

# A BOLD AND HEALTHY BROADLAND



**Health and Wellbeing Strategy  
for Broadland Health and  
Wellbeing Partnership**

## 1. Foreword

I'm really pleased to present the Broadland Health and Wellbeing Partnership's Health and Wellbeing Strategy to you. A year since our formation, this strategy lays out how we will work to enable the people who live in Broadland, to live healthier, happier lives.

Firstly, may I thank Councillor Fran Whymark who as my predecessor, Chaired the Partnership through its first year. My thanks also go to all partners and officers who have invested their time into driving such a worthy cause. We now look forward to the next year and beyond, building on the strong relationships with partners and our communities, to truly understand and deliver what you need to live healthy, happy and fulfilled lives.

The Partnership brings together leaders from organisations that have an impact on the social, economic, and environmental factors that affect your health and wellbeing. Having delivered projects such as Mindful Towns and Villages, Help Through Crises, Social Prescribing in Secondary Care, and many more over the last year, we recognise the vital role each partner has to play, and by working collaboratively, we can have the biggest impact.

The Strategy outlines our three priority areas that resulted from our partner intelligence and local data. Alongside existing pressures on public services, the continuing impact of the cost-of-living crisis and the legacy of the Covid-19 pandemic means access to the right support when it is required is essential, alongside equipping our communities to look out for each other, and create sustainable support networks.

I'm feeling enthusiastic about the real impact this Partnership intends to have in enabling Broadland residents to live healthier, happier lives. We will hold ourselves accountable to achieving the aims and plans it lays out.

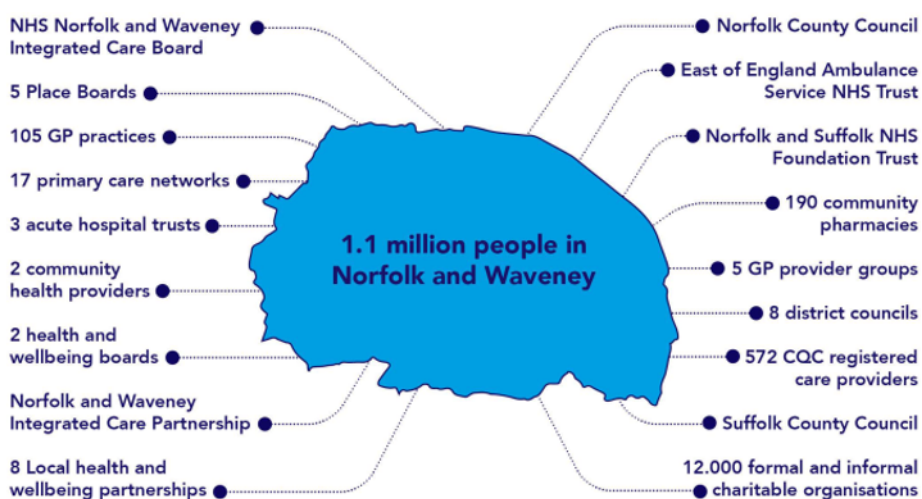
**Councillor Natasha Harpley**  
Chair of Broadland Health and Wellbeing Partnership



## 2. Our Local Health and Care System

We know from national and local evidence that taking a strategic approach to addressing local population needs drives more effective, more efficient and better targeted improvements in health and wellbeing. When delivery partners come together to share meaningful insights into local challenges, building on trusted relationships with local people and one another, they deliver more effectively than organisations operating in silos.

Norfolk and Waveney Integrated Care System (ICS) brings together organisations from all areas of health and care, aiming “to help the people of Norfolk and Waveney to live longer, healthier and happier lives.” The image below shows the range of organisations involved, which also includes this Health and Wellbeing Partnership and others across Norfolk and Waveney:



The overarching health and wellbeing strategy developed by the ICS will be supported at a local level by health and wellbeing strategies like this one, so we set out to ensure that we were broadly aligned with the ICS strategy, which is currently in development. Early drafts of the Transitional and Joint Health and Wellbeing Strategy for Norfolk and Waveney identify the following themes for the strategy:

- **Driving integration**
- **Prioritising prevention**
- **Addressing inequalities**
- **Enabling resilient communities**



### 3. Our Health and Wellbeing Partnership

We are one of eight Health and Wellbeing Partnerships in Norfolk and Waveney, working closely with the five Place Boards, which are aimed at bringing together colleagues from health, local authorities, voluntary and community sector organisations and social care to integrate services. The development of a single ICS provides a timely opportunity for us to build on the valuable work already done, increasing focus on local solutions for local challenges. By bringing people together, and sharing ideas and resources, we will break down institutional boundaries, finding new ways to collaborate and achieve synergy, reflecting the work taking place at ICS-level.

**Our vision for Broadland's Health and Wellbeing Partnership is that every person in Broadland will have equal opportunities to live healthier, happier lives and our mission is to work together to improve the health and wellbeing of communities of Broadland.**

The work of the Health and Wellbeing Partnership is guided by a number of principles, as follows:



**Be bold, confident and transparent in our decision making**



**Focus on the person, not the system**



**Embrace trust, honesty and kindness between all partners**



**Use intelligence and evidence to set priorities**



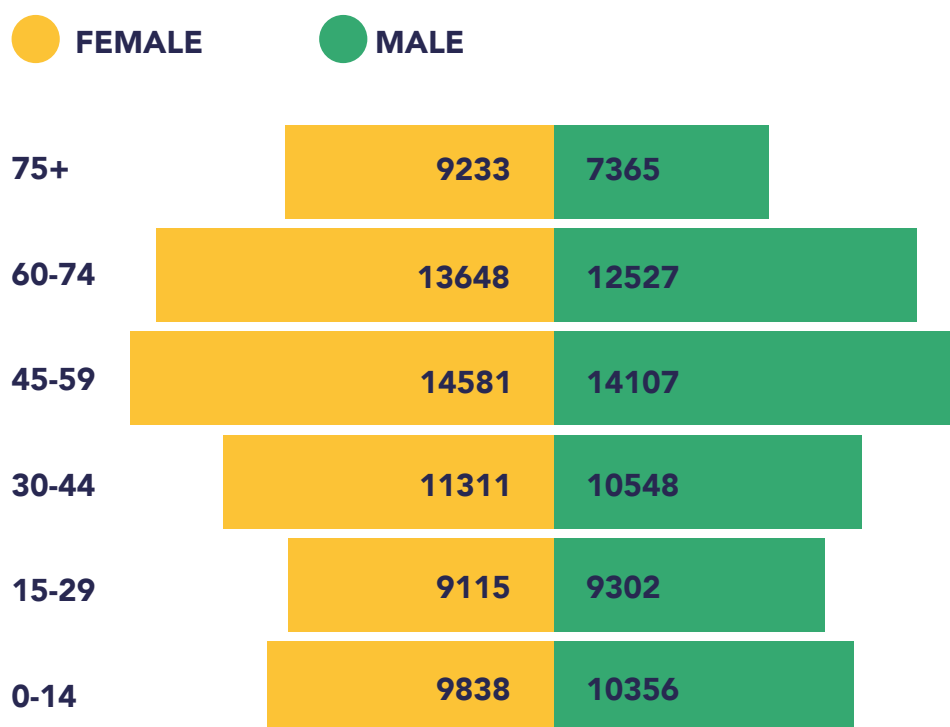
**Work collaboratively and proactively for the partnership**



**Innovate, test and review regularly**

## 4. Living in Broadland

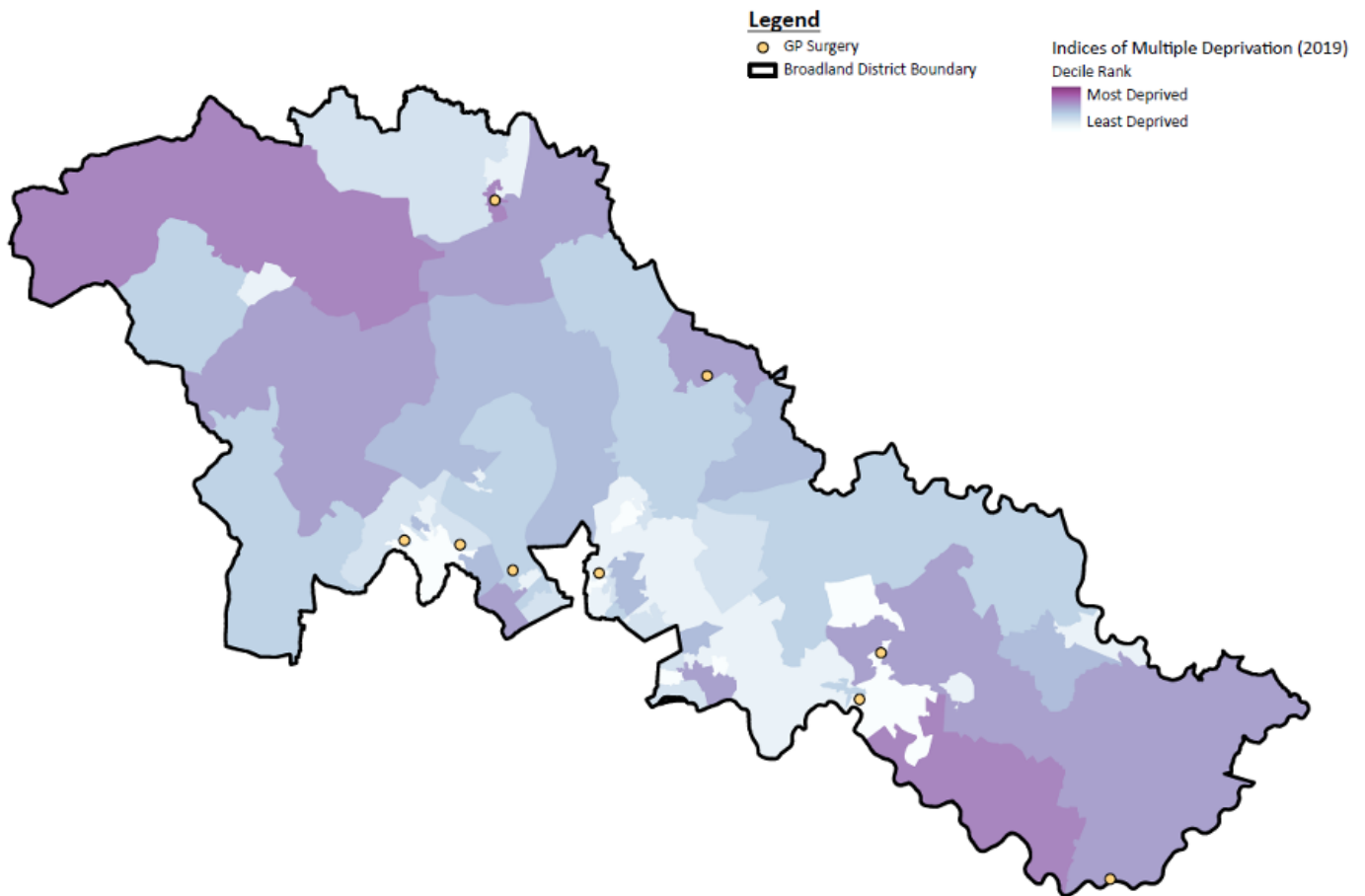
The population in Broadland is **131,931** and is expected to grow to **150,881** by 2043. The table below shows the age and sex distribution of this population. Our population is generally older with **26%** of people aged **65** or over and with a significant part of our population aged **50-59** we expect that the number of residents in the **65** and over age bracket will rise significantly over the next **15** years.



Our population is less ethnically diverse than average in England with **8,458** people from ethnic minorities.

As our average life expectancy in Broadland is higher than both Norfolk and England as a whole, and while our population lives longer on average, it therefore faces specific health care needs. For example we know that the risk of dementia increases with age.

Broadland is a very rural area as the **15<sup>th</sup>** least densely populated of the East of England **45** local authority areas which presents problems accessing services for those residents who are dependent on public transport to access services. The map overleaf displays locations of GP surgeries in Broadland alongside the pockets of deprivation.



Although Broadland does not have any identified communities where people live in the **20%** of the most deprived areas in England, we still have pockets of deprivation where people are struggling to make ends meet. This issue has become particularly acute since the onset of the cost-of-living crisis.

Understanding our population and the makeup of our communities presents an opportunity for us to deliver targeted preventative interventions to tackle inequalities and improve peoples' health and wellbeing in Broadland.

**4.2%** of adults aged **65** years and over have dementia (approx.1208 people), the main cause of late life disability. This is significantly higher than the Norfolk average

**61%** of adults over the age of **18** are overweight or obese, and **21%** of Year 6 children are obese

Over **4,560** children are living in low-income households and **11,318** households are living in fuel poverty

## 5. Our Journey to a Health and Wellbeing Strategy



Our newly formed health and wellbeing partnership is still in its infancy. As we grow and develop, we will need to be agile in responding to changes in demand for services and policy. This strategy is therefore more short-term than future strategies are likely to be, as we will review and revise it as the partnership matures.

**The development of our strategy has involved extensive engagement throughout 2022 with members of the Health and Wellbeing Partnership and key stakeholders across Broadland.**

We will continue to engage stakeholders including the wider public as we co-produce detailed action plans to support the themes and priorities described below, ensuring that we align with current work being delivered by the council and our partners as well as future plans.

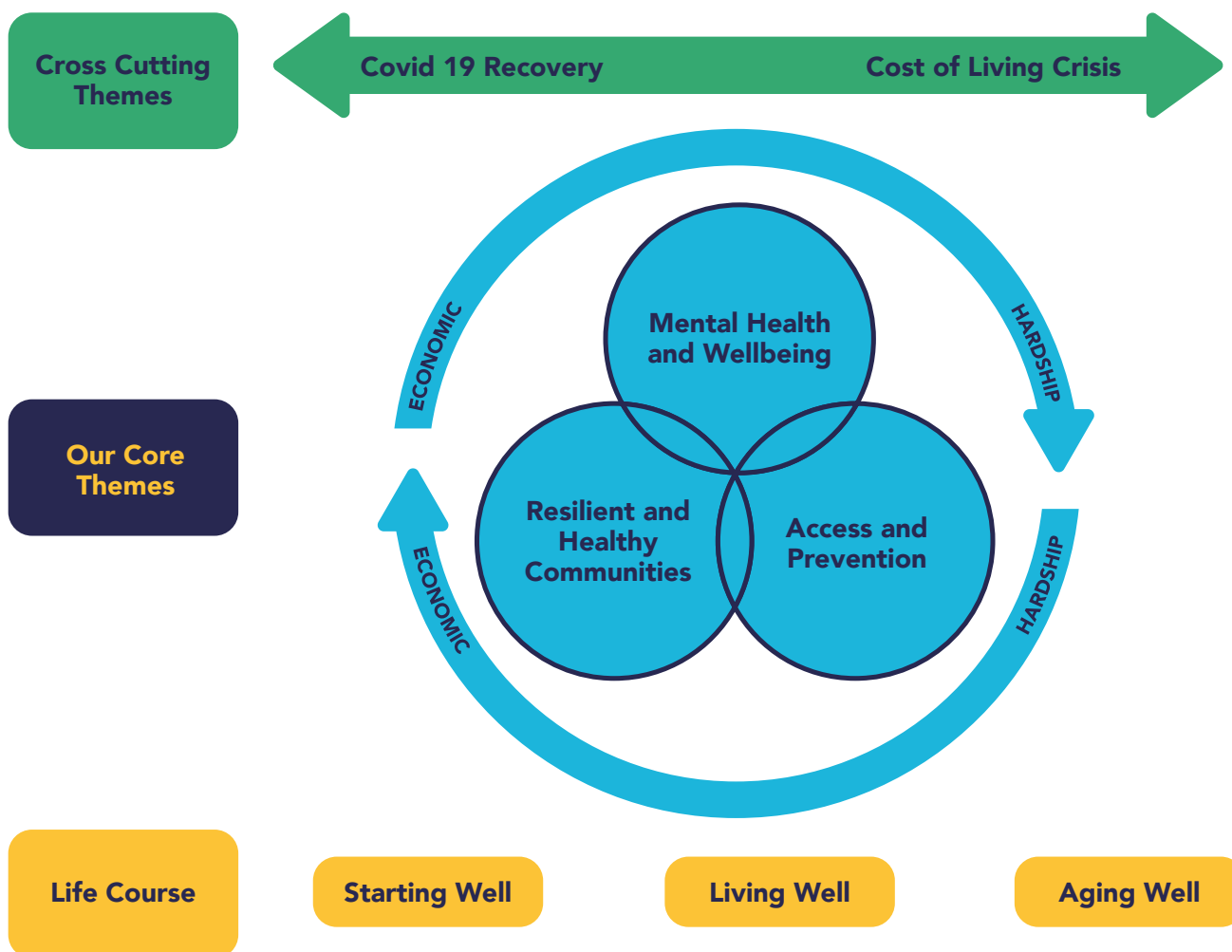
Early intervention and laying the foundations for better health are key to helping people stay healthy, happy and independent for as long as possible. This includes a focus on the wider determinants of health such as economic hardship, education, employment, housing and climate change.

Risk factors for poor health and inequalities are also important considerations at particular stages of life and can have detrimental effects on health and wellbeing as they accumulate across the life cycle.

Therefore, we have developed our strategy from a life course perspective, recognising that experience and need changes as people progress through the stages of life, from starting well (children, young people and families) to living well (working age adults) and aging well (older adults).

## 6. Our themes

With input from local stakeholders and organisations that work locally, we have identified three core themes that are appropriate to the health and wellbeing needs of the people of Broadland, while also taking into account the existing health and wellbeing work streams, and the themes of the ICS in their transitional strategy. The image below shows these core themes, under the cross-cutting themes of Cost of Living Crisis and Covid-19 Recovery set against the context of economic hardship.



Each of these core themes overlaps with the others in many ways, as indicated in the image above. Our intention is to identify our priorities, and ensure there are projects established that address each of the themes taking into account the economic hardship people are currently facing with the understanding that projects may cover more than one theme. This highlights the importance of not considering our responses to improving health and wellbeing in our community in isolation.

## MENTAL HEALTH & WELLBEING

A person's mental health affects every other area of their life. If we can help people find ways to better manage their mental health and wellbeing, we can have a meaningful impact on their quality of life. Working at a local level to build community resilience and mutual support will be a key underpinning principle. This might include mindfulness approaches, community groups and other group activities.



### The challenges we face here include:

- Nationally among 17- to 19-year-olds, the proportion with a probable mental disorder increased from 17.4% in 2021 to 25.7% in 2022.
- Suicide rates, while not comparatively high at 8 deaths per 100,000 residents during 2019-21, do present an increased risk for our male population.
- There are over 1200 people over 65 years living with dementia in Broadland.
- We know there is a 50% increased risk of dementia for people who report experiencing loneliness or isolation, comparable with other dementia risk factors.

## ACCESS AND PREVENTION

In order to benefit from health and wellbeing services, we first have to be able to access them. And the earlier we can access them, the more likely it is that we can prevent the worsening of conditions. We will address inequitable access to services, tackling loneliness and isolation, ensuring that people are able to get the help they need when they need it. This will include signposting and access to health and community services.

### The challenges we face here include:

- The average cost of private transport across England has increased by 13.5%, affecting people travelling to work and for leisure.
- Broadland residents without access to a vehicle are at significant risk of rural isolation. The average time taken to reach key services by foot or public transport is 57.0% higher than the England average.

- The number of emergency admissions per head of population for strokes is considerably higher than the England average.
- In Broadland, 24% of people often or sometimes feel lonely.

## RESILIENT AND HEALTHY COMMUNITIES

By supporting people to be healthy and independent, we can help them be an active part of their neighbourhood or community. A strong and healthy community is better able to help its residents, so we will seek to build personal and community resilience through projects around self-care, exercise, healthy eating and other individual and group activities.

### The challenges we face here include:

- 12% of births (125 annual births) were to mothers who were smokers at the time of delivery, which is above the England average.
- Smoking accounts for 15% of preventable cancers in UK.
- With food prices increasing there will be far-ranging health impacts – whether this is eating less, or changing diets to eat cheaper, less balanced meals.
- Musculoskeletal disorders are a barrier to physical activity with some 20.5% of Broadland residents experiencing issues with bones, joints and/or muscles.
- The rate of hip fractures in those 65 and over is above the England average.

## 7. Cross Cutting Themes

**In developing our strategy we have viewed the cost-of-living crisis and Covid-19 recovery as cross cutting themes impacting all aspects of people's health and wellbeing.**

### COST OF LIVING

The current cost of living crisis has the potential to have profound impacts on the health and wellbeing of our local population, particularly those in lower-income brackets. As the cost of meeting essential needs such as housing, food, and energy continue to rise, many people are struggling to make ends meet.

This can lead to financial hardship, which in turn can have negative effects on both physical and mental health. For example, people may be forced to choose between paying for food or heating, which can lead to serious ongoing health issues precipitated by poor nutrition or living in a cold home. The stress of financial insecurity can also contribute to mental health problems such as anxiety and depression.

#### **People living in deprivation are most affected by the cost-of-living crisis as follows:**

- Costs of energy, food, transport and housing are all increasing and with inflation at 10.1% this is putting financial pressure of individuals and families.
- Average energy bills could reach as high as £3,000/year resulting in more people falling into fuel poverty.
- Nationally the difference in life expectancy between the most and least deprived areas is 9.2 years for men and 7.2 years for women.
- Under the age of 75, preventable mortality and deaths from cardio vascular disease are three times worse in the most deprived populations. deprived populations.

### COVID-19

The Covid -19 pandemic has had short, medium and long-term effects on peoples' health and wellbeing, including increased levels of anxiety about illness, depression caused by loneliness and isolation and grief caused by bereavement.

Deaths from Covid-19 were also higher in areas with worse social determinants of health, including obesity, poor mental health and lower socio-economic status. This underlines the need for our Health and Wellbeing Partnership to tackle health inequalities and the underlying economic and social causes of ill health.

One of the key learning outcomes from the response to the Covid-19 pandemic was how local agencies were able to come together in times of crisis to share data, information and resources to rapidly respond to the needs of vulnerable people in our communities. We can build on this experience to develop our partnership to address some of the health and wellbeing priorities of our communities.

#### **Research shows that nationally:**

- Inequalities in Covid 19 mortality persist with mortality rates 3-4 times higher in most deprived areas.
- Vaccination uptake for people living in poorer areas and people from some minority ethnic groups is low.
- The significant deterioration in mental health has not returned to pre pandemic levels.
- Long term health conditions as a result of Covid -19 are keeping people out of work.
- There are education gaps due to lost learning resulting in a cohort of 'left behind children' facing significant risks to long term health and living standards.

## 8. Priority Action Areas

Within our Health and Wellbeing themes we have identified particular priority areas where we can focus our efforts to improve the health outcomes at each stage of the life course and this approach will help to bring together different agencies and also allow consideration of the wider determinants which affect people's health. This will include identifying areas of unmet need through collaboration between organisations.



### MENTAL HEALTH AND WELLBEING

- We will support men's mental health by establishing community spaces for men to connect, converse, and create.
- We will ensure there is accessible, coordinated information available at the right time and place to enable people to take greater control over their own health and wellbeing.
- We will work together to create easily accessible referral routes for young people to access support for anxiety and depression.
- We will work with our partners to encourage early diagnosis and promote and develop dementia friendly environments and services.
- Co-production of services and projects will underpin the work we do, ensuring people are engaged to offer insights into what they want mental health support offerings to look like.

### ACCESS AND PREVENTION

- We will work together to identify our older frail residents to make sure they have access to all required support.
- We will work collectively to reduce the number and impact of falls in our elderly population.
- We will work to combat loneliness and isolation.
- We will teach our collective workforce that prevention is everyone's business and 'Make Every Contact Count'.
- We will work together to explore sharing data and intelligence to better target individuals and families in need of help.
- We will continue to work with our partners to help people access the support needed to return home quickly and safely to independent living after a hospital stay.



## RESILIENT AND HEALTHY COMMUNITIES

- We will support the development of healthy places and promote the use of parks and green spaces.
- We will support children and young people to have a healthy weight by developing opportunities to deliver evidence-based interventions around a healthy diet.
- We will encourage parents to exercise with their children in open spaces and in local leisure facilities to maintain health and mobility.
- We will work together to empower our communities to build resilient to meet the mental and physical impacts of a changing climate and adverse weather events.

## CROSS CUTTING THEMES

- We will work together to explore sharing data and intelligence to better target individuals and families in need of help.
- We will provide structured support for individuals in or entering crisis offering help from multiple partners.
- We will work with people who have socio-economic vulnerabilities to help them access physical activities.
- We will promote all government sources of financial help to support people through the cost-of-living crisis.
- We will encourage people to access services aimed at getting them back into work.
- We will explore funding opportunities to enable us to jointly tackle inequalities and deliver prevention activities.



## 9. Moving Forward

This Health and Wellbeing Strategy provides a roadmap for the direction of travel for the Health and Wellbeing Partnership. Guided by the themes and priority action areas we will co-produce detailed action plans over the coming year (2023-24), working with partners and key stakeholders to identify the required funding and resources. This will enable us to deliver tangible health and wellbeing outcomes for Broadland residents.

We recognise that to effectively deliver for our residents it is essential that we now make haste in organising ourselves within the Health and Wellbeing Partnership to create working groups under the strategic leadership of thematic leads that are well resourced to produce the work needed to design and implement the action plans. In order to achieve this we will endeavour to ring fence any future funding available to the Partnership to secure the resources needed to deliver on this Strategy.

**Our Strategy is intended to be a live document, and will be reviewed on a regular basis to ensure that it continues to reflect what is best for the people who call Broadland home. There will be a formal review at the end of 2023, with a view to refreshing the Strategy in full at the end of 2025.**