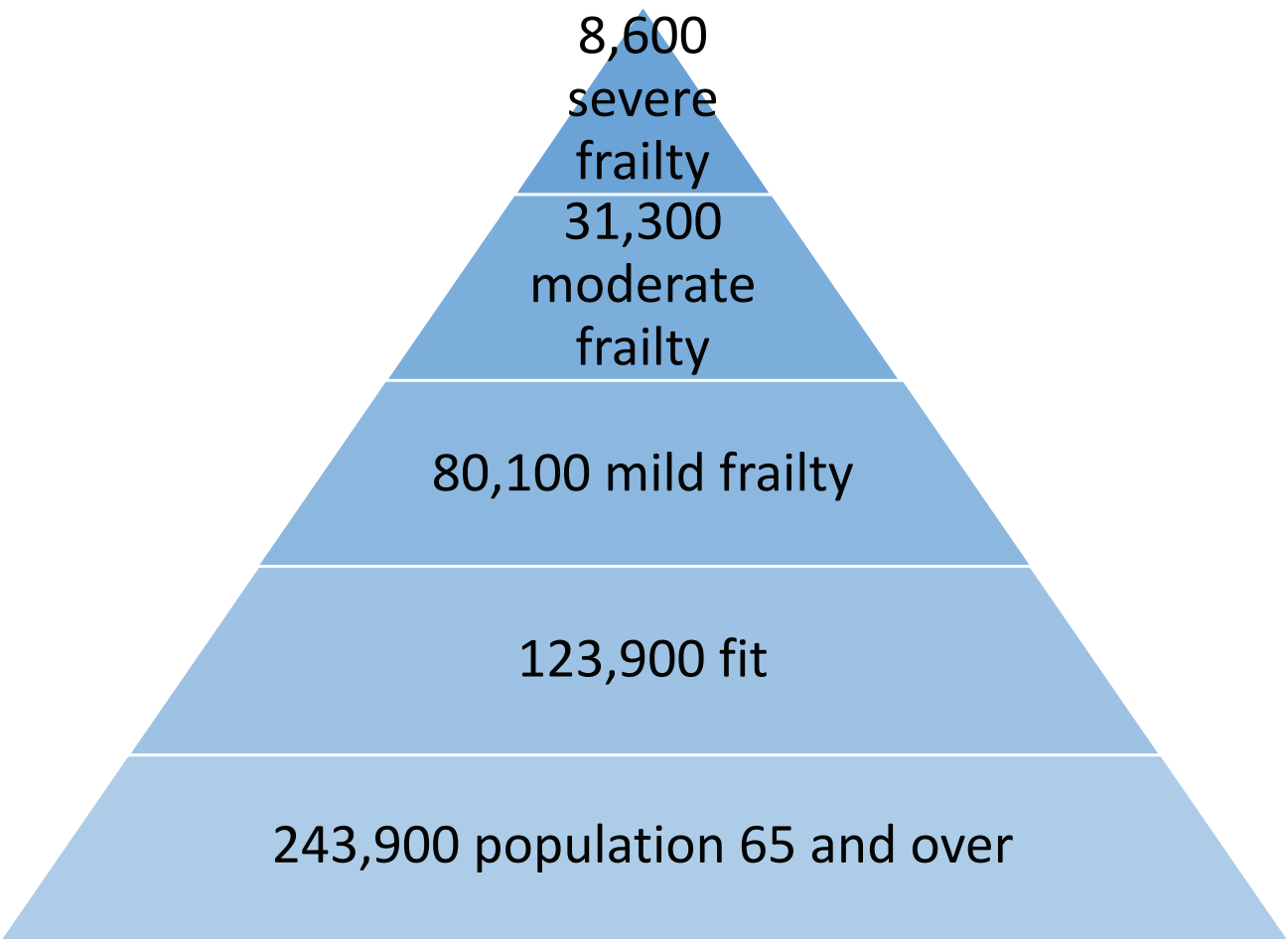
An estimated 23,200 people provide 50+ hours of unpaid care a week.

### 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

## 4. Integrating ways of working - Actions

### 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



## 4. Integrating Ways of Working - Case study

### 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

## **Wellbeing Panel Report - Monday 8<sup>th</sup> October**

This update details the work to date of the Community Projects Officer.

### **Broadland Dementia Action Alliance**

The Community Projects Officer and the wider Communications team are continuing to support the work of the Broadland Dementia Action Alliance (DAA). There is currently a survey of those living with dementia and their carers within the district which the local authority has organised and is promoting on behalf of the DAA. Front-line health professionals, such as Admiral Nurses, were contacted during promotion of the DAA survey and this has also provided another opportunity to build relationships and promote our District health and wellbeing offer

The DAA is building the number of dementia-friendly businesses within the district and is working with colleagues in Economic Development and Licensing to look at ways of incentivising businesses to join the Alliance and make dementia-friendly commitments. One of the Business Officers within Economic Development has become a Dementia Champion through training from the Alzheimer's Society. Heads of Service have been invited to a dementia information workshop in October.

The application for Broadland to be recognised as 'working to be dementia-friendly' is ongoing.

### **Supporting Community events**

The Community Projects Officer and wider Communications team have supported local community events. This included organising a community event planning evening with Hellesdon Parish Council which was well-attended and received. Broadland training services offered one free training session to every community group who attended the event. This consequently led to some groups also booking paid training sessions.

The Communications team also provided support to the Old Catton Parish Council with their recent Wellbeing Fair including providing a slow cooker workshop. The team has also provided further promotional support to community groups which have had direct grant funding from us, such as the Aslake Community Greenhouse Project.

### **Promotion of Health and Wellbeing Services**

The Care and Repair officers attended flu clinics in Broadland and South Norfolk two years ago. This was well-received and it was agreed to increase the council's presence at flu clinics. The Community Projects Officer consulted with the Housing, Health and Partnership Officers and the Economic Development Officer for health and wellbeing to jointly agree on the priority surgeries within the District in which to target our services this year. The three priority surgeries based on health data and demographics were Acle Medical Practice, Coltishall surgery (as part of the partnership with Spixworth surgery) and Hellesdon Medical Practice. Two additional surgeries have also asked for us to attend at least one of their flu clinics. This has resulted in officers from departments across the council being present at weekend flu clinics throughout the Autumn. We estimate that this has given us the opportunity to come into direct contact with approximately 1500 residents. A targeted leaflet has been produced disseminating our Health and Wellbeing offer into one simple to read format. The response from GP surgeries and residents has been positive to date. This alongside the

relationships which the Housing, Health and Partnership officers and Care and Repair officers have built up has also led to increased engagement with GP surgeries with invitations for the council to attend additional health-related events where we can target our services.

In addition, the Community Projects Officer has built relationships with local health and social care professionals and patient participation groups to enable better dissemination of our health and community offer as well as enabling further engagement opportunities.

### **Community at Heart**

Community at Heart meetings were held for officers to learn more about one another's service areas and this enabled connection-building between departments. When invitations to community events come to the Community Projects Officer they share this information with other relevant officers to coordinate a presence and avoid duplication. Officers from different departments have attended community events together, further building a whole-council approach to community engagement. There has been increased communication of attendance at community events. Having a greater awareness of what other department's offer means that officers are able to take a more holistic approach when engaging with residents, directing them to other helpful services around the council.

### **External Facilitation**

The Community Projects Officer has continued to engage with and facilitate opportunities between partners and community groups. This has included introducing Clarion Futures to a local youth organisation which consequently resulted in them being awarded a large sum of funding from Clarion Futures to develop young people as Community Ambassadors. The officer also facilitated the relationship between Clarion Futures and a new dementia café which has also resulted in additional funding. In addition, several groups which have been in contact have been directed to various officers within the council for specific guidance such as on insulation advice for community buildings.

An updated list of community contacts who want to receive information from the council has been created. Community e-bulletins are sent out detailing new external and internal grant and training opportunities as well as other useful news. This has been of noted value to partners keen to reach our communities but otherwise restricted by new data legislation.

**WELLBEING PANEL**

**Monday 8 October 2018**

**Final Papers**

Item	Details	Page No
9	<u><a href="#">Transforming Children's Centre Services – Norfolk County Council Consultation</a></u>	39 – 43

**DEMOCRATIC SERVICES**

**Broadland District Council**

Thorpe Lodge, 1 Yarmouth Road, Norwich, NR7 0DU

Tel: 01603 430428

Email: [cst@broadland.gov.uk](mailto:cst@broadland.gov.uk)

## **Local Member Briefing – Children’s Centre Consultation**

We believe now is the time to create a new service that meets the needs of today’s families.

On Monday 17<sup>th</sup> September we launched our proposals for a new early childhood and family service, which we believe will improve services for child aged 0-5.

The proposed service aims to:

- Bring the services out of the buildings and into the community, to the children and families who need them the most.
- Help communities and parents offer local activities and groups.
- Make it easier for families to access the information and advice they need, through providing better joined up online and digital services.
- Change how we work to make sure we deliver in the best way for today’s families.

Our children’s centre contracts come to an end in September and that current services were set up more than seven years ago.

We believe now is the time to create a new service that meets the needs of today’s children and families.

We know that nearly a quarter of families who live in the areas of greatest need are not accessing children’s centre services at the moment. We want to change that by developing a new outreach model, that gets services out into local communities and families’ homes.

Our proposal is based on what works well elsewhere in the country, as well as research about who currently uses children’s centre services in Norfolk. It also builds on the ideas we consulted on as part of the 2017 budget and has been developed in line with the four principles of the Norfolk Future’s strategy:

- Offering our help early to prevent and reduce demand for specialist services
- Joining up our work so that similar activities and services are easily accessible, done well and done once
- Being business like and making best use of digital technology to ensure value for money
- Using evidence and data to target our work where it can make the most difference

The consultation went live at noon on Monday and will run until November 12 and will be available at [www.norfolk.gov.uk/childrenscentres](http://www.norfolk.gov.uk/childrenscentres).

It includes details of proposed children's centre bases and how the new service could work.

The consultation includes a range of **public drop-in sessions**, which you may wish to attend.

These include:

Millennium Library, Norwich – Thursday, 11 October, 10am to noon, 2pm to 4pm, 6pm to 8pm.

Dereham Library, Dereham – Monday, 15 October, 10am to noon, 2pm to 4pm, 6pm to 8pm.

The Pavilion, Old Catton – Tuesday, 16 October, 10am to noon, 2pm to 4pm, 6pm to 8pm.

Merchant's Place, Cromer – Tuesday, 23 October, 10am to noon, 2pm to 4pm, 6pm to 8pm.

Gaywood Library, King's Lynn – Thursday, 25 October, 10am to noon, 2pm to 4pm, 6pm to 8pm.

Wymondham Library, Wymondham – Monday, 29 October, 10am to noon, 2pm to 4pm, 6pm to 8pm.

Great Yarmouth Borough Central Library, Great Yarmouth, Wednesday, 7 November, 10am to noon, 2pm to 4pm, 6pm to 8pm.



## **Early Childhood and Family Service – transforming our children’s centres**

### **Public consultation**

#### **Questions for members**

##### **Is my local children’s centre going to close?**

We are proposing to change how we deliver the whole service. A proposed new early childhood and family service will offer an enhanced service in your area. We think that we can make better use of our money by spending it on services, rather than managing buildings. We also want to make sure that help is getting to more families that really need it. We think we can do this better by working out in communities and visiting families at home, rather than relying on people to visit children’s centre buildings.

These are only proposals at this stage and we are keen to get people’s views on the suggested new service.

##### **How many children’s centres will there be?**

At the moment we have got 53 designated children’s centres. We are proposing 7 of these are used as early childhood and family service bases. We expect to increase the number and range of buildings and spaces that are used for the delivery of services to families.

##### **What will happen to the children’s centre building in my area?**

If the proposal goes ahead, we will explore future uses for any centres that are no longer used as designated children’s centres. We would like to hear people’s ideas about alternative use, especially for children aged 0-5 and their families. It may be that some centres continue to be used by the early childhood and family service or childcare providers. We welcome ideas.

##### **Are all current designated children’s centres the same?**

Not all designated children’s centres are the same or used in the same way. Some of the buildings are underused, others are used for childcare, some we lease, some are on school sites, or are a space in another building such as a library, and some are purpose built.

##### **Where will people go for information and advice about how to support their child?**

If the proposal goes ahead parents who need general advice on parenting or childcare, or have a concern, will be able to use our improved online resources and chat facilities. We are also looking at how we can build capacity in local communities, by supporting locally run groups and peer support. Information and advice will also be a part of the focussed group and one to one support offer to families in community venues and homes.

It’s important to note that the Healthy Child Programme will also continue and will include support and advice on development and health.

**How much will people have to pay to take part in activities?**

The costs of these will vary, depending on what the activities are and who is running them. There will still be free support available to families in need. We want to improve our Norfolk Directory, so there's more information about the activities, clubs and events running for families in communities.

**How will families get to the proposed bases, it's a long way from some parts of the district to the base?**

Families will not need to visit these bases to access activities or support. The proposed model aims to deliver activities in local communities and support in people's homes. We want to increase the range of places people can access services by using more community facilities. Some of our existing centres are difficult for some families to access and by developing a service that works out of existing community buildings we think we can make it easier for people to get the support they need.

**Where will people go to get their baby weighed?**

The health visitor will be able to give them details on where to get their baby weighed locally. Scales are already available in many health centres and libraries and we expect this to continue.

**What will happen to the staff in the current children's centres?**

We appreciate that this may be a difficult time for staff. Although we don't directly employ the staff, we are working with the organisations that run our children's centres so that they know what is happening and can be involved in our consultation process and any subsequent changes to services

**How will staff get equipment out and about to families if there is no dedicated building?**

This is something that we will be exploring with any future service provider as part of taking services out to families. We want to reassure families that if they have particular needs, or require specific resources this will be considered as part of any future service arrangement.

**How will parents meet other parents if there isn't a designated children's centre to go to?**

We know that parenting is tough and we want parents to be able to create links, friendships and support one another. Our proposal aims to support and develop what is already working in local communities and deliver outreach from more locations. There are a range of play sessions and groups for families already and we want to support others to set up their own groups. We're also developing our online resources so that families have a really comprehensive directory of what's out there and we'll be developing chat facilities, so that parents can talk to each other, meet up and create local networks. The proposed service would also directly deliver group work and support to families with the greatest need.

**What sort of thing could the buildings be used for if they won't be used as children's centres?**

We would like as many of the buildings as possible to be used to support families with children aged 0-5, including childcare. We want to use the consultation to get people's ideas about how these buildings can be used in future.

**My children's centre is currently in a school. Will this affect the school?**

No. Some children's centres are run on school sites but their budget is entirely separate, so this will not impact on the day to day running of the school.

**When will the changes happen?**

If the proposals go ahead then the new service will begin in October 2019.