

## **BROADLAND HEALTH AND WELLBEING PARTNERSHIP**

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**Portfolio:** Health and Wellbeing Partnerships

**Wards Affected:** All

**Purpose of the Report:**

To provide an update on the spending and activities of the Broadland Health and Wellbeing Partnership.

**Recommendations:**

1. Overview and Scrutiny Committee to endorse the current work of the Partnership
2. Offer any comments around the future workstreams the Committee would like Officers to explore with the Partnership

## **1. Summary**

1.1 This annual briefing provides an update on the activities and spending of the Broadland Health and Wellbeing Partnership.

## **2. Background**

2.1 The Broadland Health and Wellbeing Partnership brings together partners across all sectors, collectively driving strategies and activities that:

- promote good health and wellbeing of communities.
- address the wider determinants of poor health.
- tackle health inequalities.
- develop and deploy support which prevents crises.
- align, develop and influence health and wellbeing services and commissioning.
- support people to live well in their own homes.

Supported by a small officer team, the Partnership is made up of organisations such as Public Health, DWP, Norfolk and Waveney ICB, Adult Social Care, Children's Services, Norfolk Constabulary, Voluntary Norfolk, Citizens Advice, Primary Care and Healthwatch Norfolk.

## **3. Current positions/findings**

3.1 Since its inception in May 2022 the Partnership has cemented its position as a place-based convenor, sitting alongside Place Boards under the wider Integrated Care System umbrella. There is ongoing work to strengthen the relationships with the Integrated Care Partnership (ICP) and Health and Wellbeing Board (HWB), ensuring work at partnership level is shared at all levels and communicating decisions made at ICP and HWP with Partners. The number of partners attending the bi-monthly meetings continue to be high and new partners are being introduced to the Partnership from across all sectors to further broaden the voices in the room.

The Health and Wellbeing Partnership team creates the capacity to seek and secure additional financial resource, enhancing the potential of collaboration and supporting the system to navigate place-based solutions.

The Partnership has a collective mission, "to work together to improve the health and wellbeing of communities in Broadland" and a shared vision that "every person in Broadland will have equal opportunities to live healthier, happier lives".

The Health and Wellbeing Partnership team are ideally placed to ensure projects are delivered, roles are fully embedded in the Council and jointly funded with Norfolk and Waveney ICB.

The past twelve months has been an exciting time for the Broadland Health and Wellbeing Partnership, a newly created Project Delivery Officer role has enabled the team to develop and deliver projects to ensure they thrive and deliver outcomes for our residents as well as supporting the wider Integrated Care System.

We have reviewed the Broadland Health and Wellbeing Strategy which sets out ambitious action statements and guides the work of our Priority Delivery Groups. The Broadland strategy can be found [here](#). The review was conducted using online engagement tools and round-table discussion with members of the Partnership. It was noted that “The desire for transformation leadership is evident” and “stronger relationships are being established with the aim of transforming communities”. Members of the Partnership also set challenges around transforming the way we evaluate projects and how we use data to inform project development.

The newly created Health Inequalities Strategic Framework for Action gives direction for Health and Wellbeing Partnerships and places emphasis on the great work already happening as well as the potential for future development. “Place-based partnerships will be supported to close the gaps between groups, through the update and production of tools and guides. Place-based structures will play a key role in developing the action plans for each of the building blocks, with the Health & Wellbeing Partnerships coordinating action relating to Living & Working Conditions and Lifestyle Factors”.

### 3.2 Spending of the Broadland Health and Wellbeing Partnership

The Partnership receives funding from several different sources to hold and distribute to enable the delivery of the strategy. The Partnership provides collective accountability, scrutinising activity and spending and acting as a critical friend when considering new projects. Details in the table below show both monies received and available for the Broadland Partnership at the time of writing.

	<b>Total funding held by the Partnership since inception</b>	<b>Available funds</b>
<b>Covid Recovery Fund 22/23</b>	£300,950.00	£0.00
<b>Better Care Funding 2022-3</b>	£82,000.00	£1,676.00
<b>Public Health 2023-25</b>	£204,750.00	£83,035.01
<b>Pride in Place Shared Prosperity Fund</b>	£14,100.00	£0.00
<b>BCF 2023-4</b>	£86,970.00 (expected)	£86,970 (expected)
<b>BCF 2024-5</b>	£86,970.00 (estimated)	£86,970.00 (estimated)
<b>TOTAL</b>	<b>£775,740.00</b>	<b>£258,651.01</b>

### **3.3 Activity of the Broadland Health and Wellbeing Partnership**

The Partnership has a varied programme of work across three Priority Delivery Groups, Resilient and Healthy Communities, Access and Prevention and Mental Health and Wellbeing. Projects and work are overseen by these groups, driving delivery, sharing learning and developing evaluation. The current project tracker, detailing current open and scoping projects can be found in Appendix 1, with a snapshot of some of the projects below.

**3.4 World Café and Commitment to Co-Production / Community Engagement.** The Partnership team secured £14,100 from the Shared Prosperity Fund to deliver training to people who live or work in the Broadland area. The training enables them to host a World Café, an interactive community engagement tool to empower attendees to share and shape ideas, having a voice in the development of work in their communities. The World Café will be key to the Partnership's commitment to co-production as set out in the Transitional Integrated Care Strategy and Joint Health and Wellbeing Strategy for Norfolk and Waveney. We are guided by the principle to "Create a learning system which makes decisions based on evidence and insight. Using data, including the Joint Strategic Needs Assessment to target our work where it can make the most difference - making evidence-based decisions to improve health and wellbeing outcomes."

Outputs for this project:

- World Café training provided to up to 25 people in Broadland including members of the community.
- 1 World Café participation event engaging with a minimum of 60 community members
- Visual minutes produced for the event
- Event report produced and presented back to the Health and Wellbeing Partnership to highlight next steps

We are in the early stages of developing an ambitious co-production strategy which will put residents at the heart of the projects we deliver with a focus on sustainability. The first Broadland World Café is being organised for September and will be focused in Reepham, bringing together residents and professionals to talk about how we build and sustain healthy and resilient communities. Following the initial World Café, the Health and Wellbeing Partnership team will support and manage the network of trained hosts and engaged community members who can be consulted on future projects.

**3.5 Community Engagement Van.** The Partnership was the main funder of the community engagement van, committing £33,750 to the project, giving opportunity to purchase a bespoke van to take services out to our communities. This flexible space can be used for events, classes and for outreach programmes.

Outputs for this project:

- Regular classes in rural areas
- Increase in Help Hub engagement
- Increase in community engagement
- Decrease in social isolation
- Decrease in Anti-Social Behaviour
- Decrease in physical inactivity

The Partnership continues to be involved, supporting with the development of evaluation tools, monitoring outcomes and promoting the use of the van as a resource for partners. To ensure the community engagement van is successful and sustainable the Health and Wellbeing Partnership has recently committed a further £19,224.40 for a full-time coordinator to ensure the van is used to its maximum potential and to support partners to tap into this resource.

**3.6 Norfolk Constabulary Contact and Control Room.** The Partnership is tracking and supporting work to better understand how colleagues in the Police control room can divert calls made for non-Police matters where someone still needs support with the aim of preventing crisis and reducing demand on services with a co-ordinated response. The work will support the Right Care, Right Person model which shifts the way emergency services respond to calls. Exploration is underway to scope a service to embed in Police teams to ensure a smooth transition of care away from the Police, this is being supported by the Health and Wellbeing Partnership team and opportunities to further develop the work is underway.

**3.7 Stroke Reach.** This project has been key in providing support and rehabilitation to those who have had a stroke with 80% of participants engaging in support offered to them. The Partnership gave £51,812 to Stroke Reach with the agreed outputs:

- Stroke survivors will benefit from exercise referral and the risk of further strokes will be mitigated
- Recovery from stroke will be enhanced with individuals benefiting from increased independence, this in turn has the potential to diminish the need for formal care packages
- The need for further clinical interventions will be diminished

The project has demonstrated that, by bringing together existing support options to meet each need, the patient and carer is more likely to receive the right support at the right time. By co-developing the project with clinicians and non-clinical support, the trust built between referrers and support deliverers has increased significantly. The work carried out through Stroke Reach is now business as usual for the Active NoW service, positively impacting the lives of those who have had a stroke without further, additional funding from the Partnership.

**3.8 Mindful Towns and Villages.** The Mindful Towns and Villages project, funded using £65,500 of Covid Recovery Fund, has supported three areas in Broadland to achieve the status of a Mindful Town or Village. These areas are Aylsham, Brundall and Cantley as well as Wroxham which will shortly be announced, there are 108 champions working with their communities. Volunteer champions receive free training to empower them to have low-level conversations with their community peers, signposting to more formal support as required. They aim to reduce escalation and the need for intervention by statutory services, prevention is at the heart of what the champions do.

The Partnership has funded an additional £53,962.50 to expand this service to include a dedicated co-ordinator to deliver the agreed outputs:

- 15 Mental Health First Aid courses delivered
- 15 Mental Health awareness courses

- 20 Young Persons mental health courses
- 300 additional community champions
- 200 additional young person's champions

We will continue to shape and develop the project, monitoring and evaluating the progress.

**3.9 Social Prescribing in Secondary Care – evaluation.** In the previous financial year, the Partnership funded a project to deliver Social Prescribing in Secondary Care, the Broadland Partnership contributed £90,000 to this project and has subsequently funded £5000 towards the evaluation. The report has highlighted a number of strengths around pro-active contact with cohorts of patients who are due to undergo elective surgery to ensure they are able to be discharged when they are medically fit, reducing “bed blocking” and getting people back to the safety and comfort of their own home to continue their recovery.

Case Studies provided as part of the evaluation indicate a positive impact on health outcomes, including patients identifying an improvement in mental health, feeling that communication between services has improved, an increase in independence in the home, reduced risk of self-neglect and stronger social networks. These case studies demonstrate the positive impact of multi-agency working. The Partnership will be presented with lessons learned to ensure these are embedded to ensure the future success of other projects.

#### **4. Proposed action**

- 4.1 The Health and Wellbeing Partnership has a strong track record of convening partners to share knowledge and deliver projects. The Partnership is asking for continued endorsement of this work.

#### **5. Recommendations**

- 5.1 Overview and Scrutiny Committee to endorse the work of the Partnership
- 5.2 Offer any comments around the future workstreams the Committee would like Officers to explore with the Partnership

## Appendix 1

<u>Project Name</u>	<u>Primary Priority Delivery Group</u>	<u>Description</u>	<u>Project Aims and Evaluation</u>
Social Prescribing in Secondary Care – Evaluation (£5000 CRF)	Access and Prevention	Additional funding for project evaluation. Approved at meeting on 5/4/23. Expecting outcome in Feb 24. Report delayed March 24 (issues with signing contracting and data collection).	Research suggests that 20% of an individual's health outcomes result from clinical treatment and the remaining 80% comes from determinants such as social networks, physical environments and lifestyle choices. A service supporting individuals to address societal difficulties would therefore improve health outcomes in a cohort of the population currently disadvantaged. This clearly addresses health inequalities as, where there is no inequality of access, there is clearly likely to be inequality of outcome. Evaluation: Hospital re-admissions; Ages of referrals
Prioritise Prevention	Access and Prevention	Utilising AI technology to identify people at high risk of falls and offering them access to multiple services to reduce that risk and improve their health and wellbeing. Phase one looked at adult social care records to identify people at risk of falls. Phase two has started looking at data to identify people at risk of social isolation and loneliness - 300-400 identified, end of April 2024 all will be contacted by Help hub to offer support.	
Prioritise Prevention - Phase 2 (social isolation)	Access and Prevention	AI tool use accessing council records to identify people at risk of social isolation and loneliness, Help hub contacting them to offer support	
Stroke Reach (£51,812 BCF)	Access and Prevention	Proactively contacting recent stroke survivors with a view to offering a tailored exercise referral programme delivered through Broadly Active. This will enhance recovery and also facilitate a conduit to other support services through the Districts' social prescribers.	To provide wrap around support to improve the service of stroke patients once discharged from clinical settings. Identify 8 challenges: coordination of care, support for falls, feelings of abandonment; mental wellbeing support; support for carers; accessing physical therapy and signposting
Making Every Contact Count	Access and Prevention	Training offer from public health NCC, 4.5K places across Norfolk and waveney to support staff who are having conversations to 'make every contact count' share prevention messages/signpost etc	As part of the Public Health behaviour change strategy we want to upskill the public sector, voluntary sector and the health and social care workforces in MECC (Making Every Contact Count) and behaviour change techniques, to normalise conversations and enhance interactions around health behaviours. This training is part of a system wide collaboration between Norfolk Public Health, the Integrated Care Board (ICB) and partners in the Integrated Care Partnership (ICP).

Mindful Towns and Villages (£65,000 BCF)	Mental Health and Wellbeing	Delivering free wellbeing and mental health awareness training through NSFT and mental health champion training to local community groups, businesses, shops, pubs, etc. This is to raise awareness of mental health and wellbeing issues at the most local level and build a genuinely available group of people in local communities who can provide support and a 'listening ear'.	As part of the Public Health behaviour change strategy we want to upskill the public sector, voluntary sector and the health and social care workforces in MECC (Making Every Contact Count) and behaviour change techniques, to normalise conversations and enhance interactions around health behaviours.
Mindful Towns and Villages – extension (£53,962.50 Public Health)	Mental Health and Wellbeing	Employing full time staff member to continue to build champion network, deliver adult training, train the trainer model, and develop and deliver youth course	This training is part of a system wide collaboration between Norfolk Public Health, the Integrated Care Board (ICB) and partners in the Integrated Care Partnership (ICP).
Men's Mental Health - improving capacity	Mental Health and Wellbeing	Focused conversations with NSFT around cohort in Hellesdon of those people who left and stayed out, and those who left and returned.	
Diet and Nutrition (60,000 CRF)	Resilient and Healthy Communities	Aims to provide resource and support (financial, training and people) to community food facilities, e.g. food banks or community fridges/hubs to improve the diet and nutrition offer in communities in Broadland and longer term prevent diabetes and cardiovascular disease amongst residents. The project is focussing on proportionately targeting resource to improve inequalities in health and help mitigate the impact of the cost of living crisis.	Communities with the most need are still able to access support, support is available to those who might now have accessed previously but may now have a need, communities able to access improved food offer, skills and places to be able to prepare
Community Participation Project (£14,000 Pride in Place)	Resilient and Healthy Communities	Funding from Pride in place to deliver 2 world café. Fits into wider coproduction project.	Train up to 50 people to become world café hosts; Deliver 2 world cafés - one in each district to engage with communities; Use reports and follow up conversations to shape future Partnership work.
The Community Engagement Van (£33,750 CRF)	Resilient and Healthy Communities	A mobile studio space for any 'activity' to support rural communities and specific target groups. It enables us to provide any of the hub services on demand in any area of the district.	Regular scheduled classes in rural areas, Increase in community engagement, Increase in hub engagement, Decrease in social isolation, Decrease in physically inactive Broadland residents
#CommitToCoPro	Resilient and Healthy Communities	Healthwatch Suffolk Co-pro support	Create a coproduction strategy for the Partnerships; Support to plan Partnerships with coproduction work.



Shadowing Programme	Crosscutting	HWP runs a match making service for staff within system to shadow others.	Increase collaboration and awareness between system partners about how each organisation works; building relationships and removing barriers to partnership working
Carers Community Champions (	Resilient and Healthy Communities	Train 2 cohorts of unpaid carers as Community Champions, 1 in Aylsham and 1 in Diss. The training will support people to develop the skills to give info, advice and guidance to their peers. Bringing together a group will be an opportunity for unpaid carers to build strong social connections in their local area, develop new skills to support each other and other unpaid carers, create a supported environment where their voices and opinions matter and are heard and develop new skills which might support the on a new career path in the future.	16 Carer Community Champions trained (8 in each location). 8 Carer Community Champions Volunteering. improved confidence/self-esteem ; Improved networks of support. Improved engagement in local community. Reduced social isolation. Confidence to give advice to peers
Care Worker Career Progression	Resilient and Healthy Communities	Working with 1 provider we will aim to support 2 currently employed workers within the service to create and manage a career and skills plan to aid with in-work progression and retention within ASC. The pilot would look at mentoring and support for the worker to plan their skills and wellbeing needs to reach their in-work progression goals and support their personal development.	Support 2 currently employed workers within the service to create and manage a career and skills plan to aid with in-work progression and retention within ASC. 121 career discussion and mentoring creating a pathway plan for development. Signposting support for skills training, CPD, and upskilling such as IT skills etc. Wellbeing support and signposting. A suite of resources that can be pulled from after the support pilot is delivered. Increased awareness of what being a carer can involve; Increased awareness of the support available for Carers from Carers Matter Norfolk
Communicating Care / Anyone can be a Carer	Resilient and Healthy Communities	Produce a professional video to share across multiple streams, to raise awareness and promote early help for non-paid carers	Increased awareness of what being a carer can involve; Increased awareness of the support available for Carers from Carers Matter Norfolk
<b>Scoping Projects</b>			
Enhancing Investment in Diss	Access and Prevention	Scoping is underway to enhance the development opportunities that will arise in the Diss area. There is significant investment to infrastructure in the town which gives the Partnerships an opportunity to use co-production as a tool to shape and design aspects that will enhance the wider health and wellbeing of the residents of Diss.	

Prevention Work with Construction and Agricultural Workers	Mental Health and Wellbeing	Commission co-production work with construction and agriculture workers to understand what messaging works for them, and how best to target those specific cohorts.	
Men's Mental Health - working with existing providers	Mental Health and Wellbeing	All To Play For, and Rest Hubs to understand what's working, lessons learnt, and what they need to enhance their service.co-production piece of work that is going on. Good practice, additional funds to support communities.	
Children and Young Person's Copro	Mental Health and Wellbeing	PDG would like to coproduce with young people specifically around mental health services. Would like to engage with young people on mental health waiting list and see what gaps in provision are there which HWP could support with. Potential to work with YAB more generally to look at what is missing within the mental health space which HWP could support with.	
Perinatal Support for Men	Mental Health and Wellbeing	10K fund available for perinatal for men - can be used to create space for new fathers to meet and support each other. Could bring in father focused officers into project. Could this enhance existing VSCE provision. Link in with communities team - men's sheds/similar local groups.	
Dementia Friendly Project	Mental Health and Wellbeing	Would like to offer dementia support, potentially around awareness training or helping organisations/services to become dementia friendly.	
Right Care, Right Person	Mental Health and Wellbeing	Police have stopped taking low level welfare calls JAN 2024, ICB looking to plugging gap in provision, help hub were seeking funding to increase capacity through connector team but were unable to secure funding stream.	

Opportunity to Influence	Mental Health and Wellbeing	<p>Harnessing the influence held by senior sponsors to ensure that the mental health and wellbeing strategy is on the agenda at high-level meetings where decision makers and influencers convene. Using this opportunity to showcase the excellent work happening across the system as well as sharing ideas to develop existing work and to shape future projects.</p>	
Step Down, Move On Accommodation	Mental Health and Wellbeing	<p>Scoping is ongoing for a project that would look to provide specialist, supported accommodation for those leaving secondary mental health services, providing individual accommodation units with access to a range of support and interventions to help aid recovery and reduce risk of readmission. This is a project working alongside partners to deliver specialist support.</p>	
Council Control Room Data	Mental Health and Wellbeing	<p>Work is underway to establish links with the Norfolk Police Contact and Control Room to look at types of calls and the wider support needs of those callers. It's likely that partners can support with the development of any subsequent project that comes from this data.</p>	
Work and Talk Project	Resilient and Healthy Communities	<p>This project will provide an opportunity for men, of all ages, to feel more comfortable opening up and by engaging with other men, whilst actively engaged in Conservation projects on council owned land. Getting out in the fresh air and talking openly about anything that may be on their mind, rather than suffering in silence and contemplating suicide or self harm. The project will be delivered in Partnership with The Trust for Conservation Volunteers and the Community Asset team, with projects identified on four sites, where sessions will be run every other month. It will deliver stand alone projects which the participants can take pride in delivering to their local community and will also look to form a legacy for the individuals to either form their own groups or join existing volunteering opportunities going forward.</p>	

Adverse Weather	Resilient and Healthy Communities	Linking to existing support offered by wider teams in system to ensure that signposting to support services is consistent to ensure that the psychological impact of adverse weather is supported alongside help to manage the immediate impact such as loss of belongings.	
Kett's Park Engagement Event	Resilient and Healthy Communities	To deliver events across districts to showcase HWB offers of the councils and the HWP - activities available, information and a family day out. First event will be held in Wymondham at Kett's Park.	
NCLS - Mobile Legal Advice	Access and Prevention	Rolling out a mobile legal advisor, dedicated one day a week in Broadland.	
Antenatal Education project	Resilient and Healthy Communities	To look at antenatal offer for expectant parents and identify where there are gaps in provision which the HWP could support with.	