

URN: 21-185

Subject: Norfolk & Waveney NHS Integrated Care System (ICS)

Report to: Housing & Neighbourhoods Committee - 14 July 2022

Report by: Paula Boyce, Strategic Director



SUBJECT MATTER/RECOMMENDATIONS

To provide members with an overview of the changes taken place on 1st July 2022 moving from a Clinical Commissioning Group (CCG) operating model to an Integrated Case System (ICS) governance model and the role the council plays in the new ICS at Place level.

As part of the new governance arrangement at Place level of the footprint of the borough council area, members are asked to agree to the formation of a Great Yarmouth Health & Wellbeing Partnership and two Community Partnership areas aligned to Primary Care Network boundaries.

Housing & Neighbourhoods Committee resolves to:

- (a) Note the new arrangements for health & social care under the Norfolk & Waveney ICS, the formation of a Norfolk & Waveney Integrated Care Board (ICB), an Integrated Care Partnership (ICP) and the role the borough council plays in supporting the wider ICS both at 'Place' level for Great Yarmouth and Waveney and locally within the borough of Great Yarmouth in relation to supporting the health & wellbeing of residents and communities.
- (b) Agree to the formation of the Great Yarmouth Health & Wellbeing Partnership (HWP) to be chaired by Cllr Emma Flaxman-Taylor as nominated by Council.
- (c) Agree to discontinue the three Neighbourhood Boards and form two Community Partnerships to help inform the HWP's work.
- (d) Note the proposed spend of Norfolk Public Health Covid Recovery Funding on resourcing the operation of the community hub operating model' namely the council's Community Marshals, case workers and Community Champions' Programme to support the HWP & Community Partnerships in 2022/23 with support from the HWP partners.
- (e) To request the Great Yarmouth HWP and Community Partnerships provide an annual report to Housing & Neighbourhoods Committee in relation to delivery of agreed community-focused locality priorities, including tackling health inequalities and closer integration with NHS partners, working in collaboration with partner organisation and community groups.

1. BACKGROUND

- 1.1 Under the Government's Health and Care Act, NHS Integrated Care Systems have been established in all areas of the England to drive changes that are intended to lead to better, more joined-up care for the population. With much of the activity to deliver integrated health and care and improve the population's health happening more locally in the places where people live and work.

- 1.2 The introduction of new health and care structures in England, known as NHS Integrated Care Systems (ICS) is part of a fundamental shift in the way the health and care system is organised from 1st July 2022. The objective being to move away from competition and organisational autonomy and towards collaboration with health and care organisations working together to improve population health while embracing the principle of subsidiarity (localising resource and decisions as a precedent).
- 1.3 In Norfolk and Waveney, collective system partners had already achieved a lot by working in partnership and this has now been strengthened through our joint response to the COVID-19 pandemic. The changes are made possible by different organisations – NHS hospitals, GPs, mental health and community health services, local councils, care homes and social workers, voluntary and community organisations and others – joining forces to agree and plan for local people’s needs.
- 1.4 As a result of the new Health and Care Act, from July 1 2022, the Norfolk and Waveney Integrated Care System (ICS) has legal status and includes a statutory Integrated Care Partnership (ICP), and a new NHS body called NHS Norfolk and Waveney Integrated Care Board (ICB). NHS Norfolk and Waveney ICB replaced NHS Norfolk and Waveney Clinical Commissioning Group (CCG). As well as taking on the existing responsibilities of the CCG, the new ICB is accountable for the performance and finances of the NHS across Norfolk and Waveney - a total budget of £2 billion a year.

2. NORFOLK & WAVENEY NHS INTEGRATED CARE SYSTEM (ICS)

- 2.1 The Norfolk & Waveney ICS has replaced the previous Clinical Commissioning Group (CCG) but on the same geographic footprint. Over the past 18 months, council officers have been working with health and care partners to develop a suite of ICS governance arrangements in line with NHS England guidance. Under the ICS, there is a requirement for greater collaboration with all parts of the health and care system including GPs, hospitals, community health care and social care, as well as physical and mental health services, county and district/borough councils and the voluntary sector.
- 2.2 The statutory ICS is made-up of two key bodies: at system level (Norfolk & Waveney) an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP) now exists. The ICB takes on NHS planning functions previously held by the CCG and will produce a 5-year plan for how NHS services will be delivered to meet local needs. The ICB must have regard for the Joint Health & Wellbeing Strategy agreed by the Norfolk Health and Wellbeing Board. The ICP operates as a statutory committee of the NHS ICS and brings together partners to focus more widely on health, public health, social care, prevention and community support.
- 2.3 At ‘Place’ level, the governance of the Norfolk & Waveney ICS has been split into five ‘Place Boards’. The relevant Place for Great Yarmouth is ‘Great Yarmouth & Waveney’ spanning two counties and two district/borough councils (the Waveney part of East Suffolk District Council and all of the Great Yarmouth Borough Council).
- 2.4 Each ICS place also has within it new ‘Health & Wellbeing Partnerships’ co-terminus with district/borough and city council boundaries. The Great Yarmouth HWP & the Waveney HWP will inform and influence the wider Great Yarmouth & Waveney Place Board and its commissioning.

3. GREAT YARMOUTH HEALTH & WELLBEING PARTNERSHIP

- 3.1 The formation of Health and Wellbeing Partnerships presents a real opportunity to drive better integration of health and wellbeing services across the whole of the public & VCSE sector at a local level. Importantly Health and Wellbeing Partnerships will focus on localism, enabling district/borough/city
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councils respectively to proactively contribute to the health & wellbeing of Great Yarmouth's residents and be more influential in local health and social care policy.

- 3.2 Given the Borough Council's knowledge of its residents and communities, the proposal is for each district, city & borough council to establish a Health & Wellbeing Partnership (HWP) including undertaking the chair role. This allows all place leaders to fundamentally work collaboratively on prevention, early help and the tackling health inequalities including wider determinants of health.
- 3.3 Working closely with the former CCG's Locality Group and Norfolk Public Health, the proposed Terms of Reference for the Great Yarmouth HWP is attached at Appendix 1.
- 3.4 To support collaboration and aid recovery from the pandemic, Norfolk Public Health has provided seed funding of £347,250 for which the Borough Council is the accountable body with the spend to be agreed by the HWP. As the name suggests, the purpose of the Covid Recovery Fund is to support health & wellbeing, focusing on community resilience and also recovery as set out in Appendix 3.
- 3.5 Partners that constitute the HWP for Great Yarmouth, collectively support this one-off funding being used to resource the community hub operating model. This additional support will enable the Community Marshal, case workers and the borough's award-winning Community Champions' Programme to continue to 31 March 2023, facilitating outreach services and enabling partners' to utilise Marshal capacity to engage with residents.

4. COMMUNITY PARTNERSHIPS

- 4.1 Members will be aware that to date, the borough's three Neighbourhood Boards have led the way in galvanising community resilience and have supported broader communication of community-based services helping to build asset-based community development and thriving partnerships with both the statutory and VCSE sector locally.
- 4.2 With the move to ICS Place Boards and HWPs, it is proposed that these partnership relationships will inform the establishment of two Community Partnerships as natural successors to the previous board arrangement. This will enable both ward member and community representation to continue in support of the new ICS structures. The new Community Partnerships will engender joint working, collaboration and where possible, integration between partner agencies and commissioned services as well as acting as sounding boards for service development and feedback on delivery.
- 4.3 It is proposed to establish two Community Partnerships on Primary Care Network geographic footprints: Great Yarmouth & Northern Villages and Gorleston & Southern Parishes. This operating model also aligns with the Police's Safer neighbourhood teams. The Community Partnership model already exists in East Suffolk. For the borough's area, subject to members' agreement, the new Community Partnerships will replace the three Neighbourhood Boards.
- 4.4 Whilst this new set of governance arrangements are proposed to facilitate and enable the borough council to work with its key partners under the new ICS, it also provides an opportunity to embed the agreed priorities of Great Yarmouth Locality Strategy adopted by this committee in March 2021. As a reminder, the Great Yarmouth Locality Strategy priorities are:
 - 1. **Health and Well-being** - to reduce health inequality by encouraging healthier lifestyles, providing support for mental and physical health and strengthening community support.

2. **Low Educational Attainment, Skills and Aspirations** - to improve youth education and skills pathways, attainment and create career ambition.
 3. **Vulnerability and Exploitation** - to reduce exploitation and support those at risk of exploitation.
 4. **Loneliness, Isolation and Social Exclusion** – to reduce isolation and social exclusion by building community networks and cohesion.
- 4.5 Community Partnerships are proposed as networking, information exchange and consultative bodies with no decision-making powers. The purpose of Community Partnerships is to listen, develop ideas, support communities and assist in the co-production of services and interventions to deliver the priorities set out in the Great Yarmouth Locality Strategy.
- 4.6 A proposed Terms of Reference for Community Partnerships can be found in Appendix 2.

5. FINANCIAL IMPLICATIONS

- 5.1 Within existing resources. Additionally, to support collaboration and aid recovery from the pandemic, Norfolk Public Health has provided seed funding of £347,250 for which the borough council is the accountable body. The purpose of the Covid Recovery Fund is to support health & wellbeing, focusing on community resilience and also recovery.

6. LEGAL IMPLICATIONS

- 6.1 The creation of the new NHS ICS is governed by the new Health and Care Act with Health & Wellbeing Partnerships on a district/borough council footprint also being agreed by the Norfolk Health & Wellbeing Board. The further creation of Community Partnerships to help inform the HWP's work, and plans is outside of the ICS governance arrangement but is seen as complimentary.

Area for consideration	Comment
Monitoring Officer Consultation:	Yes
Section 151 Officer Consultation:	Yes
Existing Council Policies:	Corporate Plan, Annual Action Plan, Great Yarmouth Locality Strategy
Financial Implications:	Yes – as set out in section 5
Legal Implications (including human rights):	Yes – as set out in section 6
Risk Implications:	Minimal – covered by Funding Agreement
Equality Issues/EQIA assessment:	Yes – completed and on file
Crime & Disorder:	N/a
Every Child Matters:	N/a

Great Yarmouth Health and Wellbeing Partnership

Terms of Reference

1. Purpose

The Great Yarmouth Health and Wellbeing Partnership (GYHWP) comprises of locality partners committed to working together to improve outcomes of residents in the borough of Great Yarmouth and helping to inform, influence and deliver the Great Yarmouth & Waveney Place Board's vision:

Vision & Mission – Our GY&W Place connects partners to enable collaborative planning, design and delivery of seamless services, to support residents to take control and live healthy, independent and dignified lives. Through integrated working, partners will have a positive impact on population health by shifting to preventative focus on services that address people's needs promptly and effectively.

The GYHWP's common purpose is to ensure its collective services support residents by preventing avoidable issues, and by making available early intervention advice and support at the right time to avoid escalation that requires higher cost re-active interventions including provision of statutory services.

As place leaders, we understand our communities, their strengths and also the challenges some experience. Great Yarmouth's Locality Strategy provides a central reference point; to support alignment of resources to ensure maximum positive impact in relation to community support across the range of agencies working to improve residents' lives.

The Partnership collectively drives strategies and activities across the borough of Great Yarmouth to:

- **Tackle health inequalities**, champion the health and wellbeing of residents and address the wider determinants of health.
- **Improve education for all with clear skills & career pathways** to drive-up aspiration, ambition, and attainment.
- **Reduce exploitation** and support those that are vulnerable or at risk of exploitation.
- **Reduce isolation, loneliness and social exclusion** by building community networks and cohesion.
- **Align, develop, and influence** the NHS and local government services and commissioning.

Through close collaboration the Partnership aims to enhance integrated approaches and behaviours at every level and will be informed by operational intelligence within two Community Partnerships aligned to Primary Care Networks.

The organisations of the GYHWP will promote an ethos of partnership and mutual support including co-production of services with communities and organisations to address health and wellbeing challenges that no single organisation can address alone.

The needs of the borough's residents are varied and sometimes complex. Mobilising our collective resources together with good communication will best serve our residents to live a high quality of life and achieve their ambitions, being supported through primary prevention by their natural support network wherever possible including family and friends.

Prevention is all about helping people to stay healthy, happy and independent. By tackling the wide range of determinants that negatively impact on people's life chances, by stopping problems arising in the first place, and by ensuring people have the skills, capabilities, and social networks to effectively manage the problems that do arise, we are all better able to live well and thrive.

2. Principles:

The GYHWP will operate under the following guiding principles:

1. To improve the outcomes for communities including improving health and wellbeing, supporting people to live more independent lives, reducing health inequalities, and tackling underlying social determinants.
2. To use an evidence-led approach to provide insight and guidance about health and wellbeing issues across the system.
3. To champion co-production and inclusivity by engaging with residents, creating a learning system which makes decisions based on evidence and insight and supports the aspirations of Great Yarmouth's Community Partnerships.
4. To measure outcomes including added value from working jointly in partnership, ceasing opportunities and implementing a joined-up approach, thereby quantifying the benefits of working together across the system rather than doing it alone.
5. To collaborate and integrate when it makes sense and nurture a culture of broad collaborations and integration at every level of the system to improve outcomes including committing resources.
6. To have a collective model of accountability by which partners hold each other mutually accountable for shared and individual organisational contributions to objectives.

3. Membership

Senior leadership from:

- Great Yarmouth Borough Council
- Norfolk County Council: Adults Social Care, Childrens Services, Public Health & other relevant services
- Integrated Care Partnership (ICP) Place Board representation
- NHS providers
 - a. Acute services
 - b. Community health services
 - c. Primary care
 - d. Mental health services
- Norfolk care providers representation
- Further Education colleges
- Housing Associations operating in the borough
- Voluntary, Community & Social Enterprise (VCSE) sector representation
- Norfolk Constabulary
- Office of the Police & Crime Commissioner (OPCC)
- Department of Work and Pensions (DWP)
- Active Norfolk
- Healthwatch Norfolk

4. Functions

- a. Shape local implementation of the NHS Integrated Care Strategy and inform system strategies and plans with an overview of local delivery.
- b. Jointly develop a co-owned Great Yarmouth Locality Strategy and workplans that address, the health and wellbeing, and wider determinants of health in relation to the needs of residents of the borough of Great Yarmouth.

- c. Utilise hard and soft intelligence to develop a shared picture of the NHS Place and Neighbourhoods, identify local priorities and specific target areas of inequality.
- d. Engage with local people about the wider issues that impact on their health and wellbeing and co-produce and deliver solutions that are likely to have the most impact.
- e. Work collaboratively to influence the wider determinants of health in Great Yarmouth such as housing, education and employment.
- f. Work collaboratively to identify and address local health inequalities.
- g. Prioritise prevention; identify opportunities to support communities and their residents to stay well, improve their health and wellbeing and prevent ill health and anticipatory care to prevent crises.
- h. Work collaboratively to identify opportunities to get the best from collective resources so residents can get support and access appropriate services as quickly as possible.
- i. Be informed, gather information, develop services and interventions and track impact and outcomes through working with representatives of Community Partnerships.
- j. Jointly promote, communicate and market opportunities to/for residents to engage with services under the auspice of the GYHWP.
- k. Ensure that other appropriate groups/bodies/boards/committees above and parallel to the ICP and Place Boards under the new structure are appropriately linked to and engage with the work of the GYHWP.

5. Leadership

The Chair of the GYHWP will be nominated by Great Yarmouth Borough Council.

The GYHWP will appoint a Vice Chair drawn from its membership appointed at the first meeting of the GYHWP and annually thereafter. Frequency of meetings will be locally determined, typically bimonthly.

6. Delegation

The GYHWP will inform and influence the Integrated Care Partnership, will act as a consultative forum for the ICP and Place Board. Additionally it may receive delegated authority via its members to deploy resources in the borough of Great Yarmouth. Great Yarmouth Borough Council will act as the accountable body.

7. Attendance

It is expected that members will prioritise these meetings. Where it is not possible for a member to attend, they may nominate a named deputy to attend meetings in their absence and must notify the meeting convener who that person will be.

Members may attend meetings either in person, via telephone/video conference or communicate by email if an urgent recommendation for decision is required or if there is an urgent matter to discuss. Attendance will be recorded within the minutes of each meeting and monitored annually.

8. Frequency of Meetings

The frequency of the GYHWP meetings will be bi-monthly, however it is recommended that the timing of GYHWP meetings is in accordance with reporting requirements for the ICP and will be reviewed regularly by partnership members.

9. Task & Finish Groups

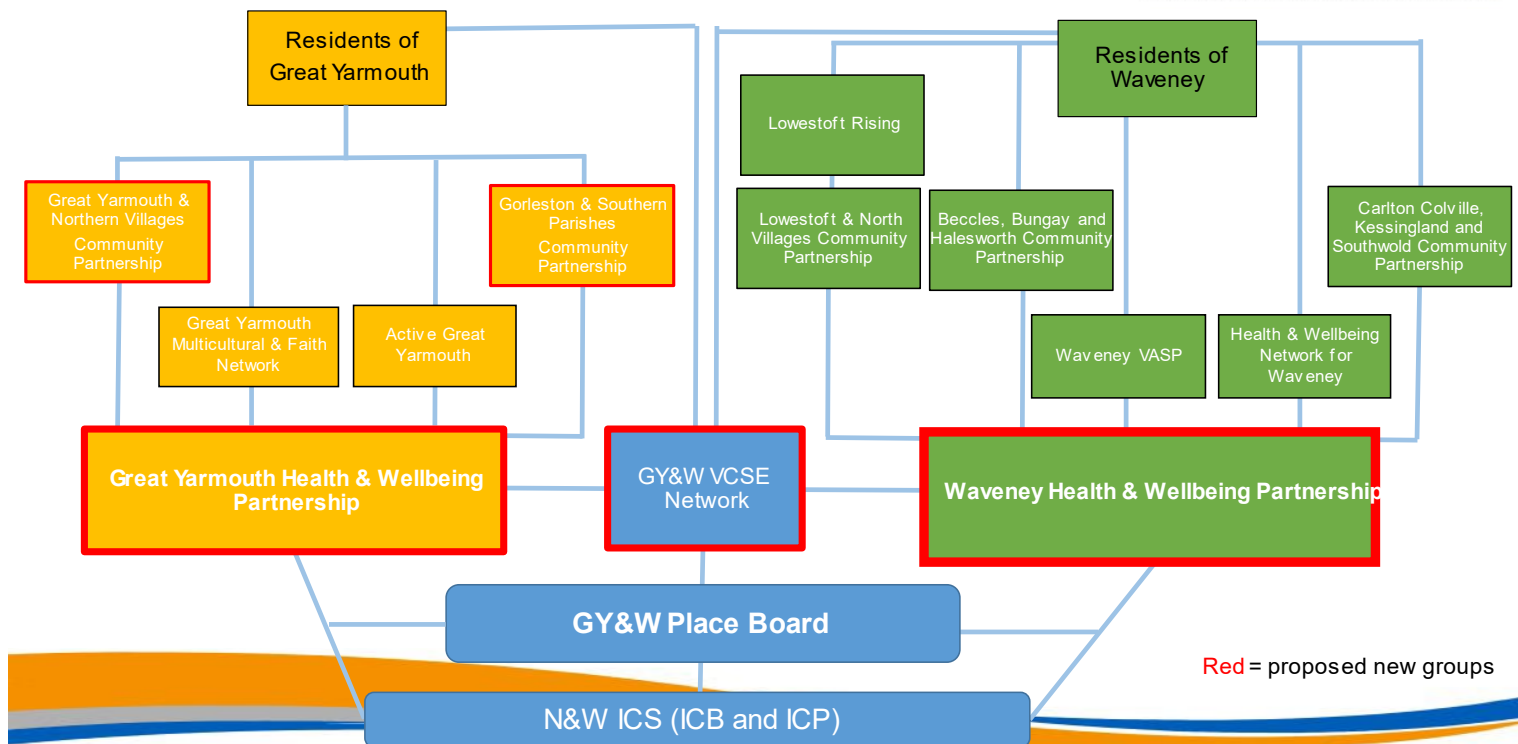
To assist with performing its role and responsibilities, the GYHWP may establish task & finish (working) groups and determine the membership, role, and remit for each group as required. Any Task & Finish group will report directly to the GYHWP.

10. Review

These Terms of Reference shall be reviewed after 12 months and thereafter every 3 years.



DRAFT GY&W Place Governance Arrangements



Great Yarmouth & Northern Villages Gorleston & Southern Parishes

Community Partnerships Terms of Reference

Community Partnerships are an innovative way for Great Yarmouth Borough Council, partners and communities to work together to 'bring ideas to life' by taking a local approach to local priorities.

1. Form and Function

- 1.1 There will two Community Partnerships, covering the whole of the Great Yarmouth Borough Council area following the Primary Care Network and Police areas.
- 1.2 Each Community Partnership will nominate its own Chair and Vice Chair annually. Great Yarmouth Borough Council will facilitate these network meetings.
- 1.3 Community Partnerships are networking, information exchange and consultative bodies convened to explore what matters to communities. The Community Partnerships have no decision-making powers.
- 1.4 The purpose of Community Partnerships is to listen, share and develop ideas, support communities and assist in the co-production of commissioned services and other interventions to deliver the priorities set out in the Great Yarmouth Locality Strategy namely:

Great Yarmouth Locality Priorities

Collectively, as the senior representatives of the multiple statutory and VCSE partners working across the borough, we know there are things we can do collectively as a system that will drive change and improvement.

Our locality partnership has recognised that in order to really make a difference to the life chances and prosperity of local people, we need to be working as one to address the following four thematic priorities.



The Four Thematic Priorities

1. Health and Well-being

Reduction in health inequality by encouraging healthier lifestyles, supporting mental and physical health and strengthening community support.

2. Low Educational Attainment, Skills and Aspirations

Improved youth education and skills pathways, attainment and create career ambition.

3. Vulnerability and Exploitation

Reduction in exploitation and support those at risk of exploitation.

4. Loneliness, Isolation and Social Exclusion

Reduction in isolation and social exclusion by building community networks and cohesion.

1.4. The Role of Community Partnerships shall be to:

- 1.4.1. Focus on cross cutting issues for which no one organisation is solely responsible.
 - 1.4.2. Hold an annual Community Partnership workshop, ideally including representatives of the wider community of the Community Partnership area to set or re-confirm priorities for that Partnership area, based on local data and knowledge.
 - 1.4.3. Develop an annual work plan to address the priorities for the coming year, and support delivery of the Great Yarmouth Locality Strategy and help to inform the Great Yarmouth Health & Wellbeing Partnership.
 - 1.4.4. Address priorities and identified gaps in service provision using a solution-focussed and problem-solving approach.
 - 1.4.5. Monitor and adapt their agenda in response to emerging issues affecting the Community Partnership area or the wider area of the borough, including issues raised through other sources of community intelligence and insight.
 - 1.4.6. Report twice per year to the Great Yarmouth Health & Wellbeing Partnership, and annually to the relevant Borough Council Committee, on progress against their priorities, and provide such other verbal/written reports to other organisations or partnership bodies, as requested.
- 1.5 Membership may be drawn from the following organisations dependent on the priorities of the Partnership. This means that the membership of each Community Partnership will vary from time to time. Typically, representatives attending the Community Partnership meetings may consist of:

- Councillors representing the Community Partnership Area
- Norfolk CC: Children's Services, Adult Social Care, Public Health, Libraries and Communities
- Great Yarmouth BC: Housing, Environmental Services, Communities
- Police
- Great Yarmouth and Waveney ICS
- The relevant PCN/GP practice(s)
- Community Health provider(s)
- Voluntary, Community and Social Enterprise sector (VCSE) operating locally
- Representatives from the local business community
- Representatives from the youth community (schools, colleges & youth work)

2. Guiding Principles

- Involve local councils, public services, communities, voluntary sector organisations and businesses in planning and delivering joined up services that meet local needs.
- Make the best collective use of our assets and resources.
- Discuss ideas and proposals for action based on data and intelligence about local places.

- Identify, understand and address deprivation, disadvantage and hidden needs and consider how the Community Partnership can positively impact on both rural and non-rural areas.

3. Meetings of the Community Partnerships

- 3.1 Meetings will be by invitation, held in public and their style will be inclusive and interactive. Wherever possible they will be organised to problem solve (for example workshop style) rather than as formal meetings.
- 3.2 Partner agencies and representatives are expected to be respectful of each other's views so as to foster an inclusive and receptive environment where all individuals are welcome to seek help, foster ideas and exchange knowledge. Participants in the Forum will therefore:
 - Encourage free sharing of knowledge.
 - Respect fellow members as human beings, along with the diversity of our members' backgrounds, perspectives, education, and experiences.
 - Be supportive of each other.
 - Be polite and friendly.
 - Be tolerant and considerate.
 - Act professionally, ethically and with integrity.
- 3.3. Any member of the Community Partnership may request that an item be included on the agenda for a meeting. The meeting papers will be sent out by electronic mail to all members of the Partnership no later than five clear working days before a meeting.
- 3.4 Agendas and action points arising from each meeting will be recorded and published on the Community Partnership pages of the GYBC website.

4. Review

- 4.1 These Terms of Reference will be reviewed after 12 months and then thereafter every 3 years.

June 2022

Covid Recovery Fund 2022/23

Proposal by the Great Yarmouth Health & Wellbeing Partnership, July 2022

The Great Yarmouth Health and Wellbeing Partnerships (GYHWP) has been allocated £347,250 from the Norfolk Public Health Covid Recovery Fund (CRF) for 2022/23. This funding is held by Great Yarmouth Borough Council on behalf of the Partnership and needs to be spent by the end of March 2023.

Certain communities and demographics have been hit harder by the pandemic and health inequalities have worsened. As a consequence Norfolk established the Covid Recovery Fund (CRF) to collaboratively work with partners to tackle the health and wellbeing related impacts of Covid-19 and focus efforts on **recovery**.

Covid recovery activities could include those:

- reducing social isolation made worse during the pandemic.
- specifically aimed at encouraging healthy lifestyle choices.
- initiatives to improve mental health and wellbeing.

The allocation of the CRF will be determined by the Great Yarmouth Health and Wellbeing Partnership, aligned with the evidence base to health and wellbeing needs of communities. The GYHWP's priorities are set out in the co-produced Great Yarmouth Locality Strategy (2021-2026). These, alongside current data and intelligence on areas that have been exacerbated by Covid-19 in Great Yarmouth, have been considered. It is proposed to work in partnership to create opportunities to:

- Promote health services including, vaccination, health checks/screening and access to community-based health & wellbeing activities.
- Increase healthy eating habits and physical activity.
- Increase skills, training and employment opportunities.
- Reduce loneliness and isolation.
- Reduce vulnerability and exploitation including domestic abuse, substance misuse and improve mental health.
- Connect residents by building community capacity

Great Yarmouth Borough Council's Covid Marshal team and volunteer Community Champions' Programme have been at the forefront of the pandemic response within the locality, working with underserved and seldom heard residents through outreach activities, gaining greater insight into vaccination hesitancy, promoting testing and vaccinations and being the trusted faces within the community. The team influenced businesses, supporting them to adhere with national guidance and ensuring they had sufficient sources of Personal Protective Equipment (PPE). Since the relaxing of community restrictions and the national guidance moving to '[Living with Covid](#)', the team's duties have evolved to respond to meet the needs of the residents in the guise of Community Marshals.

Covid has had a significant impact on many areas of health and wellbeing and there is a need to support residents to integrate back into society. The Community Marshal, Case Workers and Community Champions will act as a hub for GYHWP organisations to focus on supporting residents, connecting them to services operated by partner organisations in the community.

Resources from the CRF will be used to target areas where there is greatest inequality, to promote opportunities to improve health and wellbeing, particularly in areas that have been exacerbated by Covid-19, whilst remaining aligned to the priorities of the Great Yarmouth Locality Strategy.

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Great Yarmouth's health Data Story indicates the borough's key preventable health conditions are:

- Depression
- Hypertension
- Obesity
- Diabetes

With a geographic focus on the areas of: Yarmouth Parade, Yarmouth Central & Northgate, Gorleston North, Southtown & Cobholm and Hemsby & Ormesby.

<i>Examples of enablers to support health inequalities (not exclusive)</i>				
Community Outreach	Community Pop-up events e.g., health awareness & screening	Practising MECC & behaviour change principles	Visiting business settings	Working with schools, colleges, GP social providers
Individual Support	Door knocking	Welfare tel. calls	Supporting integrated pilot projects which unpick wicked issues	Vaccination uptake
Partner Engagement	Being the eyes & ears on behalf of partners	Feeding back intelligence	Representing at community-focused events	Ensuring seldom heard communities are engaged with

The GYHWP members will feed into, utilise the resources of, and influence the team's work over the next 9 months. This includes highlighting areas for the team to work collaboratively with other partners to address the health inequalities amongst Great Yarmouth residents.

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