

# Insight into prevention activity in Norfolk & Waveney (2022)

To inform the Health & Wellbeing Strategy  
for Norfolk

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# Executive Summary

## Introduction and brief

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

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

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

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

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

## Our approach

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

### Public engagement

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

## Partner engagement

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

## Literature review

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

## Findings

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

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

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

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

## Range of barriers to support

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

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

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

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

## The importance of the first two years

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

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

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

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

## Mental health

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

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

## **Shared messaging and multi-agency approach**

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

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

## **School years - key opportunities for engagement**

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

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

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

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

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

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

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

### **Access to services**

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

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

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

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

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

### **System is 'too busy'**

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

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

### **Value of preventative support**

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

### **Support in the local community**

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

### **Technology**

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



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

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

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

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

### **Healthier lifestyle priorities and barriers**

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

The top six areas that scored highest were:

- Healthy diet
- Keeping physically active
- Healthy weight

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

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

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

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

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

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

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

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

- Lack of access to support
- Family commitments
- Accessibility

### **It is just not that simple**

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

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

### **Technology in supporting healthier lifestyles**

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

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

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

## **Workforce**

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

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

## **Isolation and mental health**

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

## **Example of a whole system approach**

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

## **Healthier lifestyle choices**

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

## **Little initiatives can have a big impact**

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

## **Summary conclusion**

### **Prioritising prevention is a challenge for all**

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

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

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

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

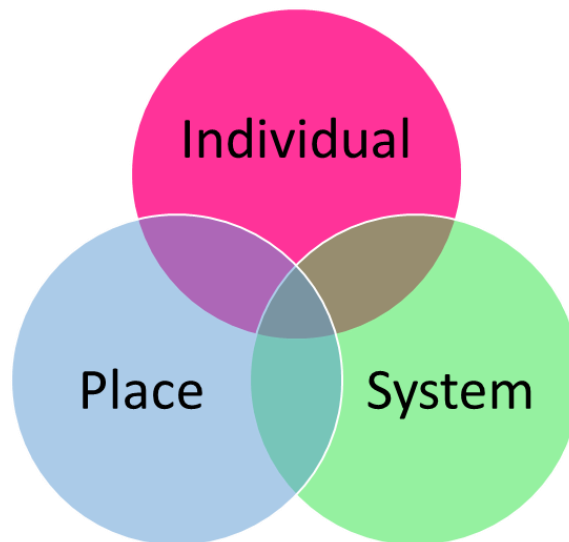
### **Individual, place and system**

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

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

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

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



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

The two goals are:

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

The five high impact changes are:

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

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

### **Technology plays a key role**

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

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

### **Workforce issues**

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

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

## Messaging

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

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

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

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

## Start young

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

## Co-production

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

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



## **Evaluation and financial impact**

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

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

## **Ongoing impact of the pandemic**

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

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

# 1. Introduction and aim of report

## 1.1. Who we are and what we do

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

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

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

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

## 1.2. The aim of this report

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

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

## 1.3.About Norfolk and Waveney

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

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

## 1.4.The Norfolk Health & Wellbeing Board

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

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

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

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

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

## 1.5. What is prevention?

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

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

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

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

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

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

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

## 1.6.Prevention priority areas

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

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

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

# 2. Approach

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

## 2.1. Public engagement

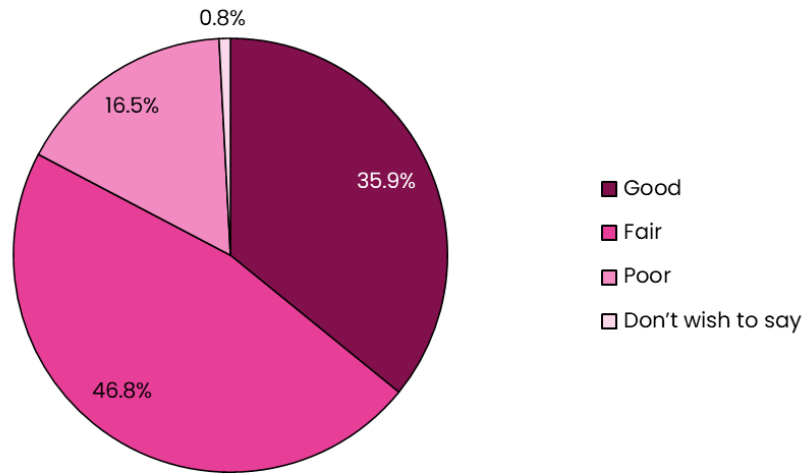
Three focus groups were carried out with the public, to explore prevention activity and perception, and to help design the surveys we would use for a wider view from the public. One focus group was held with adults of working age, one with older people and another specifically with young people. We also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

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

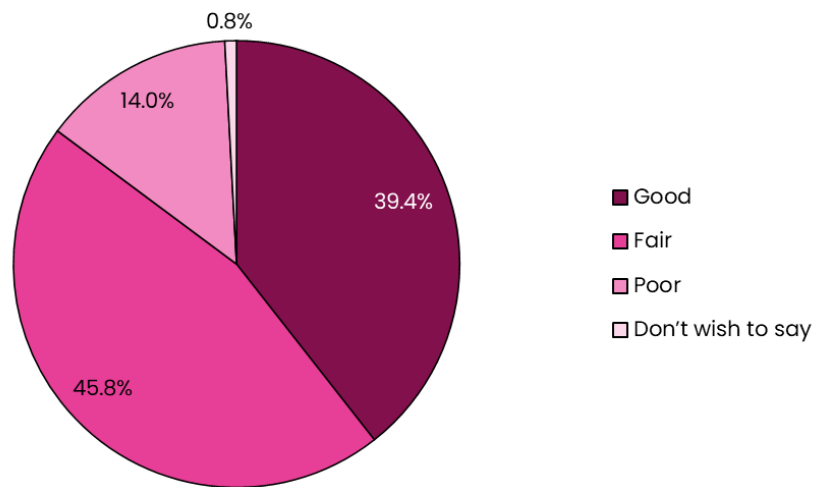
### 2.1.1. Characteristics of survey respondents

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

### How would you describe your overall physical health?



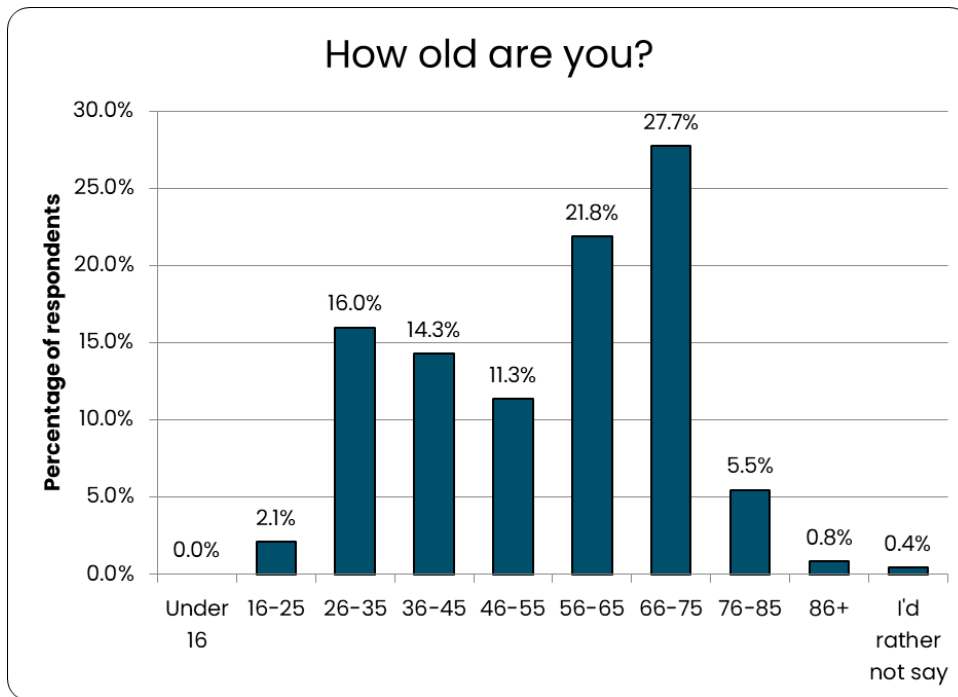
### How would you describe your overall mental health and wellbeing?



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

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

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



## 2.2. Partner engagement

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

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





## 2.3.Literature review

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

## 2.4.Adapting the brief

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

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

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

# 3. Findings

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

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

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

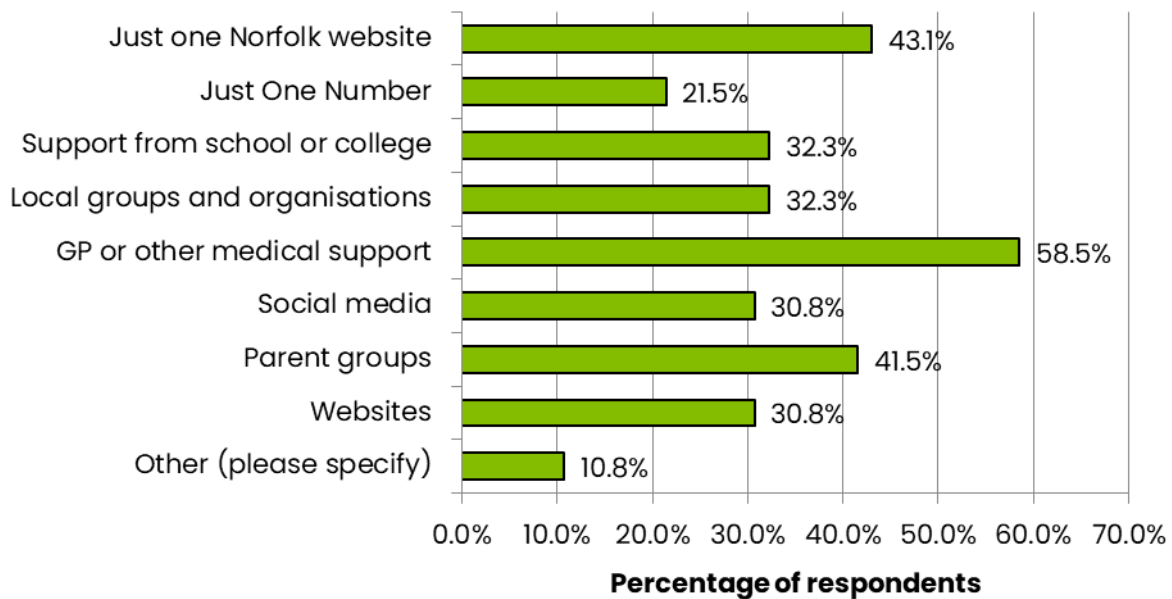
The following themes emerged as part of the exploration under this prevention priority:

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

### 3.1.1. Range of barriers to support

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

What services and support have you accessed to support your child/children to grow up healthy and well? Please tick all that apply:



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

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

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

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

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

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

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

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

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

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

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

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

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

### **3.1.2. The importance of the first two years**

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

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

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

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

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

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

### An insight into local activity: Home-Start Norfolk

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

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

The graph below shows the percentage who reported an **improvement in needs** following Home-Start Norfolk’s support this year.



(Home-Start Norfolk 2020-21)

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

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

### **3.1.3. Mental Health**

#### **Children’s Mental Health**

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

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

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

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

#### **Parents’ Mental Health**

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

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

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

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

### **Men's Shed - an insight into local activity**

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

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

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

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

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

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



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

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

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

### **3.1.4. Shared messaging and multi-agency approach**

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

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

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

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

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

### **"Families...We've Got This" - an insight into local activity**

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

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

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

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

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

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

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

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

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

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

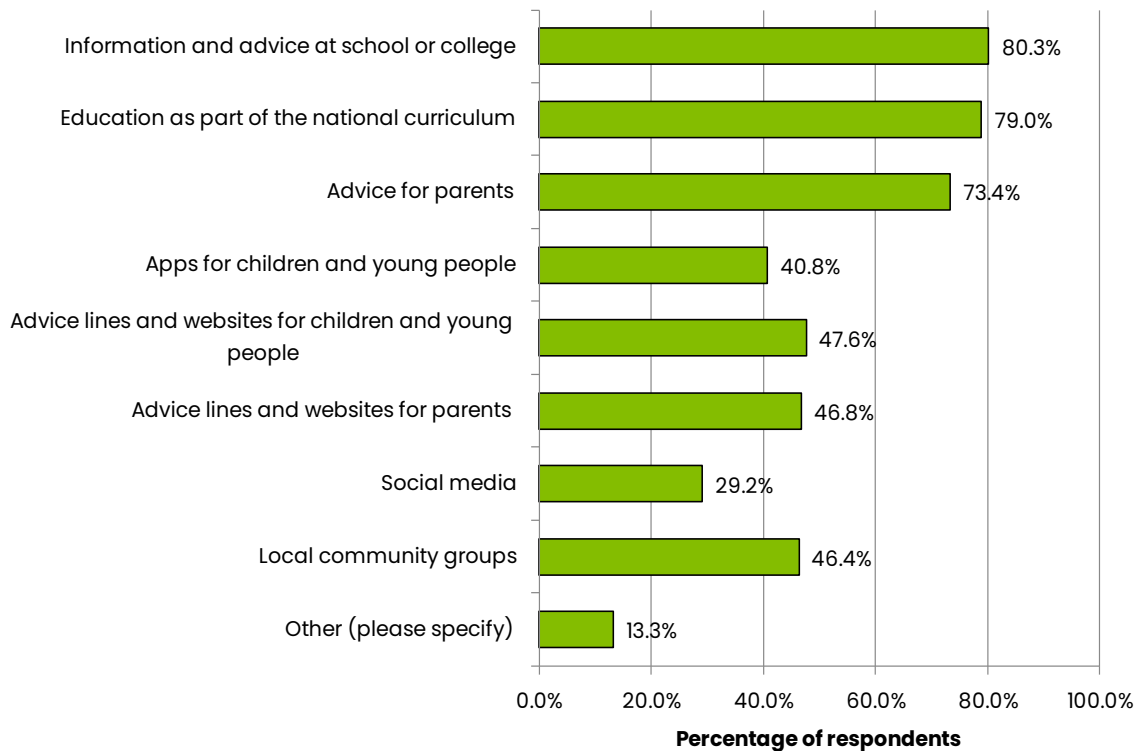
### **3.1.5. School years– key opportunities for engagement**

#### **National Curriculum**

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

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

Which of the following do you feel would make a difference in supporting children and young people to grow up managing their own health and wellbeing? Please tick all that apply



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

## An insight into local activity - ChatHealth

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

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

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

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

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

## An insight from young people

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

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

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

## School holidays

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

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

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

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

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

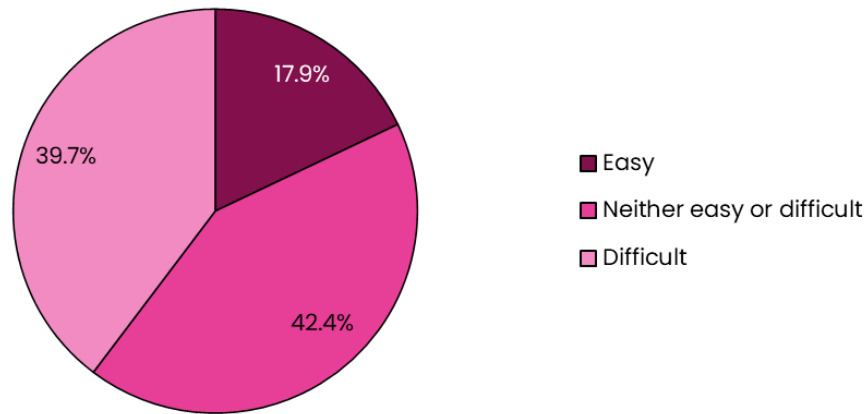
- Access to services
- System is 'too busy'
- Value of preventative support
- Support in the local community
- Technology

### **3.2.1. Access to services**

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

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

## How easy do you feel it is for people to access support to keep healthy and well?



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

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

## Changes in service access

### Dentistry

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

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

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

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

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

### Lack of access to GP

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

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

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

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

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

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

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

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



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

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

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

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

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

### Online access to health services

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

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

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

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

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

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

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

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

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

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

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

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

### **3.2.2. System is ‘too busy’**

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

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

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

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

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

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

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

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

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

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

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

### **3.2.3. Value of preventative support**

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

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

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

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

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

## **Insight into sensory impairment and rehabilitation**

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

### An example of activity within the rehabilitation team:

*A woman lives with her husband, for whom she is also his main carer. She was experiencing difficulties in the kitchen and was burning pans and her hands.*

**Rehab input:** *The Rehabilitation Worker provided living skills input around increasing safety, use of tactile methods and safe pouring skills. They also arranged for kitchen lighting adaptations, the issue of UV shields and a floor lamp, as well as cool skin gloves. Hi-marking was also put on the microwave and cooker dials*

**Outcome:** *The woman remains independent in caring for herself and her husband.*

**Without intervention:** *There would possibly be a breakdown of informal care and/or the need for daily home support from a care agency. There would also be a risk of burns or fire.*

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

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

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

### **3.2.4. Support in the local community**

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

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

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

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

### 3.2.5. Technology

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

#### **Alcove Pilot - an insight into local activity**

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

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

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

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

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

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

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

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

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

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

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

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

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



## Eclipse tool - an insight into local activity

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

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

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

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

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

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

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

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

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

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

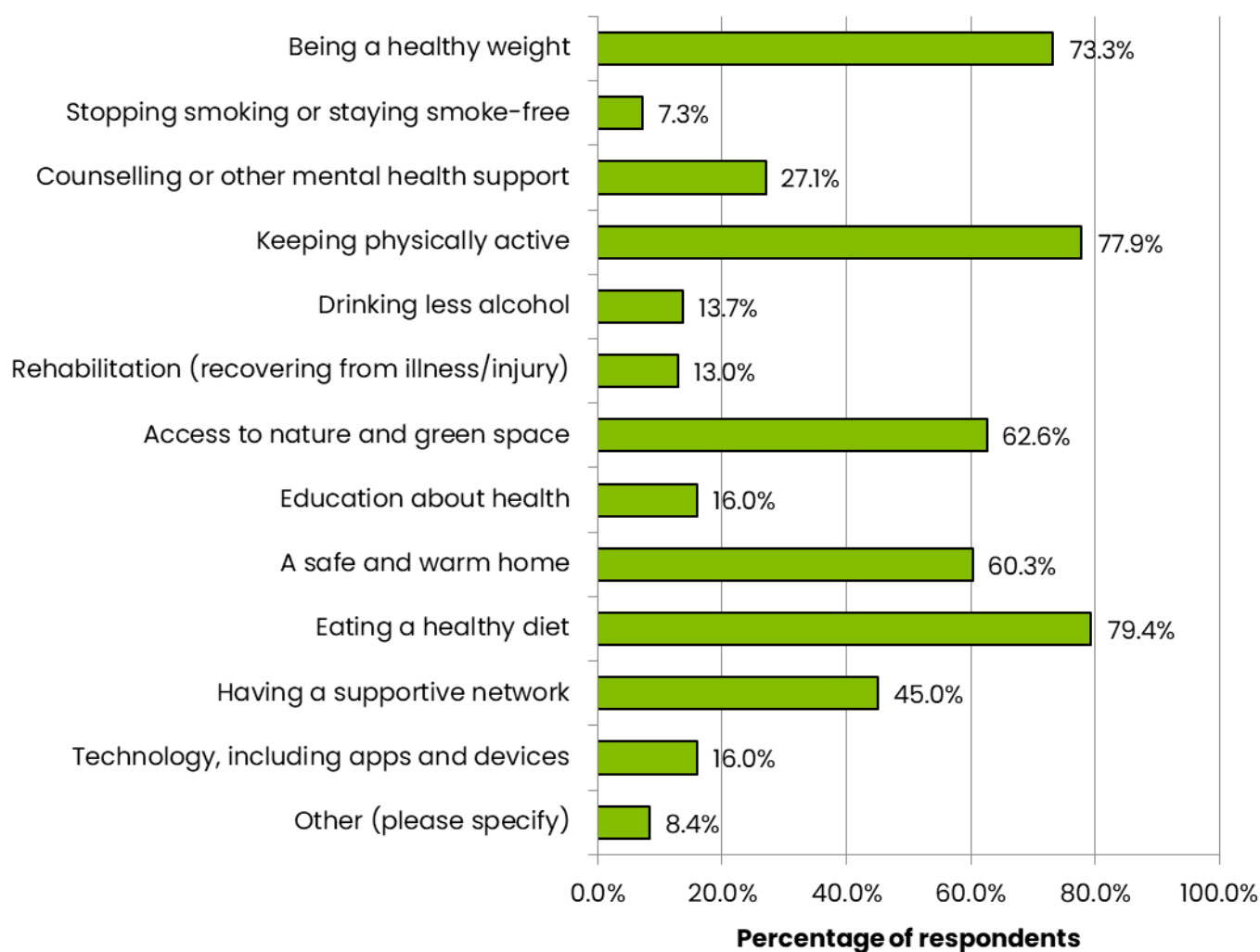
The following themes emerged as part of the exploration under this prevention priority:

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

### 3.3.1. Healthier lifestyle priorities and barriers

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

From the following options, please choose the five areas that are a priority for you in managing your health and wellbeing:



The top six areas that scored highest were:

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

- A safe and warm home
- Having a support network

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

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

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

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

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

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

### **Not one size fits all**

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

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

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

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

### **Barriers to keeping healthy and well**

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

#### Financial pressures

**“Financial pressures sometimes make it hard to get as many fresh fruit and veg as we'd like but we've found frozen great.” – survey respondent**

**“The waiting list for mental health counselling on the NHS is very long but private sessions are very expensive.” – survey respondent**

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

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

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

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

### Time

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

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

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

### Lack of motivation

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

“Lack of motivation and energy” – survey respondent

### Environmental and place-based factors

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

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

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

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

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

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

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

### Existing health conditions

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

### Lack of access to support needed

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

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

### Family commitments

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

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

“Childcare arrangements prevent me from frequenting a gym or other kinds of exercise.” – survey respondent

### Accessibility

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

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

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

### **3.3.2. It is just not that simple**

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

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

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



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

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

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

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

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

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

### **3.3.3. Technology in supporting healthy lifestyles**

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

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

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

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

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

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

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

## Healthier North Walsham - an insight into local activity

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

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

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

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

So far topics covered in these Facebook posts have included:

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

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

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

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

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

### **3.3.4. Workforce**

#### **Being active at work**

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

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

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

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

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

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

### **Physical activity in retirement**

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

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

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

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

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

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

### **3.3.5. Isolation and Mental Health**

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

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

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

## All to Play For – an insight into local activity

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

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

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

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

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

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

### 3.3.6. An example of a whole system approach

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

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

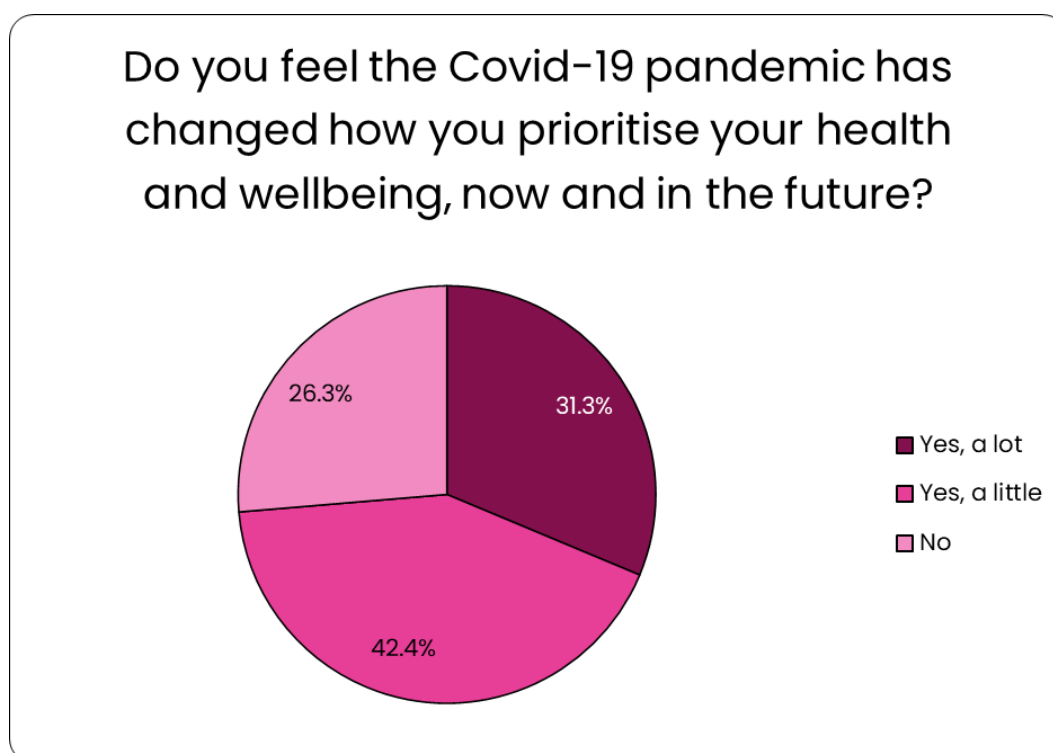
The aim of the Exercise Referral approach is to support inactive populations, those with identified long term conditions, and those that experience the greatest inequalities, to more effectively access appropriate physical activity opportunities to improve health outcomes.

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

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

### 3.3.7. Healthier lifestyle choices and the pandemic

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



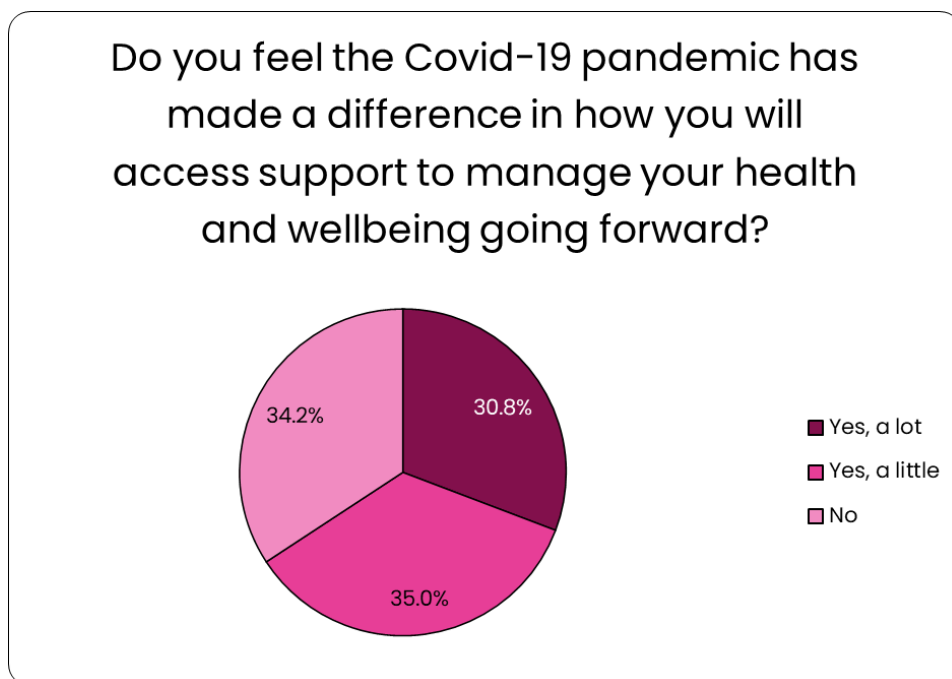
**“It definitely makes you more aware of trying to be healthy and build a strong immune system. It has also made me prioritise time for myself and talk more about how I’m feeling as it made you stop all the activities/ socialising/ extracurricular and spend time at home with loved ones. That is what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



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

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

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



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

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

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

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

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

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

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

“Think it worse to get help” – survey respondent

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

“Covid has had a profound effect on my mental wellbeing. My partner is clinically extremely vulnerable.” – survey respondent

### **3.3.8. Little initiatives can have a big impact**

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

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

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

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

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

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

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

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

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

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

# 4. Conclusion

## 4.1. Reflections on this review

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

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

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

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

## 4.2. Summary conclusion and key areas for consideration

### **Prioritising prevention is a challenge for all**

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

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

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

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

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

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

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

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

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

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

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

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

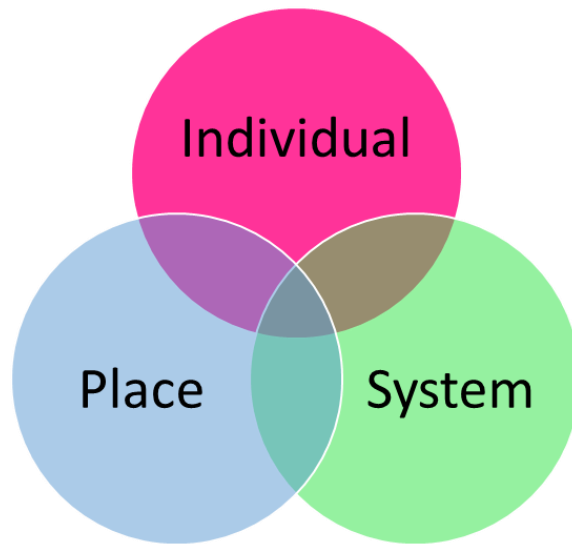
## **Individual, place and system**

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

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

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

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



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

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

The two goals are:

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

The five high impact changes are:

- Change 1: Population health management approach to identifying those most at risk (Goal 1)
- Change 2: Target and tailor interventions and support for those most at risk (Goal 1)
- Change 3: Practise effective multidisciplinary working (Goals 1 and 2)

- Change 4: Educate and empower individuals to manage their health and wellbeing (Goals 1 and 2)
- Change 5: Provide a coordinated and rapid response to crises in the community (Goal 2)

## **Technology plays a key role**

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

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

## **Workforce issues**

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

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

## **Messaging**

During the engagement in this project, we found the area where messaging is currently most complex relates to accessing primary care for support with



physical and mental health concerns. People are aware of the importance of keeping themselves well, but with the emphasis that it is on their shoulders to navigate how to do this. In many cases this comes with a sense that seeking support, in particular from NHS professionals, is often felt unwelcome or unavailable.

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

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

## **Start young**

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

## **Co-production**

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

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

## **Evaluation and financial impact**

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

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

## **Ongoing impact of the pandemic**

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

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

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