1. Introduction

Coastal regions in the 2 Seas Area have to deal with specific challenges in relation to ageing as they are confronted with a particular mix of ageing people. This not only includes local elderly, but also the influx of ageing newcomers and visitors of an increasing average age. As this population puts pressure on health and social care systems, it is essential to enable them to stay active and independent for longer, and to improve their wellbeing and quality of life to reduce costs and pressures on care systems.

This document brings together data and consultation to help to grow understanding of this issue in Norfolk. It will help refine the approach to SAIL in the county and provide a platform for the development of interventions.

2. Sail

Staying Active and Independent Longer (SAIL) is an EU funded INTERREG partnership project that involves coastal areas in Europe. The project aims to stimulate active ageing and reduce reliance on health and social care, with an emphasis on working with organisations involved in tourism. Underpinning SAIL is the premise of 'social innovation' i.e. co-creation and the forging of innovative new partnerships. Because of this, there is a long lead-in time to delivery. The project takes place in four stages as follows:

- Explore: Consultation and needs assessment
- Design: Designing the project in consultation
- Test: Testing the project
- Deliver: Delivery and evaluation

In Norfolk there are two aspects to the delivery of SAIL; Dementia Friendly Walks, and Mobile Me 'Out and About'. Both are built on existing projects. The former on the Fit Together Health Walks Programme, and the latter builds on Mobile Me, which delivers sport in sheltered housing and care homes.

SAIL in Norfolk is led by Norfolk County Council's Environment Team, whilst delivery is through Active Norfolk (the county sports partnership). The University of East Anglia are providing support around evidence, consultation and evaluation.

3. Objectives of Needs Assessment

The purpose of this needs assessment is to outline the importance of physical activity and the natural environment for older people, establishing an aspiration to increase access to both through the SAIL project in Norfolk. The current state of access to physical activity and

the natural environment for older people will then be established, allowing an analysis of the gap between the current and desired state. This will form the basis of recommendations for the project's next phase.

This needs assessment will outline the strategy relevant to SAIL and how physical activity can benefit older people. The process will help to grow the understanding of the target demographic, and this will include data sets outlining who can benefit most from the programme, where they live, who they are and the risk factors they face. Consultation with the target group and with expert partner organisations, which help develop this understanding further, will be described.

An audit of available leisure facilities, green space, partner organisations and appropriate existing provision will help to outline what current access to physical activity and the natural environment looks like for the target demographic. In-depth knowledge of the target group paired with an audit of existing provision will ensure a detailed picture of the current state, what gaps exist, and what interventions need to be in place in order to deliver SAIL outcomes.

The needs assessment will conclude with a series of recommendations based on an analysis of the findings. These recommendations will be co-developed and agreed by project partners and will dictate the direction of the project and the interventions that are ultimately delivered to help achieve the project outcomes.

4. Policy Framework

Norfolk's approach to SAIL contributes towards a number of national and local strategic agendas across health, social care, physical activity and the environment, the following is a description of the relevant strategic context.

4.1. Health and Social Care

The UK has an ageing population and nationally there is a drive to ensure that this population are able to remain independent for longer, improving the quality of their lives and reducing the burden on the healthcare system. Norfolk has a population that is ageing at a faster rate than the England average and this is reflected in strategic priorities across local government, health and social care.

The NHS and local councils have formed partnerships to improve health and care in 44 areas covering all of England. Each area has developed a Sustainability and Transformation Plan (STP) built around the needs of the whole population. Norfolk's Sustainability and Transformation Plan priorities are:

- Supporting people to keep themselves healthy and well
- Enabling more people to live independently
- Reducing the pressure on our hospitals

With five guiding principles:

1. Preventing illness and promoting wellbeing
2. Care closer to home
3. Integrated working across physical, social and mental health
4. Sustainable acute sector
5. Cost-effective services

Norfolk County Council state one of their 4 strategic objectives as ''Safeguarding Vulnerable People and 'Infrastructure'. The stated vision for this objective includes:

- All vulnerable people who live, work, learn and are cared for in Norfolk will be safe
- Vulnerable people are more self-reliant and independent

The strategic approach to achieving this is through the Promoting Independence Strategy which proposes to work with the NHS, other public bodies and voluntary groups on:

- Prevention and early help – empowering and enabling people to live independently for as long as possible, by giving people good quality information and advice

- Staying independent for longer – intervening earlier in cases such as bereavement or the early stages of dementia, by providing support such as re-ablement services and smart technology to help people to regain their independence
- Living with complex needs – providing longer term support for people who need it, which might include moving into residential care or supported housing, at the right time

Norfolk's Health and Wellbeing Board is a partnership including local government, clinical commissioning groups and the voluntary sector. It is responsible for producing a set of priorities for health improvement (the Health and Wellbeing Strategy) based on the evidence of the assessment of needs (The Joint Strategic Needs Assessment). The strategy outlines the vision of 'Everyone in Norfolk living healthy, happier lives for longer'. It has three priorities, one of which is 'making Norfolk a better place for people with dementia and their carers'.

Norfolk Public Health's strategy commits to contributing to the strategic aims of the Health and Wellbeing Board and the STP by "*Helping the people of Norfolk live in healthy places, promote healthy lifestyles, prevent ill-health and reduce health inequalities*". Public Health set out a number of outcomes including many relevant to SAIL:

- Utilisation of outdoor space for exercise/health reasons
- Social Isolation: percentage of adult social care users who have as much social contact as they would like
- Health related quality of life for older people
- Hip fractures in people age 65 and over
- Emergency hospital admissions due to falls in people aged 65 and over

4.2. Physical Activity

There is a strong (and growing) evidence base for physical activity contributing to the above health and social care priorities, and in England the Government have recently set out their vision for sport and physical activity in the country and what it is funded to achieve. It is recognised that physical activity is an effective, evidence-based tool to achieve social outcomes and the Government's Sporting Future strategy sets out 5 outcomes for investment into sport and physical activity:

- Improved physical wellbeing
- Improved mental wellbeing
- Individual Development
- Community Development
- Economic Development

Sport England's 'Towards an Active Nation' outlines how they intend to contribute towards these 5 outcomes through their investment into sport and physical activity. They recognise that those who can benefit most from physical activity are those who are currently entirely inactive, they also recognise that there are target populations that are more likely to be inactive and therefore are a strategic priority, and older people are one of these demographic groups.

This is translated locally in Norfolk through the Active Norfolk strategy, which outlines 3 strategic objectives:

- To increase participation in sport and physical activity
- To improve health and well-being by reducing physical inactivity
- To improve lives by establishing and increasing sport and physical activity's contribution in creating stronger, more sustainable and prosperous communities

4.3. Environment

Natural England is committed to making sure everyone has access to the countryside. A report in 2005 called the 'Diversity Review' looked at what could be done to support a diverse population to take part in outdoor recreation. Older people and those with a disability are identified as a priority group who are less likely to access the natural environment. In response to this they produced Outdoors for All which works to improve opportunities for all people in England to enjoy and benefit from the natural environment. Norfolk County Council have a corporate priority of improving infrastructure and have committed to improving access to the natural environment through their Countryside Access Improvement Plan which includes amongst its objectives:

- Develop an integrated network that provides opportunities for all users
- Improve understanding of and promote access to Norfolk's landscape and natural and built heritage through the countryside access network
- Improve public health and wellbeing through use of the countryside access network

Norfolk's Local Access Forum who advise on the improvement of public access to land have identified Health and Wellbeing and Access for All as key strategic themes. Through these strategic themes there is a commitment in the county to contribute to previously described Public Health outcomes and Health and Wellbeing Board priorities through access to the countryside as well as improving access to the natural environment for all, including those for whom it may be more challenging such as the elderly or those with a disability.

4.4. Policy: Summary and recommendations

The objectives of the SAIL project contribute to strategic agendas across health, social care, sport, physical activity and the environment.

Nationally the ageing population is putting pressure on health and social care services and there is a drive to reduce this burden. Norfolk has a population ageing at a greater rate than England and maintaining independence in later life, especially amongst vulnerable older people, has been identified as a countywide priority.

Physical activity and the outdoor environment have an evidence base to impact upon health outcomes for older people and are identified as tools to help achieve increased independence.

An analysis of the strategy and policy context around SAIL leads us to the following recommendations:

- SAIL should target those vulnerable older people who are most likely to suffer from poor health and therefore placing the greatest burden on health and social care services.
- SAIL should target those who are currently inactive
- SAIL should focus on supporting those with dementia and their carers in line with the STP priority
- SAIL should respond to the relevant public health priorities for Norfolk.

5. Older populations and physical activity

5.1. Physical activity recommendations

A number of organisations have produced physical activity (physical activity) guidelines for older adults aged 65 years and over, for example, the Department of Health[1] and the World Health Organisation (WHO)[2] . The suggested guidelines from both WHO and the Department of Health are 150 minutes of moderate exercise a week or 75 minutes of vigorous exercise a week. While the focus is aerobic exercise, this should be combined with muscle strength exercises two times a week. For those prone to falling, there should also be balancing exercises three times a week [1,2]. This mix of different types of physical activity is known as a multimodal approach. These guidelines are seen as the minimum required to maintain health; for increased health benefits the time should be doubled.

5.2. The benefits of being physically active

Non-communicable disease (including arthritis)

Being physically active has many health benefits. It has been well documented that older adults who have higher levels of physical activity have lower rates of mortality from non-communicable diseases such as type 2 diabetes and cardiovascular disease (high blood pressure, heart attacks and stroke). This extends to some cancers including breast and colon cancer.

Arthritis is often considered a barrier to physical activity but those who are older and taking part in higher levels of physical activity are known to have improved bone health and it can be helpful to manage pain from arthritis [2 , 3]. A recent article looking at reducing arthritis pain through physical activity suggests prescriptions for better musculoskeletal health including the provision of up to date lists of physical activities in GP practices, GP's promoting physical activity within their consultation for those with arthritis related pain. The research recommends developing local services such as health trainers, and engaging with local authority and commissioners to adopt at public health approach[4].

[1] Physical Activity Guidelines for Older Adults 2015 [Available from: http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-older-adults.aspx.

[2] Global Strategy on Diet, Physical Activity and Health [WHO factsheet]. [Available from: http://www.who.int/dietphysicalactivity/factsheet_olderadults/en/].

[3] UK AR. Keep Moving Poster 2017 [Available from: http://www.arthritisresearchuk.org/health-professionals-and-students/information-for-your-patients/exercise-sheets-and-videos.aspx.

[4] Ellis BM, Conaghan PG. Reducing arthritis pain through physical activity: a new public health, tiered approach. British Journal of General Practice. 2017 10//.

The Arthritis Foundation offer advice on their website on exercising with osteoarthritis and claim it is the 'best non-drug treatment for improving pain and function'[5].

Physical functioning in adults with poor mobility and frailty

Other benefits for older adults may include increased socialisation and wellbeing, improved mobility, reduced frailty and improved cognition. Two recent meta-analysis looked at the benefits of physical activity in older adults with poor mobility and/or frailty. Physical Activity interventions were found to have a positive effect on mobility. Research suggests aerobic exercise is beneficial when considering physical function and aerobic capacity, whereas muscle strength/ resistance training reduces muscle wasting and frailty. Both help maintain function, activities of daily living and independence[6].

In frail patients physical activity has been linked to reduced time-up-and- go which is related to reduced fall rate**Error! Bookmark not defined.**, [7].

Physical Activity and falls

Falls can have serious implications for the health and wellbeing of an older people; not only can a fall impact mobility, reduce self-confidence and increase isolation, but after a fall, an older person has a 10 per cent probability of dying within a year.[8] Age UK provide a summary of the evidence for physical activity to reduce falls[9] and state that programmes of physical activity have been shown to be effective in reducing falls by 54%. However this is only where the physical activity challenges balance and improves strength, as impaired balance and reduced muscle strength are primary risk factors. Exercise that is solely chair-based is therefore not suitable. To be effective for fall-reduction, the physical activity programme should be carried out 2-3 times a week (even if this includes exercises to do at home) and continued for at least fifty hours in total. The programme should be at the right level for the individual (for example taking falls history into account), be progressive (so should lead on to other suitable forms of physical activity) and be delivered by specially trained instructors. Otago and FaME are two evidence-based fall prevention programmes. However, other best practice examples are provided in the Age UK guide. Public Health

[5] Arthritis Foundation Website, http://www.arthritis.org/living-with-arthritis/exercise/benefits/osteoarthritis-exercise.php)

[6] lobal Strategy on Diet, Physical Activity and Health [WHO factsheet]. Available from: http://www.who.int/dietphysicalactivity/factsheet_olderadults/en/.

[7] Chase JAD, Phillips LJ, Brown M. Physical activity intervention effects on physical function among community-dwelling older adults: A systematic review and meta-analysis. Journal of Aging and Physical Activity. 2017;25(1):149-70.

[8] Royal College of Physicians. 2011. Falling Standards, broken promises: report of the national audit of falls and bone health in older people 2010. [Available from http://www.ssehsactive.org.uk/userfiles/Documents/FallsPreventionGuide2013.pdf]

[9] Age U.K. (2013) "Falls Prevention Exercise–following the evidence." *Age UK*.

Wales provide another useful guide on physical activity for older people at risk of falls, this includes guidance on the types of activities suitable for individuals at different level of risk of falls[10].

Cognitive decline

Cognitive decline can be a normal component of aging, or disease related. Mild cognitive impairment and dementia are usually seen in older adults, but not always. Cognitive decline is a risk factor for mild cognitive impairment which is also a risk factor for developing dementia of which there are several types; Alzheimer's disease, vascular, Lewy body and mixed[11].

There is currently no cure for dementia therefore the emphasis has been put on prevention; this includes the prevention of progression (whether it is progression from mild cognitive impairment to dementia, or prevention of the dementia itself) as well as improvement in function and quality of life. Physical activity has been thought to be of benefit in this cohort of patients, particularly when considering some of the modifiable risk factors which contribute to dementia such as obesity, cardiovascular disease, diabetes and metabolic syndrome[11].

A systematic review focusing on physical activity interventions for patients with dementia living in nursing homes found that a fifteen-week, higher intensity, multimodal exercise programme was statistically significant in improving cognitive function. This supports the WHO recommendations of multimodal physical activity of aerobic, resistance and balance components (although these recommendations were not developed for people living with dementia). Chair-based programmes, however, appear not to improve cognitive impairment in those living with dementia in Nursing homes**Error! Bookmark not defined.**.

Another systematic review looked at primary research on physical activity and older adults with mild cognitive impairment who are community dwelling. The review found some improvement in cognition and executive function, although this was not statistically significant[12]. Many interventions were considered too short (10 weeks to 6 months) and did not follow up on patients in the long term. Moreover only one included health behavioural theory in delivering physical activity which has been shown to improve outcomes[12].

[10] Wales PH. Best Practice Exercise Guidance for Older People at risk of a Fall 2013 [Available from: http://www.ageingwellinwales.com/Libraries/Documents/Best-Practice-Exercise-Guidance-for-Older-People-at-risk-of-a-Fall-eng.pdf.

[11] Blondell SJ, Veerman JL, Hammersley-Mather R. Does physical activity prevent cognitive decline and dementia?: A systematic review and meta-analysis of longitudinal studies. BMC Public Health. 2014;14(1).

[12] Yun C, Abrahamson K. Does Exercise Impact Cognitive Performance in Community-dwelling Older Adults with Mild Cognitive Impairment? A Systematic Review. Quality in Primary Care. 2015;23(4):214.

Finally, a recent review found that physical activity reduced the risk of developing Alzheimer's disease, particularly in those undertaking physical activity for leisure as opposed to work. While socioeconomic status may be responsible for this difference, benefits were also seen in those over 65 years taking up physical activity**Error! Bookmark not defined.**. Corroborating additional evidence was that a multimodal delivery was found to be of most benefit.

Dementia and walking

Patients with dementia often walk and wander for the same reasons as those without dementia; for example, to stretch, exercise, alleviate discomfort, boredom, exploration, stress relief or simply habit. Other reasons may be related to the disease process itself such as disorientation or feeling lost, confusion about their surroundings, agitation or searching for something, often the past[13]. Walking groups, and carer awareness of walking, may therefore help provide physical activity in these patients and help safely manage some of the potential hazards of wandering.

NICE guidance and the Department of Health in the UK are recognising some of the benefits of psychosocial interventions in older people with dementia. This includes walking and talking, and exercise groups, as well as other interventions such as reality orientation and reminiscence. A review in 2006[14] compared some of these interventions and attempted to evaluate the primary research. Walking and talking was found to improve mobility but not communication. Exercise was found to improve muscle strength and balance, potentially reducing falls, but not functional abilities.

NICE currently recommends that psychosocial interventions are offered to patients with dementia, and therefore healthcare professionals should be aware of them[15]. The Alzheimer's Society 'This is me' tool is particularly useful when considering what type of physical activity may be best and most appropriate to enable individualisation of care[16].

[13] Walking about: Alzheimer's Society; 2017 [Available from: https://www.alzheimers.org.uk/info/20064/symptoms/262/walking_about/2].
[14] Boote J, Lewin V, Beverley C, Bates J. Review: Psychosocial interventions for people with moderate to severe dementia: A systematic review. Clinical Effectiveness in Nursing. 2006;9(Supplement 1):e1-e15.
[15] Boote J, Lewin V, Beverley C, Bates J. Review: Psychosocial interventions for people with moderate to severe dementia: A systematic review. Clinical Effectiveness in Nursing. 2006;9(Supplement 1):e1-e15.
[16] Society As. This is me [Available from: https://www.alzheimers.org.uk/info/20033/publications_and_factsheets/680/this_is_me.

5.3. Best practice for older people and physical activity

Many charities and organisations provide guidance on how best to deliver programmes for older people. The British Heart foundation produce evidence-based guidance for physical activity for older people living in the community[17]. It segments older people in the community to those 'active' and those in 'transition'. The latter are those who are reasonably healthy but whose function is declining; this decline may be associated with a sedentary lifestyle e.g. a loss of muscle, weight gain. This group has much to gain through becoming more active and makes up the large proportion of older people. For delivery, the guide recommends ensuring that is adequate choice, and that participants are able to progress with the aim of reaching the government recommended guidelines for physical activity. The guide recommends the use of behaviour change strategies.

Another evidenced-based guide produced for 'local decision makers' [18] is based on both a review of the literature and on primary evidence including data from focus groups. The report provides key findings and key recommendations - crucially the importance of making older adults aware of recommended activity levels, providing strategies enabling them to progress to these, and incorporating behaviour change theory. Of the three priorities suggested, number 1 is providing opportunities for older people to get 'out and about' in their local community, number 2 is promoting independence and offering suitable activities for those in 'transition', and number 3, providing age-friendly adaptations to the local environment.

Motivational communication and addressing behaviour change is an important part of enabling older people to access physical activity. Sport England provide a useful summary of behaviour change models in practice[19], including the Trans-theoretical model, which views change as a series of steps (from 'not on my radar', to 'thinking about it' etc). The guide provides useful case-studies.

Also of interest is a behaviour change model developed by NESTA[20] which identifies the factors required for behaviour change (rather than the stages that individuals go through).

[17] BHF National Centre Physical Activity and Health (2003) Older adults: Practical strategies for promoting physical. Activity. [Available from http://www.aahpcat.scot.nhs.uk/HPAC/ClickCounter?action=d&resourceId=5721&url=%27uploads/hpayrshirearran/pdf/N000671.pdf%27]

[18] Stathi, A., Fox, K.R., Withall, J., Bentley, G. and Thompson, J.L., 2014. Promoting physical activity in older adults: A guide for local decision makers.

[19] Woodall J KK, South J, White J. Community Health Champions and Older People: A review of the evidence Leeds Metropolitan University 2012 February 2012.

[20] Burd H, Hallsworth M, (2016) Making the change: Behavioural factors in person- and community-centred approaches for health and wellbeing, NESTA [Available at, http://www.nesta.org.uk/publications/making-change-behavioural-factors-person-and-community-centred-approaches-health-and-wellbeing]

Examples include social connectedness, and the reduction of barriers to engaging in health promoting activity.

NICE provide further guidance on behaviour change and on designing interventions. Suggested strategies include working with relevant communities, stakeholders and organisations to implement effective, acceptable, equitable, safe and feasible programmes[21]. Health inequalities and barriers to behaviour change should be addressed within design strategies as well as by the education of trainers and health care professionals.

Age Concern Northern Ireland discusses how best to deliver physical activity to older people. It recommends involving older people in the design, including a social aspect, reducing the need for equipment and providing role models[22]. This theme of role models has been addressed in work carried out at Loughborough University. They evaluated a programme known as PALS (physical activity and leisure scheme) which used physical activity motivators (PAMS), a 'buddy scheme'. PALS was felt to address behaviour change, and PAMS to support it in being more successful in terms of adherence, positive health change and satisfaction[23].

This is further echoed in the provision of community health champions in the Yorkshire region. A review found that integrating older lay people into the provision of physical activity delivery had benefits for that individual and the group, increasing physical activity, lifestyle modification and socialisation as well as being cost effective[24].

Barriers to physical activity were identified in 'Promoting Physical Activity with Older People'[25] and can be found in Table 1.

[21] Behaviour Change: General Approaches NICE; 2017 [Available from: https://www.nice.org.uk/guidance/ph6/chapter/3-Recommendations#planning.
[22] Cooke M GE, Murray K, McGeown P, McVicker D, Ruddy M. Promoting Physical Activity with Older People. Age Concern Northern Ireland; 2017.
[23] Older adults: Practical strategies for promoting physical activity. Loughborough University 2013.
[24] Woodall J KK, South J, White J. Community Health Champions and Older People: A review of the evidence Leeds Metropolitan University 2012 February 2012.
[25] Ireland ACN. Promoting Physical Activity with Older People 2013 [Available from: http://www.sportni.net/sportni/wp-content/uploads/2013/03/PromotingPhysicalActivityOlderPeople.pdf.

Table 1: Barriers to older people accessing physical activity

Stakeholder	**Barrier**
Individual (patient)	Lack of interest/ confidence Loneliness Transport Cost Fear + Embarrassment Previous experience Cultural barriers Myths/perceptions Health Beliefs/ family advice
Community	Safety Transport Cost Expertise Social support
Organisational	Lack of training Attitude Priority Apathy Safety concerns Location/ access
Statutory level	Inconsistent funding Attitude and perception of lack of benefit Priority

5.4. Health professionals and PA for older people

Further barriers include those relating to health care professionals, and often GPs; the 'gatekeeper' to social prescribing and physical activity. A recent publication has suggested GP's knowledge, use and confidence surrounding the current guidelines on physical activity is poor,[26] with 80% being unfamiliar with the current guidelines. GPs and healthcare professionals are often trusted by older people, thus it is important that education of best practice for healthcare professionals and those providing PA is addressed in order to deliver a clear message. Furthermore, the NHS five year forward view discusses the challenges regarding complex health needs of the ageing society, and recommends initiatives linking health, social care and public health[27]. Hospitals are engaging with improved awareness of physical activity in older people with their current 'Get up, get dressed, keep moving' campaign which underpins much of the work carried out by Prof. Dolan[28].

[26] Chatterjee R, Chapman T, Brannan MG, Varney J. GPs' knowledge, use, and confidence in national physical activity and health guidelines and tools: a questionnaire-based survey of general practice in England. The British Journal Of General Practice: The Journal Of The Royal College Of General Practitioners. 2017.
[27] England N. Five Year Forward View. 2014.
[28] J C. We should all support #EndPJparalysis 2017 [Available from: https://www.england.nhs.uk/blog/jane-cummings-32/

5.5. Older populations and physical activity: Summary and recommendations

- There is evidence that physical activity is important for both maintaining and improving the health and mobility of older people, including those with specific conditions. In some circumstances, physical activity should be tailored to the condition, for example, where the aim is to reduce fall risk.
- The literature suggests that in order to maintain health older adults should meet government guidelines, to improve health they should do even more than this; the aim of this project should therefore to be to enable adults to achieve or exceed government guidelines where possible, even if this is in small steps.
- There are a number of best practice manuals that are based on both evidence and primary research and it would be sensible to make use of at least one of these along with local knowledge when planning the Norfolk SAIL programme. Many of these have similar themes and recommendations.
- The role of health care professionals, and their awareness of physical activity guidelines should also be considered.
- One method of segmenting audiences for SAIL may be by using the terms 'active', and 'in transition' and creating sub-categories for those with particular conditions such as dementia, risk fall, arthritis.

6. Proposed target area for SAIL

6.1.Older people in Norfolk - background

Norfolk has an increasingly ageing population, and faces the expected issues that will be associated with an ageing population in regards to an older person's health and wellbeing. This be seen from the below points that were taken from the Norfolk Insight Joint Strategic Needs Assessment http://www.norfolkinsight.org.uk/home:

- Norfolk's population is estimated to be 885,000.
- Norfolk generally has an older population that is projected to increase at a greater rate than the rest of England. Almost all of the population increase over the last 5 years has been in those aged 65 and over. Between 2014 and 2025 the population is expected to increase by 66,000 with most of the increase in the 65 and over age bands.
- Across Norfolk the average life expectancy is approximately 80 years for men and 84 years for women. The average number of years a man can expect to live in good health is about 64 and for women it is about 66.
- Deprivation and poverty influence the health and wellbeing of the population. The life expectancy gap between the most deprived areas of Norfolk and the least deprived areas is 6.2 years for men and 3.2 years for women.
- Across Norfolk as a whole there are more than 10,000 emergency hospital admission for people aged 65 and over each year.
- Emergency admissions for injuries related to falls were lower than England but there were still 1,100 emergency admissions for broken hips in 2014/15
- Age is one of the risk factors for loneliness. At age 65 about 2 out of 3 people live in couple, at age 85 this has reduced to about 1 in 4. Another risk factor is deprivation with those living in the most deprived areas 50% more likely to be lonely. Across Norfolk there are estimated to be about 38,000 people aged 65 and over who are lonely and this will impact on their health and wellbeing.

6.2Older tourists in Norfolk - background

The proposed SAIL area comprises of three distinct Destination Marketing Organisations (DMOs) tasked with promoting tourism and working with businesses in their specific area. Visit Norfolk is the strategic voice of the county's visitor industry and works with all of the County's DMOs to promote the county as a whole. Each year the DMOs commission economic impact reports to estimate the volume and value of tourism in their areas. Other than that report, the DMOs are data poor with respect to actual customer demographics, socio-economic data and evidence of their customers' behaviour during their visit, with the exception of Great Yarmouth who do hold some information. Due to this lack of critical

information, we have used case study examples from holiday parks in each region to give an insight into anecdotal visitor age breakdowns and behaviours.

Visit West Norfolk **(VWN)** follows the Borough Council of King's Lynn and West Norfolk boundary. The total number of trips to the Visit West Norfolk area in 2016 was estimated at 8,872,000[29]. The areas' busiest periods are July/August and its notable quiet periods are November and February. It hosts the two coastal towns of King's Lynn and Hunstanton. This section of the SAIL area contains 5 holiday parks.

> *Case study example*: Searles Holiday Park in Hunstanton report anecdotally that they have a notable increase in their 'grey market' which they term for 55+, from September through to November, and from May to June. They also note a fluctuation during the summer holidays of grandparents accompanied by grandchildren. They estimate that this age group make up roughly 30% of their overall visitor profile. They advise that there are not so many of the older age groups (65-75+) that come independently, although some may visit as part of larger family groups.

Visit North Norfolk **(VNN) –** The actual area covered by this DMO is a soft boundary and stretches approximately to Heacham in the west and to Winterton in the east, and inland as far as Fakenham. This area counts for more than 80% of the SAIL area. There are currently 6 holiday parks within this DMO area. In 2016 an approximate 8,308,500[30] trips were enjoyed by tourists in the area. It shares the same seasonality trends as VWN.

> *Case study example:* Kelling Heath Holiday Park in Weybourne report anecdotally that 50% of their overall market are in the 55+ age range. It was felt that there were not a large percentage of 65+ or 75+ tourists that visited the park independently. The 55+ visitors, although present in small numbers throughout the year generally visit March to June, and September to December. It is reported that the majority of the 55+ age range make full use of all the parks sports facilities and events, guided walks etc. They are often repeat visitors.

Greater Yarmouth Tourism/Business Improvement District – The area covered stretches from just past Horsey to Hopton-on-Sea, below Great Yarmouth. The 2016 study for the area estimates that some 6,782,700[31] trips took place during that year which, due to its

[29] Economic Impact of Tourism – West Norfolk District 2016, produced by Destination Research. 2017.
[30] Economic Impact of Tourism – North Norfolk District 2016, produced by Destination Research. 2017

[31] Economic Impact of Tourism – Great Yarmouth Borough 2016, produced by Destination Research. 2017.

significantly smaller geographical area, suggests a larger density of tourism then the other two DMO's within the SAIL area. There are currently 7 holiday parks in this SAIL area, 4 of which are Haven.

> *Case study example:* Cherry Tree Holiday Park in Great Yarmouth anecdotally note that approximately 50% of all of their visitors throughout the year are in the 55+ age bracket and an estimated 30% are 65+. They note that the 55+ often visit during summer holidays with their grandchildren, but that the 65+ are strictly outside of peak season, September to November and March to April, May and June. They also advise that the 65+ like to take walks along the promenade or to Burgh Castle and are not as a whole users of the swimming facilities. The vast majority of this age range are repeat visitors and return year on year.

The Great Yarmouth DMO report that between the periods of Easter to May, May to June (with the exception of Whit week) and September to October, one of the major markets that keep Great Yarmouth tourism afloat are package holidays specifically for the elderly. They visit coaching hotels and typically come from a 2-3 hr drive time, including North London, Essex, Kent and the East Midlands. They are reported to be from socio-economic groups C2, D and E. Some coaching hotels have reacted to this market such as the New Beach Hotel where they have installed a garage specifically for mobility scooters. Others haven't, particularly on the North Drive, Great Yarmouth, as they balance their out of season business between two differing markets, racecourse visitors and the coaching market. From their work with this particular market they are also aware that North Norfolk receive some coaching holidays, particularly to Sheringham and Cromer and anecdotally at higher prices.

In support of the above information regarding seasonality, research funded by the Cool Tourism project reported that the 55+ age bracket were those most likely to be extending the season into September[32]. The report also included a tourist perceptions study which ranked the North Norfolk coastline as the most appealing place to visit due to the untouched countryside, its wildlife and not being too touristy, whereas its detractors suggested that it is boring and too difficult to get to.

Following the city of Norwich as the second destination, Great Yarmouth was the third preferred area in the county to visit due to its traditional seaside offer, with plentiful entertainment, nostalgia and lots to do, whilst the negative aspects were that it is too old fashioned, too touristy/tacky and commercial.

[32] Norfolk Tourism SWOT research – findings for Visit Norfolk, Insight Track. Aug 2014.

The producer of the annual Larking Gowen Norfolk Tourism Survey report expressed anecdotally that although there is currently no evidence to support or refute it, the general perception in the tourism industry is that many elderly people visit Norfolk. However he believes that the 65+ demographic may have the perception that it is too far to travel and lacks accessible services, which may put them off visiting certain parts of Norfolk - there-by offering the potential to increase visits from this demographic.

Where there is a lack of data from the tourism bodies on visitor demographics the Museum Service and Norfolk Trails have both invested in this information, and have some valuable information albeit about their particular user groups. Norfolk Trails report from their recent survey study[33] of users of the Norfolk Coast Path National Trail, a route which runs through the entirety of the SAIL area that 35% of its users report to be 60+. 10% of whom are classed as long distance walkers (spending more than 1 day at a time on the trail), and 52% are spending more than an hour plus at a time on their walk/ride.

A Norfolk Coast Partnership study[34] on the Norfolk Coast Area of Outstanding Natural Beauty (AONB) on second homes revealed that approximately 24% of all properties within the Norfolk Coast AONB were second homes. By this measure the AONB has amongst the highest concentration of second homes in the UK. Those parishes in the AONB with the highest proportion of second homes are:

Weybourne	52% (227 out of 440 properties)
Burnham Overy	51% (126 out of 246 properties)
Morston	49% (29 out of 59 properties)
Brancaster	43% (336 out of 779 properties)

This could be of particular interest when looked at in conjunction with indicators of rural isolation and/or loneliness. North Norfolk and the coastal areas of West Norfolk are traditionally known for their being retirement destinations. It is believed anecdotally as there is no statistical evidence that many of these second home owners migrate to these areas upon retirement.

Although just outside of the SAIL area, there is also the Thursford Show phenomenon which must be mentioned when considering elderly tourists in Norfolk. A Christmas extravaganza that reportedly keeps the tourism economy ticking during November/December across part of West Norfolk, North Norfolk, and Great Yarmouth to some extent, attracting over 180,000 visitors during the period. The radius of coaching accommodation appears to be

[33] Norfolk Trails Research Findings. Insight Track. 2017
[34] Raising awareness for second home owners in the Norfolk Coast AONB. 2013

within a 1.5 hrs drive from the show, therefore opening up most of the county. It is reported that they bring in the most 65+ to the county, being an estimated 75% of their visitors. Again, many arrive by coach and those that stay predominantly in coaching hotels. Coaches come from atypical tourism markets for Norfolk such as Staffordshire, Liverpool, Yorkshire and the West Midlands.

6.2. Primary Indicators and secondary indicators

In order to help decide in which SAIL should be delivered it was decided to select three indicators relevant to the project's overarching aims, i.e. the prevalence of older people, levels of health deprivation and, in order to focus on areas of highest disadvantage, income deprivation for older people. These three indicators are referred to in this report as 'primary indicators'.

In addition to this, a number of secondary indicators were selected that may be useful for directing specific projects (for example, projects focussed on dementia) and/or help with the design and specification of the intervention. These there are referred to in this report as the 'secondary indicators'.

6.3. Mapping the primary indicators

The three primary indicators were combined in order to form a 'composite indicator'.
The indicators used were as follows:

- % of an LSOA that are aged 75 or over (ONS, 2015 mid-year population estimates downloaded from http://www.norfolkinsight.org.uk/) OR % of an LSOA that are aged 65 or over and single (2011 Census, downloaded from http://www.norfolkinsight.org.uk/)
- % of an LSOA that self-report bad or very bad health (2011 Census, downloaded from http://www.norfolkinsight.org.uk/)
- % of older people in an LSOA are that income deprived (2015 Indices of Multiple Deprivation, downloaded from https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015)

The dark red shading on the map shows LSOA that are in the most disadvantaged decile using, the pink shading shows the LSOAs that are in the second most disadvantaged decile. As two different indicators for age were used, two maps are shown below.

Figure 1. % aged 75 and over, % that self report bad or very bad health and % that are older people income deprived.

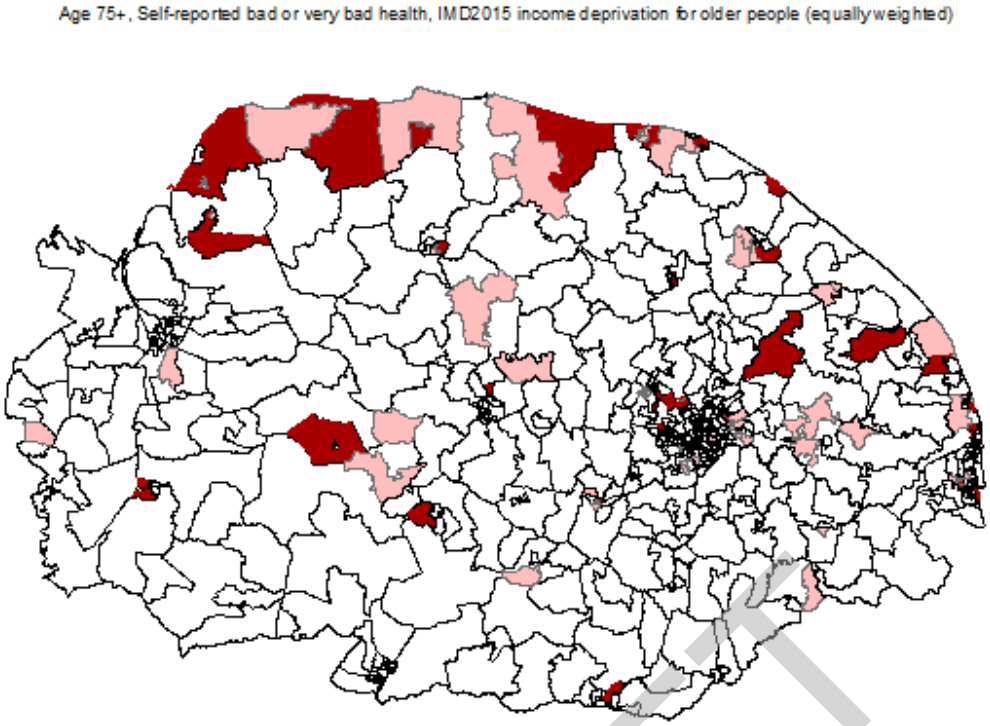
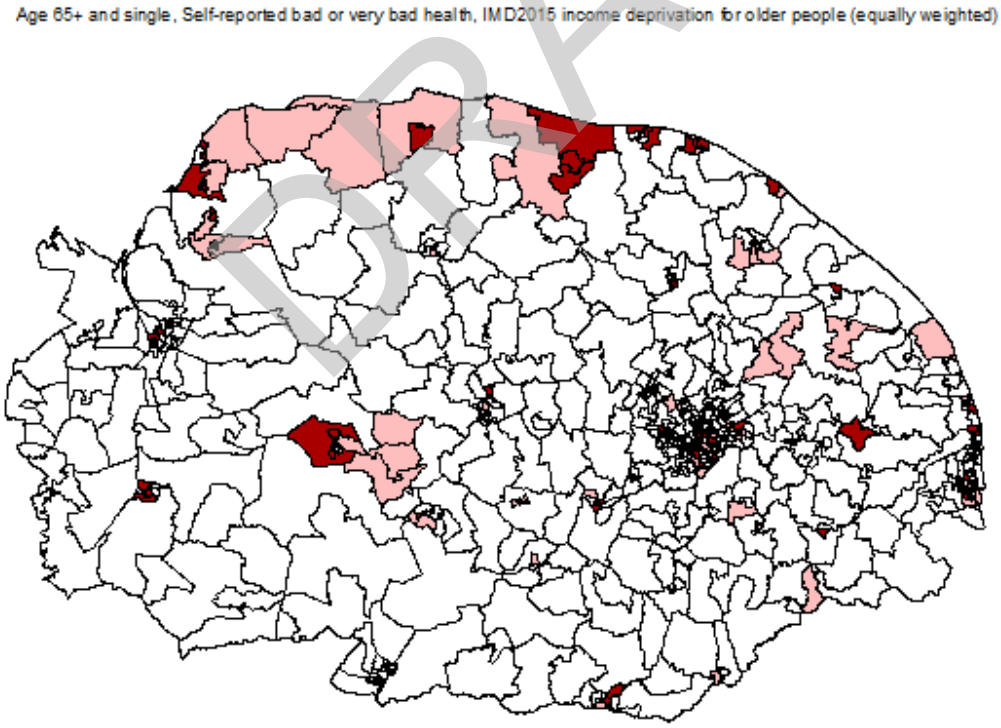


Figure 2. % aged 65 and over and single, % that self-report bad or very bad health and % that are older people income deprived.



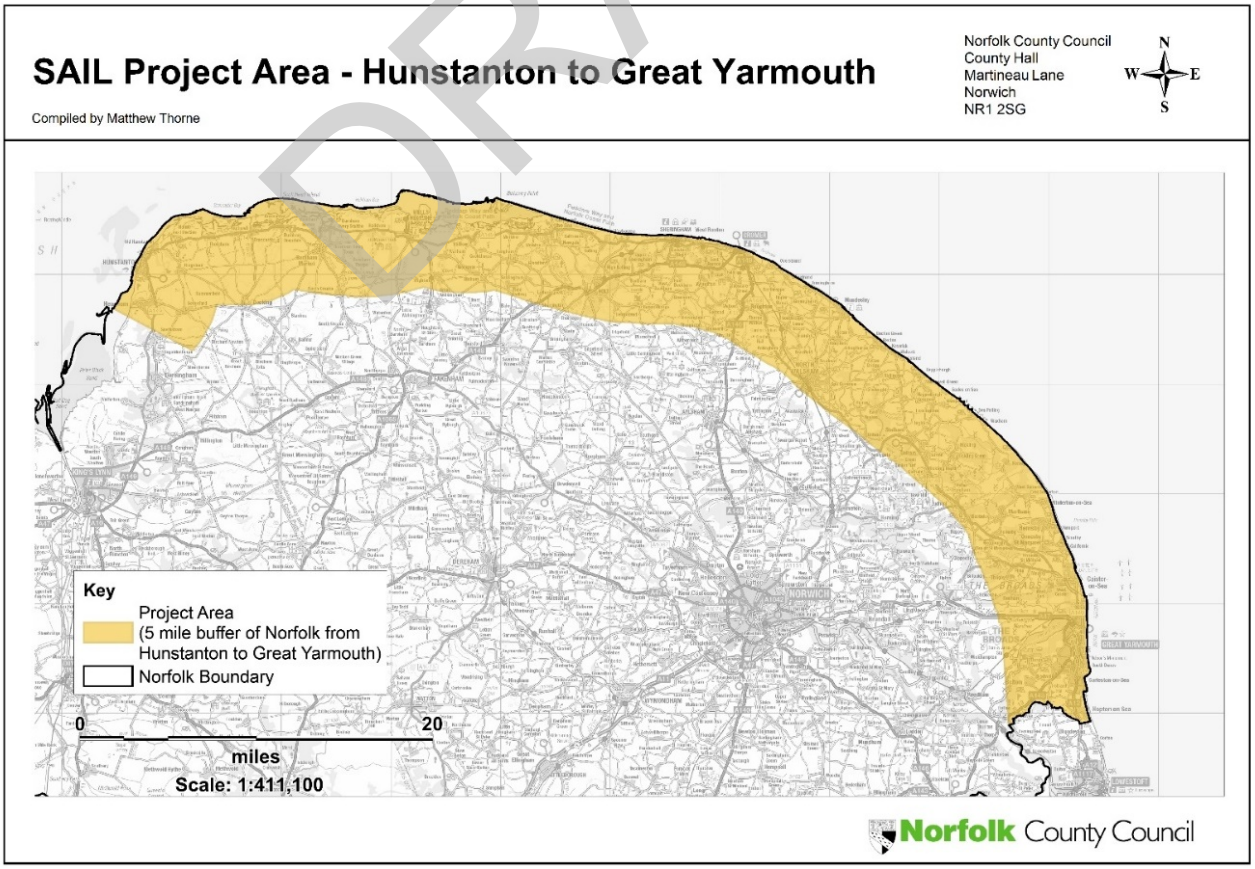
Maps showing some of these primary indicators in isolation are shown in **Appendix A** for information purposes.

6.4. What the primary indicators tell us

While figures 1 and 2 show pockets of disadvantage inland, there is are also bands along the coast, or just inland from it, that may form a contiguous region in which both aspect of the SAIL project (Mobile Me 'Out and About' and Demential Friendly Walks) could be targetted. The area is showin in Figure 3, and includes the following towns:

- North Norfolk
  - Cromer
  - North Walsham
  - Sheringham
- West Norfolk
  - Hunstanton
  - Heacham
  - Brancaster
  - Snettisham
- East Norfolk
  - Great Yarmouth
- Gorleston-on-Sea

Figure 3. Map illustrating a possible contiguous SAIL area using the primary indicators identified



6.5. Secondary Indicators

It is anticipated that the secondary indicators should guiding the type of activity needed within an area and marketing approaches to be used etc. The secondary indicators have focussed on factors such as age associated conditions and social welfare, such as the estimated risk of Dementia and a modelled risk of loneliness, which for example have both been shown to be of high risk for older people in the areas identified through the primary indicators. As well as a number of other age associated conditions and social welfare issues, with the full dataset available for view in **Appendix B**.

One secondary indicator of particular importance for the Dementia Friendly Walks programme is prevalence of dementia. Within the SAIL area, dementia friendly walks could be targeted at anyone who is using a dementia care unit, receiving care at home or a day centre and their family, friends or carers. Recorded dementia diagnosis rates will help us assess the wards in the SAIL area with greatest area of need. The following table outlines the doctor's surgeries with highest prevalence of dementia diagnoses by percentage of population

Table 1: Doctors Surgeries within the proposed SAIL area with the highest prevalence of dementia

CCG area	Surgery branch	No. of surgeries	Population	Diagnosis of Dementia	% with Dementia (Norfolk average 4.01%, UK average 4.33%)
East Norfolk	Gorleston	1	1622	98	6.04%
East Norfolk	Nelson Yarmouth	1	770	43	5.58%
West Norfolk	Kings Lynn	1	3460	188	5.43%
North Norfolk	Paston	1	2013	111	5.51%
West Norfolk	Heacham	2	3141	163	5.19%
North Norfolk	Sheringham	1	3669	177	4.82%
North Norfolk	Cromer	1	4310	198	4.59%
West Norfolk	Hunstanton	6	8614	389	4.52%
North Norfolk	Wells	1	993	44	4.43%
East Norfolk	Falkland	1	1750	75	4.29%
East Norfolk	Gorleston	1	3974	170	4.28%
North Norfolk	Bacton	1	2006	85	4.24%
North Norfolk	Mundesley	1	2006	85	4.24%
East Norfolk	ENMP Yarmouth	3	4586	192	4.19%
West Norfolk	Grimston	1	1377	57	4.14%
North Norfolk	Stalham Green	2	1973	78	3.95%
North Norfolk	North Walsham	1	3130	107	3.42%
North Norfolk	Fakenham	2	4258	133	3.12%

West Norfolk	Southgate	1	1930	59	3.06%
East Norfolk	Gorleston	1	2791	79	2.83%
North Norfolk	Holt	3	4911	141	2.87%
North Norfolk	Stalham Staithe	1	2243	58	2.59%
West Norfolk	Burnham	1	1589	34	2.14%
North Norfolk	Aldborough	1	1019	14	1.37%

Although the secondary indicators have not influenced the selection of the proposed SAIL area, they will support within the design phase of the project. Also it will aid us in identifying which partners we need to engage, as well as how we can tailor the delivery of the project.

6.6. Targeting SAIL: Summary and recommendations

It is recommended that:

a. In order to target limited resources SAIL should be delivered within the shaded area indicated within the map in section 6.4 (see section 7.7. with for a note respect to district council boundaries). This is because many of the LSOAs identified as being 'high need' using the composite indicator fall within this area and because it forms a contiguous area that has a shared characteristic (coastal).

b. That data within this needs assessment is used to target activities for specific conditions within the SAIL area, for example, activities targeted at those with dementia.

7. Potential partner organisations

7.1. Sport, Physical Activity and Leisure Sites

A significant proportion of Norfolk's local economy is focussed towards leisure and tourism, and this is particularly the case within Norfolk's coastal regions, which therefore means there are a significant number of leisure assets within this region.

Sport, Physical Activity and Leisure sites are outlined in **Appendix C**. These may be regularly accessed by both tourists and residents, however, local leisure facility operators feel that they. The facilities provide opportunities for activities such as swimming, bowls, tennis, golf, boccia and table tennis.

The explore phase of SAIL has consulted with various stakeholders and the target demographic. This has begun to give an insight into why these facilities may not be being utilised by older people, and of the barriers that may need addressing, such as access,

confidence and knowledge of physical activity benefits. The next phase of SAIL, the design phase, will explore ideas of how to address these barriers, and engage the older population in using these resources.

Through wider consultation with partners around SAIL, we have also been able to identify possible opportunities to expand upon pre-existing projects, and utilise their experiences. For example, Swim England are developing some training for leisure facilities to become more accessible for older people. This focuses on conditional specific accessibility, and builds on previous work to make centres accessible for people with Dementia.

There was also an opportunity to consult on SAIL and a number of other projects through a Dementia Sports workshop, which was hosted by the Alzheimer's Society and enabled us to utilise their experiences and learnings to date.

7.2. Existing Community Support Services

The support services that are available for older people within the target areas for SAIL are outlined within **Appendix D**. Although there is some provision aimed at getting older people to be more physically active, it is not a large resource in comparison to the demographic population. It can also be highlighted that the leisure and tourism assets that were identified earlier within the report are not being utilised by the older population, which supports the notion that these resources could be used within SAIL to explore new methods of getting older people to be more physically active.

The pre-existing community groups highlighted within **Appendix D**, are also a resource to provide insight into the local community, and the target demographic within these communities. A number of them have formed part of the stakeholder consultation process, and will continue to be involved within the SAIL project, supporting with designing and guiding the project as part of the steering group.

7.3. Sheltered Housing/Care Homes

A number of organisations within Norfolk provide supported housing for older people. Some full-time care, and others a light touch call-in service where the resident is still very independent. Active Norfolk have previously worked with both ends of the spectrum on the Mobile Me project, and have experience of the varying level of capability of residents at the different types of site.

There is an increasing awareness within these organisations around the benefits of physical activity, and how it can impact upon the welfare of residents. As supported housing and the

leisure and tourism sector have not historically worked together, there is likely to be a desire to moving forward.

The variety of private and local authority supported housing organisations within Norfolk, have different strategic objectives; this will affect the amount of resource they are able to provide to SAIL. Mobile Me has demonstrated that this can impact upon the level of buy-in from residents into a programme. **Appendix E** outlines the supported housing organisations in Norfolk.

7.4.Transport

Norfolk is predominantly a rural county, dispersed with pockets of urban areas, which can often lead to geographical and social isolation, particularly for vulnerable groups such as older people. Therefore transportation links are important in terms of access for any project looking to increase participation in public facilities.

There are a number of community based transport services within the target area, which are outlined in **Appendix F**, as well as public transport links. These are still limited, and may be a barrier to participation, but by attempting to engage transport providers within the project we can enable some older people to access transport that normally would not be able too.

7.5.Meetings with partner organisations

We audited and identified a number of potential key partner organisations that either have expertise in an element of this project or a vested interest in its outcomes. We discussed the SAIL project with these partners. Through these interactions we sought to grow our understanding of issues relating to SAIL including:

- Partners' commitment to the outcomes of SAIL and what they may be able to contribute
- Considerations regarding the target audience, who they should be and their barriers/motivations to participate
- Appropriate provision and assets already available
- Potential ideas to achieve the outcomes of the project
- Effective methods of communication and marketing

Meeting notes can be found in **Appendix H**.

7.6. Potential partner organisations: Summary and recommendations

Key potential partner organisations are

- Local Leisure Providers (often linked in with local authority)
- NGB's (e.g. Swim England)
- Existing Community Support Services (e.g. Age Concern, Age UK, Alzheimer's Society, Lily, OPF)
- Supported Housing Providers
- Third Sector Organisations (e.g National Trust)
- National Based Older Person Provision (e.g. Oomph Wellness)
- Private Companies (e.g. Golf clubs, Holiday parks, Swimming pools)

Recommendations

- There is resource available, but not much partnership work across sectors. We should support with linking up relevant work streams
- There is not a great deal of physical activity provision for older people, but there is a growing desire to access this demographic. We should support with developing new interventions.
- This needs assessment has highlighted gaps in provision for accessing facilities (Transport, information providers, specific conditions, socially or geographically isolated etc). We should consider how we address these.
- Link in with Dementia Friendly Walks

8. Tourism and green space

8.1. Tourism agencies and other tourism providers

There is an opportunity to further engage the Tourism Destination Marketing Organisations (DMOs) within the SAIL area. These agencies would be a key conduit to access tourist businesses within the area, to both encourage them to make their services more accessible to elderly populations and to investigate further possible alliances.

Many of the twenty one holiday parks in the SAIL area have indoor gym and swimming facilities, some already operate these on a monthly membership basis to local residents, however some don't due to a variety of reasons. Once the precise SAIL areas have been agreed, there is a need to look closer at the services available in that area and expand **Appendix C** to include all services, particularly in rural areas.

Some tourism providers e.g. a B&B in Wells-next-the-Sea and a Norwich restaurant, have both classed themselves as 'Dementia friendly', the B&B offering a Dementia friendly bathroom, the other a particular meal time on a day of the week for Dementia sufferers and their carers. Is there an opportunity to establish an accreditation for tourism providers from B&Bs to museums to obtain a 'Dementia friendly' standard, assessed to a required level in order to give promotion to this service and provide reassurance to their users.
Torbay in Devon has taken this a step further and following the forming of their Dementia Action Alliance group, they have worked with 120 tourism businesses to share knowledge/information with the ambition of becoming the first dementia friendly resort in the UK[35]. Both Holt and Great Yarmouth already have Dementia Action Alliance groups set up, could there be a possibility of SAIL working with these groups to follow Torbay's example.

Many local museums offer guided walks in peak season which greatly appeal to the older generations and they could be encouraged to offer more, outside of the peak season and using dementia friendly/accessible routes. Special events, such as the 1940's weekend hosted by the Poppy Line railways in mid-September and located in Sheringham, Weybourne and Holt, serve not only as excellent educational tools for the younger generations but as nostalgic trips for those 65+ and could be expanded.

The number of Tourist Information Centres (TICs) in recent years have been cut, there are now only a handful of funded TICs within the SAIL area. Some operate independently and some exist as information points in libraries, some of which are periodically manned. Many

[35] Dementia: Why is it important for tourism? National Coastal Tourism Academy.

of the independent centres/points and the library based ones operate and provide information for both local residents and tourists. These would be one of many good resources to advertise any events the project wishes to within the target areas.

The Grey Pound (55+) currently represent a powerful economic entity. Forces, including increased security fears, terrorism, Brexit, the weaker pound, combine to put many off overseas travel. There is an opportunity to encourage more people from this age group to come to specific areas of Norfolk. The final outcomes of the SAIL project could be marketed to benefit both residents and tourists in order to also benefit the local economy.

The 2016 Coastal Tourism report[36] identifies that health and wellbeing are a significant growth market globally. In particular it notes that 1 in 5 people take a dedicated wellness break each year, however this sector only currently represents 8% of trips to the coast, thus suggesting a potential growth market. Other factors to make this of particular interest to the tourism industry is that Wellness travel is less seasonal, 66% of trips are taken between November and April.

8.2. Green Space

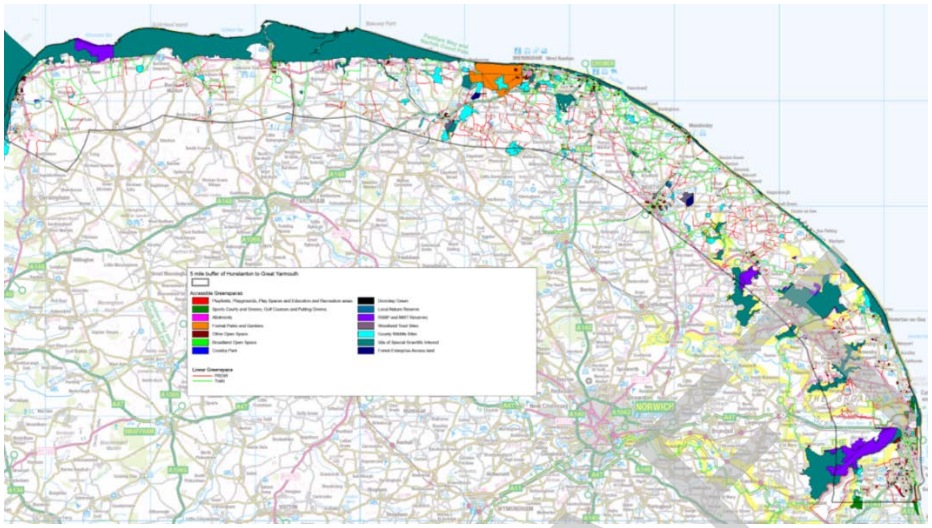
An audit of the green space available in the SAIL catchment area outlines that there is a breadth of assets available. Figure 4 shows green spaces including parks, public gardens, and areas of scientific interest, nature reserves and trails.

The SAIL area fits neatly, with the exception of Winterton to Great Yarmouth, with the Norfolk Coast Area of Outstanding Natural Beauty (AONB). A recent National Trust/Surrey University report[37], has reportedly evidenced that special places spark significant mental and emotional changes in our brains which boost general wellbeing. The National Trust's Head of Research advised 'This research confirms places we love not only shape who we are, but offer deep physical and psychological benefits.' The Norfolk Coast AONB offers differing and quality landscapes, and many special places. The area is designated to conserve and enhance these special places. The area is managed by The Norfolk Coast Partnership (NCP). The NCP is formed of organisations with interests in the landscape of the area (including the relevant local authorities, the National Trust, the National Farmers Union, the RSPB, etc.). A small staff team co-ordinates the work of the Partnership, undertakes fundraising from external sources and delivers projects. The NCP exists to conserve and enhance the natural beauty of area and to facilitate and enhance the public enjoyment, understanding and appreciation of the area and provide sustainable forms of

[36] 2016 Coastal Tourism –National Coastal Tourism Academy. 2016.
[37] Places that make us. Research Report. National Trust/University of Surrey. 2017

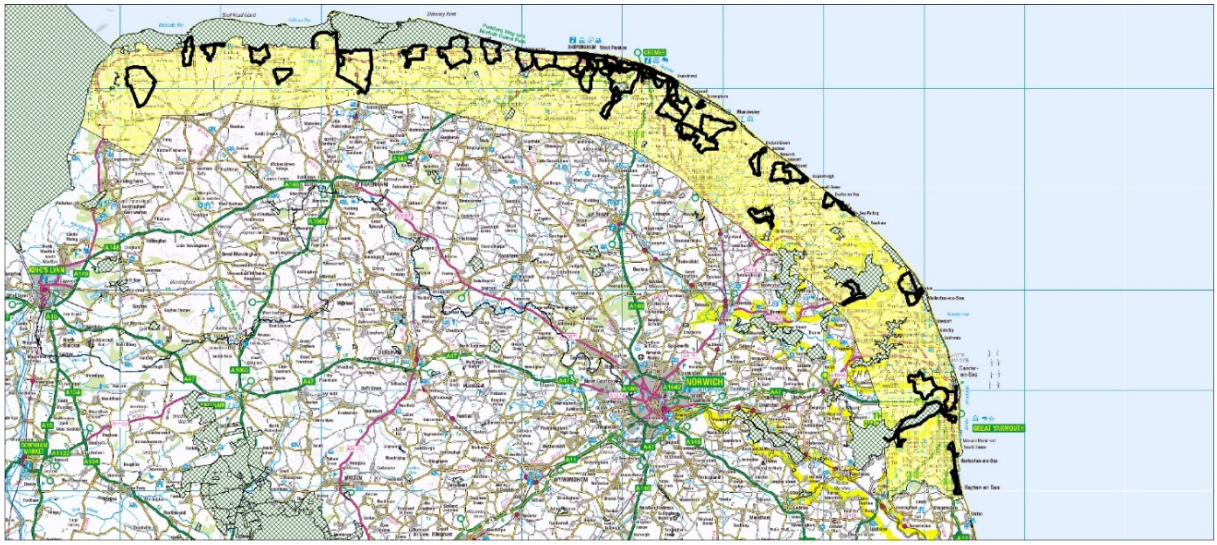
social and economic development that in themselves conserve and enhance the area's natural beauty – objectives which are a good match with SAIL project objectives. There is an opportunity to work with the Norfolk Coast Partnership and, through it, to engage in an efficient and co-ordinated way with its many partner organisations, to develop activities and events across the AONB specifically tailored to the SAIL demographic.

Figure 4: Green space in Norfolk



There are also a number of circular walks within the SAIL catchment area that are indicated within Figure 5, with the routes being marked in black. There are also the Health, Heritage and biodiversity short walk booklets that were developed in 2010-11, in the towns of Great Yarmouth, Wells and Fakenham, Cromer and Sheringham. These were extremely well received and used by locals and tourists. Such walks in the Hunstanton and Heacham areas were never produced. There is currently a lack of up to date information in Norfolk on accessible walks. There is an opportunity to work further with tourism partners, landowners and reserves to incorporate their often already existing, short and often accessible walks into a possible directory of accessible walks within the SAIL area. There is potentially a particular gap of either walks or information in the West Norfolk area and also according to Figure 5 in the Greater Yarmouth area.

Figure 5: Circular walks in Norfolk



In addition to the circular walks in Norfolk, the Norfolk Coast Path National Trail runs from Hunstanton to Hopton-on Sea within the SAIL area. This remains one of the most popular tourist attractions in the region, with 423094 visitors between April 2016-17. This route is currently being captured using a Google Trekker to allow users to view the route online to assess its difficulty and areas to visit.

The SAIL area also boasts the Norfolk Coast Cycleway route, from King's Lynn to Great Yarmouth, which uses the Sustrans National Cycle Network route 1, followed by the regional route 30. It stays off of all major roads and uses the quite lanes network wherever possible. There are some but limited options for off-road cycling in the area, including some on tarmacked paths.

8.3. Tourism and green space: Summary and recommendations

The SAIL area is diverse in its landscape, its residents and tourists. When trying to understand the area it is useful to use to some extent the soft DMO boundaries which in real terms differ slightly geographically from the districts as they incorporate similar locations.

The entire area is rich in nature reserves, wildlife and green space. The prestigious Norfolk Coast Path National Trail runs through the entire area from Hunstanton to Hopton. Amongst National Trails is it known as a good starter route due to its general flatness and good accessibility. When combined with the Coasthopper bus service, which mirrors the route from Hunstanton to Cromer, it makes this section of the linear route considerably more attractive to the general public who traditionally prefer circular walks. The walking offer is excellent but circular walks appear to be lacking in certain areas. Information about accessible walks in the area is fragmented and limited.

There are a few cycling routes in the area, notably the Norfolk Coast Cycleway from King's Lynn to Great Yarmouth, together with its short circular sections, and limited further areas available for traffic free, off road, sometimes tarmacked cycling. These could be mapped and investigated further if decide that they could be a valuable addition to the project.

There are real opportunities to work with the SAIL area's DMOs to engage businesses and generate further ideas of co-operation for the project. There are compelling arguments and reports to back this up for tourism businesses to embrace more elderly visitors out of season and to potentially make adjustments to their offer for this purpose.

There are two main types of holidays that reportedly the majority of elderly tourists prefer, visiting holiday parks and coaching holidays.

Anecdotal information received so far from Holiday parks suggest that older tourists may visit Great Yarmouth parks more than those in West and North Norfolk. Further investigation could be carried out to ascertain this as necessary.

The information received so far on elderly tourists suggest that Great Yarmouth have en masse of out of season low budget coaching holidays, with a lower socio economic clientele, where North Norfolk, particularly Cromer and Sheringham also enjoy this out of season offer, with potentially a slightly higher socio-economic clientele involving a higher spend per capita.

The Thursford phenomenon is unique, should be included in this needs assessment with respect to elderly tourists, however many that come, visit the show, and either are coached immediately out of the county or spend a single night in coaching hotels within a 1.5 hr radius of Thursford, often leaving the county the following day.

Once the pilot areas have been decided further work can be done with holiday parks and other businesses in those areas to facilitate the use of their services specifically for local elderly residents.

9. Workshops and interviews with stakeholders and participants

9.1. Workshops and interviews with stakeholders and participants

In order to enhance our knowledge and understanding of the target group we undertook focus groups, semi-structured interviews and attended older people's events with members of the demographic. We sought to understand their barriers and motivations, life circumstances, attitudes and potential attractive activities.

We identified the following key theme (see Appendix G for fuller information)

- Barriers to physical activity: for example, cost, transport, timing, difficulty, fear of failure, illness, health, confidence and identity
- Drivers: Need/purpose, enjoyment, social contact, attitude and motivation, life changes and holidays
- Enablers and information points: Places and organisations such as churches and libraries, individuals such as health professionals, carers, family and social group.
- Beneficiaries; recognising the diversity of older people, catering for 'older, older people', targeting those in most need but who are also likely to be responsive
- Activities: Numerous ideas for the design of activities including two sub themes:
    - Adapting it: helping people be active regardless of age, health and ability
    - Rethinking it: consider location (including the home), the coaches, the image and the message and social support
- Communication and marketing: 'show not tell' e.g case studies, raising awareness of the importance of PA, using a famous older person as a role model, appeal to non-sporting types as well.
- Imagery: a series of images presented to older people during on-street interviews. The findings indicate that photos should not depict activities that might be seen as 'high risk', institutionalised or too old. Relaxed, social photos in nice scenery were favoured. The favoured photo is shown below,

9.2. Workshops and interviews with stakeholders and participants: Summary and recommendations

- There's something for me: Recognise diversity of interest and **age** in provision. Increase support for people who are disabled or ill to overcome their barriers to becoming active. Ensure there is provision for those with conditions e.g. adaptations, training for instructors.
- I know where to go: Provide accessible, up to date information to older people and those working with them on how to get active and how to join activities
- Being active is the norm and is fun: Using role models to normalise and promote physical activity in older people in a way that is fun, relaxed, not too sports focussed and doesn't make people feel old.
- Physical activity can make a difference: Communicate the importance and benefit of physical activity to older people and to those that work with them / support them (health professionals, carers etc).
- Getting over the doorstep: provide support to people nervous about joining new groups. Think about alternatives to big organised groups (activity at home, small groups of friends).

10. Evaluation of the Fit Together Health Walks programme

Active Norfolk have also been running a Fit Together Health Walks programme in North Norfolk for the past 3 years, and there have seen some key learnings that will support in the development of the Dementia Friendly Walks programme, which have been identified below. A full report for this project is attached in **Appendix I**.

- Walks are far more popular in better weather – we ended up doing the walks only during the summer and expected them to be cancelled during the summer if the weather was poor
- We felt that walks worked better without separating them between "early" and "later" stages of dementia. People in the early stages would have the option to attend non-targeted walks in the area.
- Walk particulars need to follow the guidelines listed on page 11
- Working with partners who can provide starting points and refreshments after the walks is a definite advantage. Familiarity of sites was also a benefit, even if for people acting as one-to-one carers as then they did not have to worry about finding an unfamiliar start point – libraries are recommended as long as there is parking
- Getting care homes on board is crucial as these will be the main audience – especially if the walks can be embedded into their social activity programmes. Care home managers need to be met with and information needs to be disseminated for newsletters for relatives as this group acting as carers was much more successful than a reliance on care home staff which was often stretched
- A colourful programme with appropriate pictures is essential. It needs to include large font and easy to read information. If registration forms and carer responsibility forms can be included in the book so that people can complete these at home before the walks then this is preferred
- Rather than try and recruit new volunteers specifically for the walks local Walking for Health groups need to be involved as walk leaders are already on tap in each area – West Norfolk, North Norfolk and Yarmouth
- Walks are much more social rather than physical and so stopping en-route is common either for reminiscence or refreshments

It is recognised that there is a wealth of knowledge and understanding to be gained from consulting with stakeholder organisations and directly with the target demographic. Information and insight gained from these stakeholders will inform the project and ensure that interventions reflect the best possible understanding of the factors that could affect the success.

NOTE: The recommendations section below will be updated after the workshop on the 7th December 2017

11. Recommendations

Intervention Design:

- Behaviour change strategies should be embedded into all interventions.
- Frequency, intensity, duration and type of activity need to be tailored to the condition or issue that the intervention is aiming to address
- Utilise end user and stakeholder consultation to help shape interventions through the design phase.
- Interventions should be co-designed with stakeholders and end users.
- Dementia friendly walks should be aimed at preventing the onset or deterioration of dementia.

Raising Awareness:

- Consider the current research gaps on the effects of walking on dementia and contribute to existing evidence where possible.
- Raising awareness of the chief medical officer's physical activity guidelines to the end user group should be incorporated into design and communication of interventions.
- Raising awareness of the chief medical officer's physical activity guidelines to primary care professionals should be incorporated into design and communication of interventions.

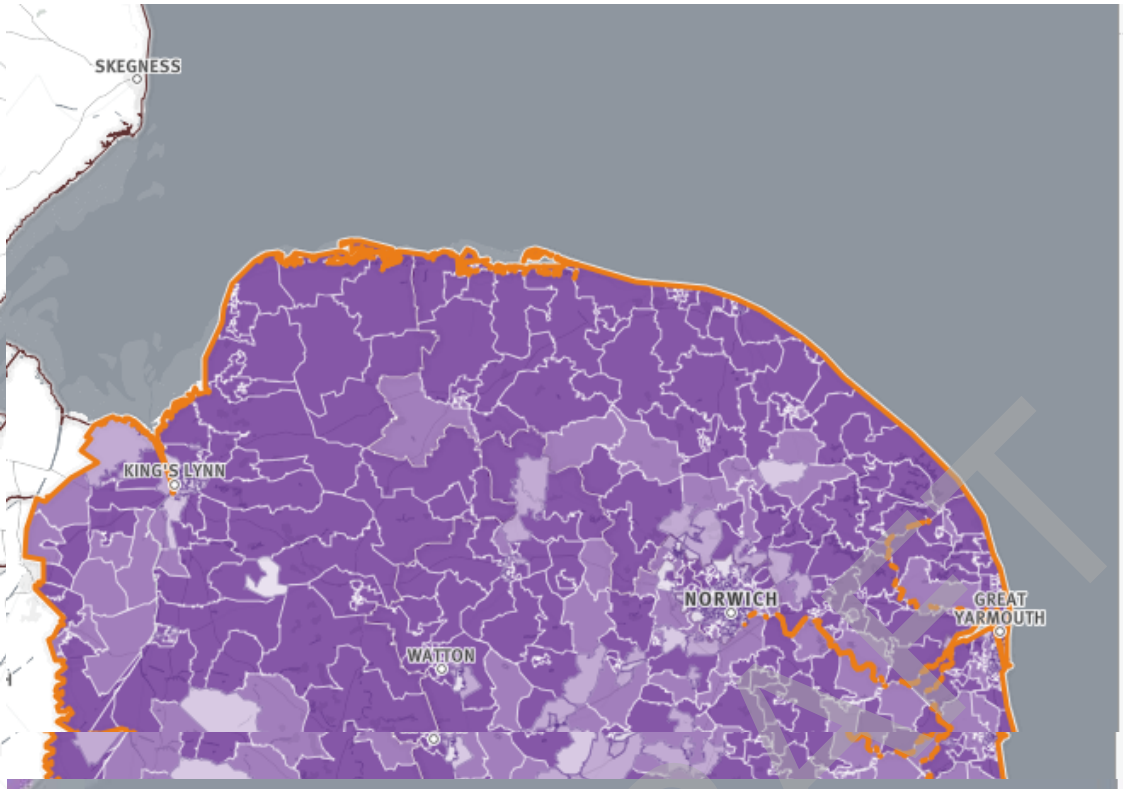
Target Demographics and Assets

- Interventions should be focussed in the priority neighbourhoods identified in the 'Older People in Norfolk' section of the Needs Assessment document.
- Develop a greater understanding of the appropriateness of specific assets in identified priority areas.
- Utilise existing leisure, tourism and greenspace assets which are prevalent but underutilised in priority areas.

12. Appendices

12.1. **Appendix A: Primary Indicators**

Population of Older people in Norfolk



Population estimate: Male: ages 65-84

The analysis focuses on the estimated percentage of the male population ages 65-84.

NHS North Norfolk CCG,NHS Great Yarmouth and Waveney CCG,NHS West Norfolk CCG,NHS Norwich CCG,NHS South Norfolk CCG's estimated male population in mid-2015 for ages 65-84 is **20.11%** within a range of 0.77% to 48.64% across 611 LSOAs.

The England-wide LSOA distribution is 0.2% to 50.36% with a mean value of 15.2%.

Key

Values for LSOAs within the selected boundary are shown.

The colours represent the quintiles:

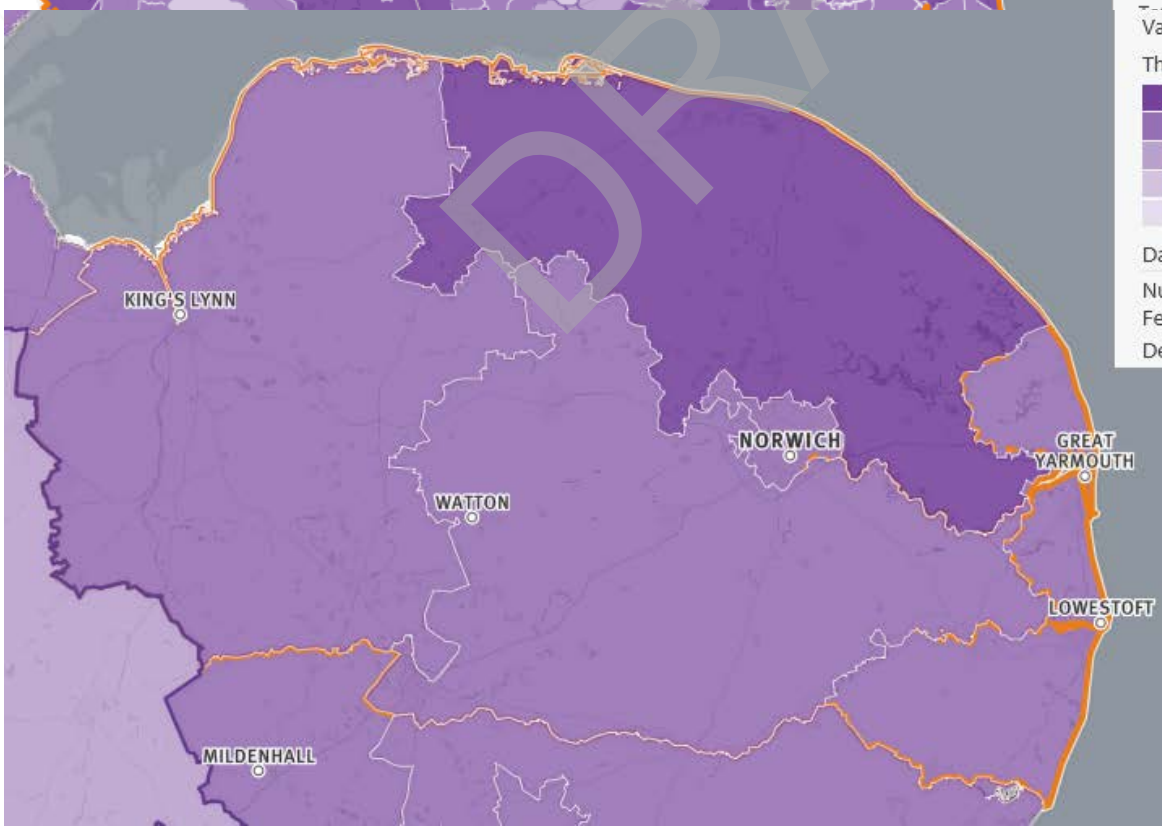
- 21.03% to 50.36%
- 16.54% to 21.02%
- 12.73% to 16.53%
- 9.08% to 12.72%
- 0.2% to 9.07%

Data

Numerator:
Male: ages 65-84 estimate: 98,713

Denominator:
Total estimated male population: 490,902

Denominator:



Values for individual organisations are shown.

The colours represent the quintiles:

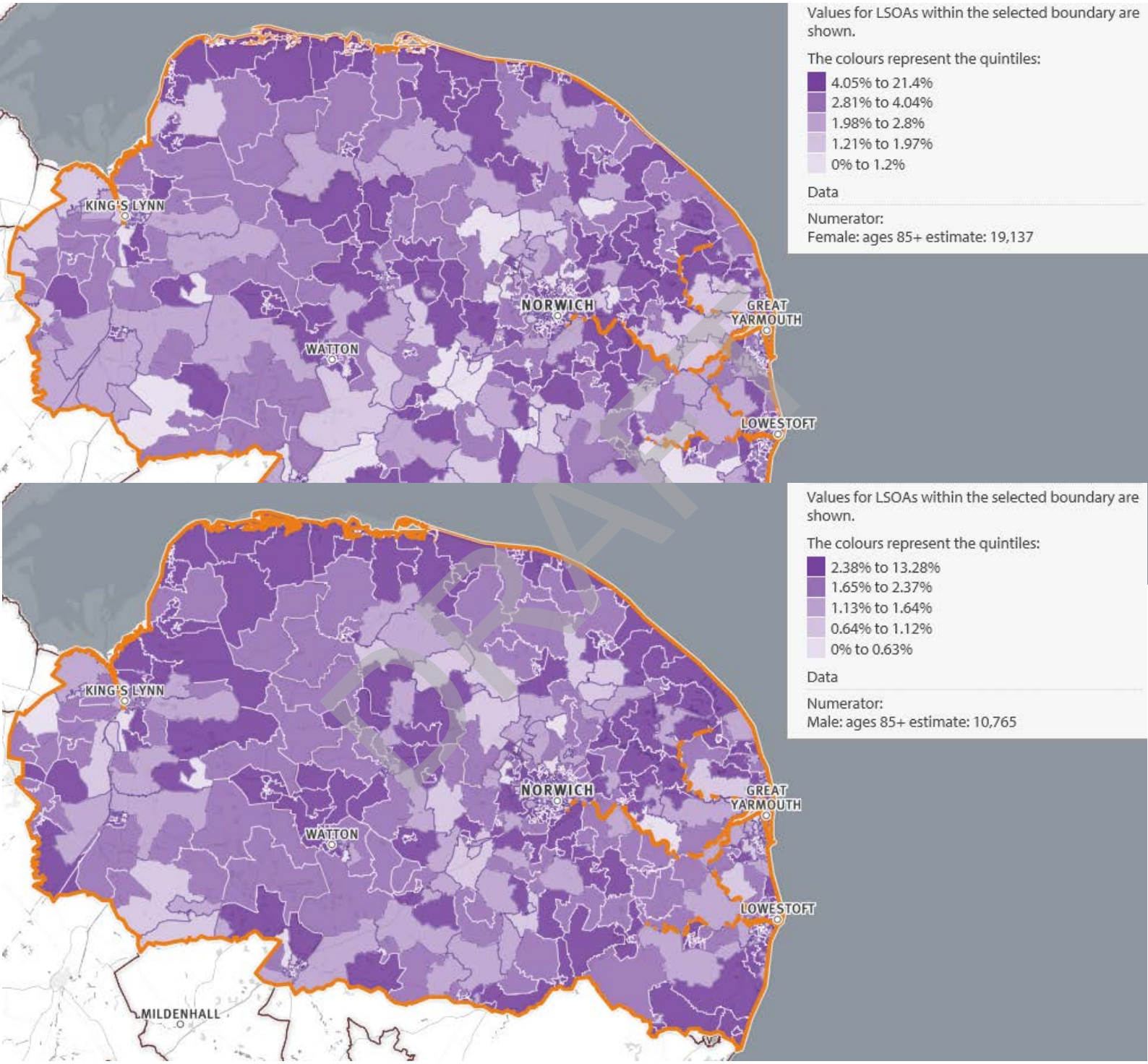
- 4.05% to 21.4%
- 2.81% to 4.04%
- 1.98% to 2.8%
- 1.21% to 1.97%
- 0% to 1.2%

Data

Numerator:
Female: ages 85+ estimate: 19,137

Denominator:

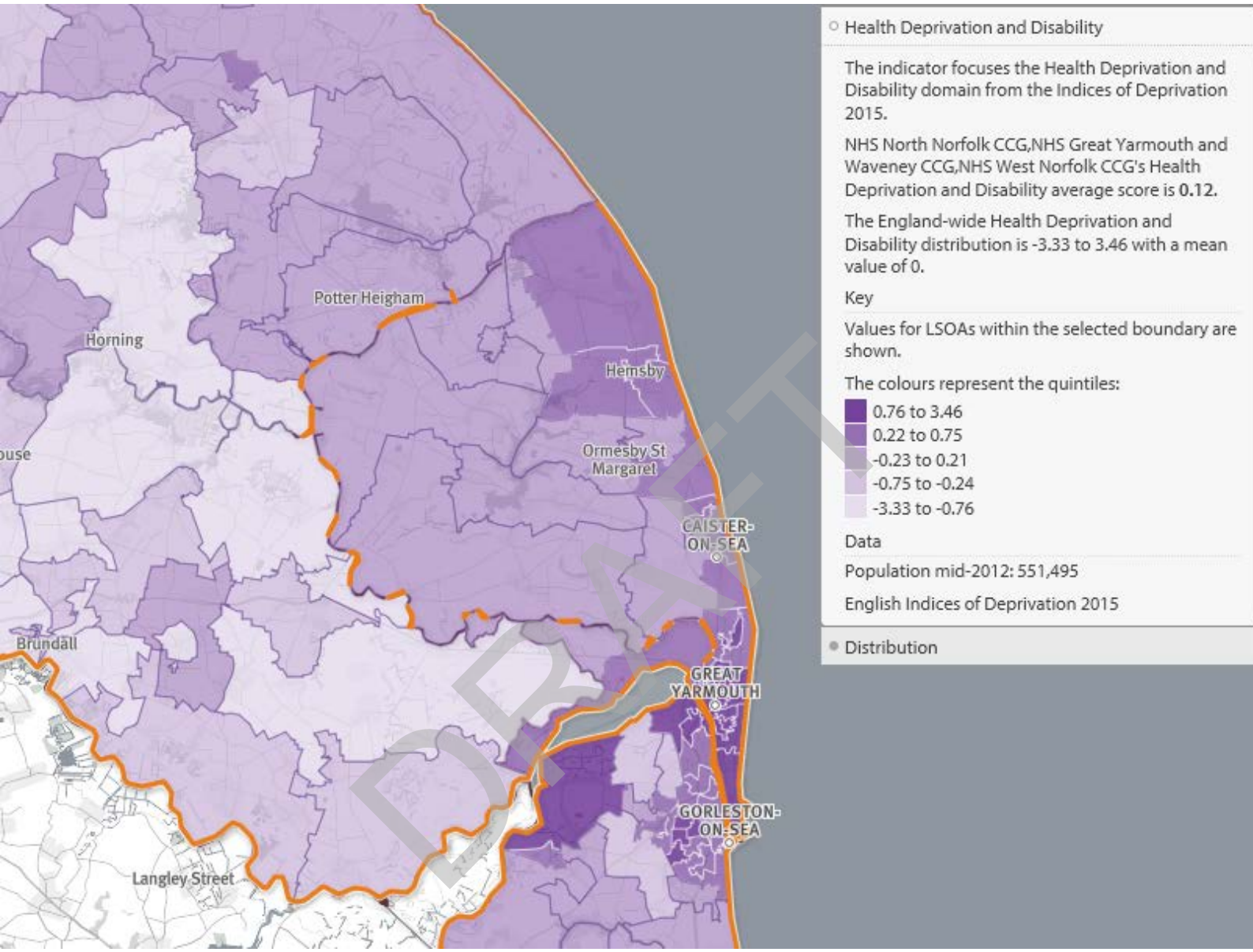
Note: this map indicates areas where there are the estimated highest populations of females 85+ for the United Kingdom.

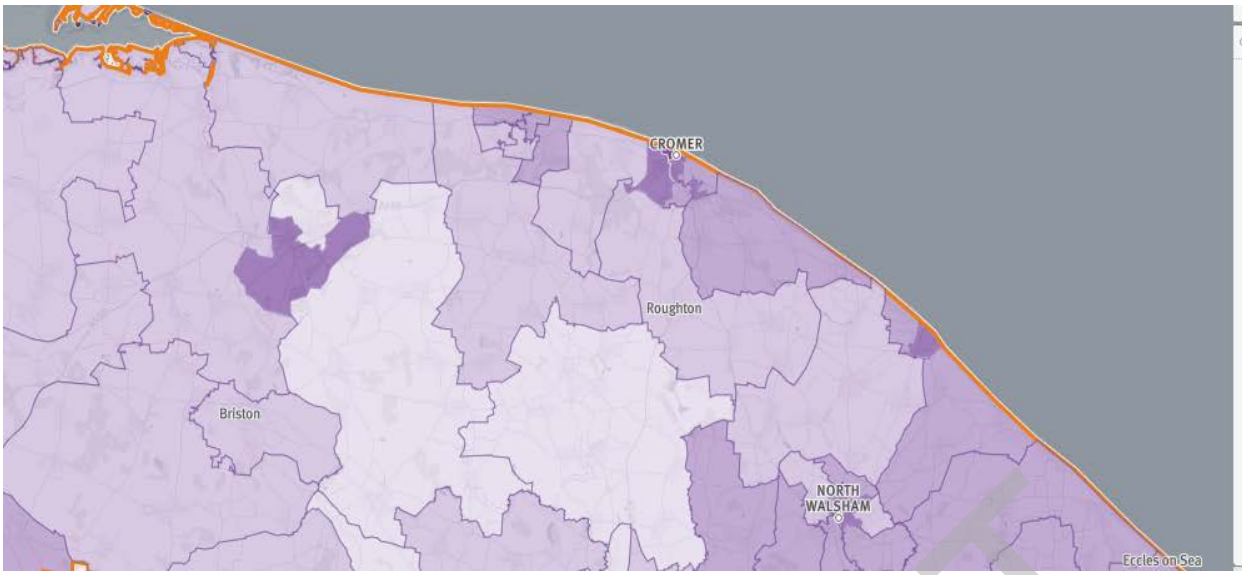


The dark purple areas on the above maps show where the percentage rate is at its highest for each category being examined, which in this case is the population of older people in Norfolk. We can see from the above estimates that amongst some of the highest population rates for

both 65-84 year olds and 85+ , are the coastal areas of West, North and East Norfolk. Due to the ageing

Level of Income and Health Deprivation in Target Areas





Health Deprivation and Disability

The indicator focuses the Health Deprivation and Disability domain from the Indices of Deprivation 2015.

NHS North Norfolk CCG,NHS Great Yarmouth and Waveney CCG,NHS West Norfolk CCG's Health Deprivation and Disability average score is **0.12.**

The England-wide Health Deprivation and Disability distribution is -3.33 to 3.46 with a mean value of 0.

Key

Values for LSOAs within the selected boundary are shown.

The colours represent the quintiles:

- 0.76 to 3.46
- 0.22 to 0.75
- -0.23 to 0.21
- -0.75 to -0.24
- -3.33 to -0.76

Data

Population mid-2012: 551,495

English Indices of Deprivation 2015

Income Deprivation Affecting Older People Index

The indicator focuses the Income Deprivation Affecting Older People Index (IDAOPI) from the Indices of Deprivation 2015.

NHS North Norfolk CCG,NHS Great Yarmouth and Waveney CCG,NHS West Norfolk CCG's Income Deprivation Affecting Older People Index average score is **0.16.**

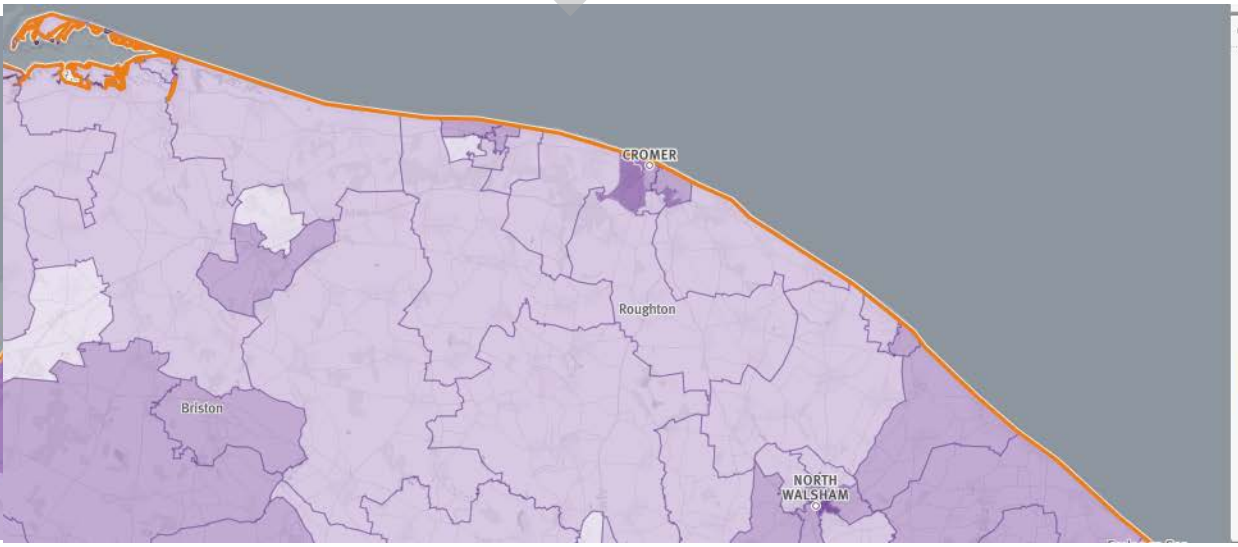
The England-wide Income Deprivation Affecting Older People Index distribution is 0.01 to 0.98 with a mean value of 0.19.

Key

Values for LSOAs within the selected boundary are shown.

The colours represent the quintiles:

- 0.29 to 0.98
- 0.2 to 0.28
- 0.13 to 0.19
- 0.09 to 0.12
- 0.01 to 0.08



Income Deprivation Affecting Older People Index

The indicator focuses the Income Deprivation Affecting Older People Index (IDAOPI) from the Indices of Deprivation 2015.

NHS North Norfolk CCG,NHS Great Yarmouth and Waveney CCG,NHS West Norfolk CCG's Income Deprivation Affecting Older People Index average score is **0.16.**

The England-wide Income Deprivation Affecting Older People Index distribution is 0.01 to 0.98 with a mean value of 0.19.

Key

Values for LSOAs within the selected boundary are shown.

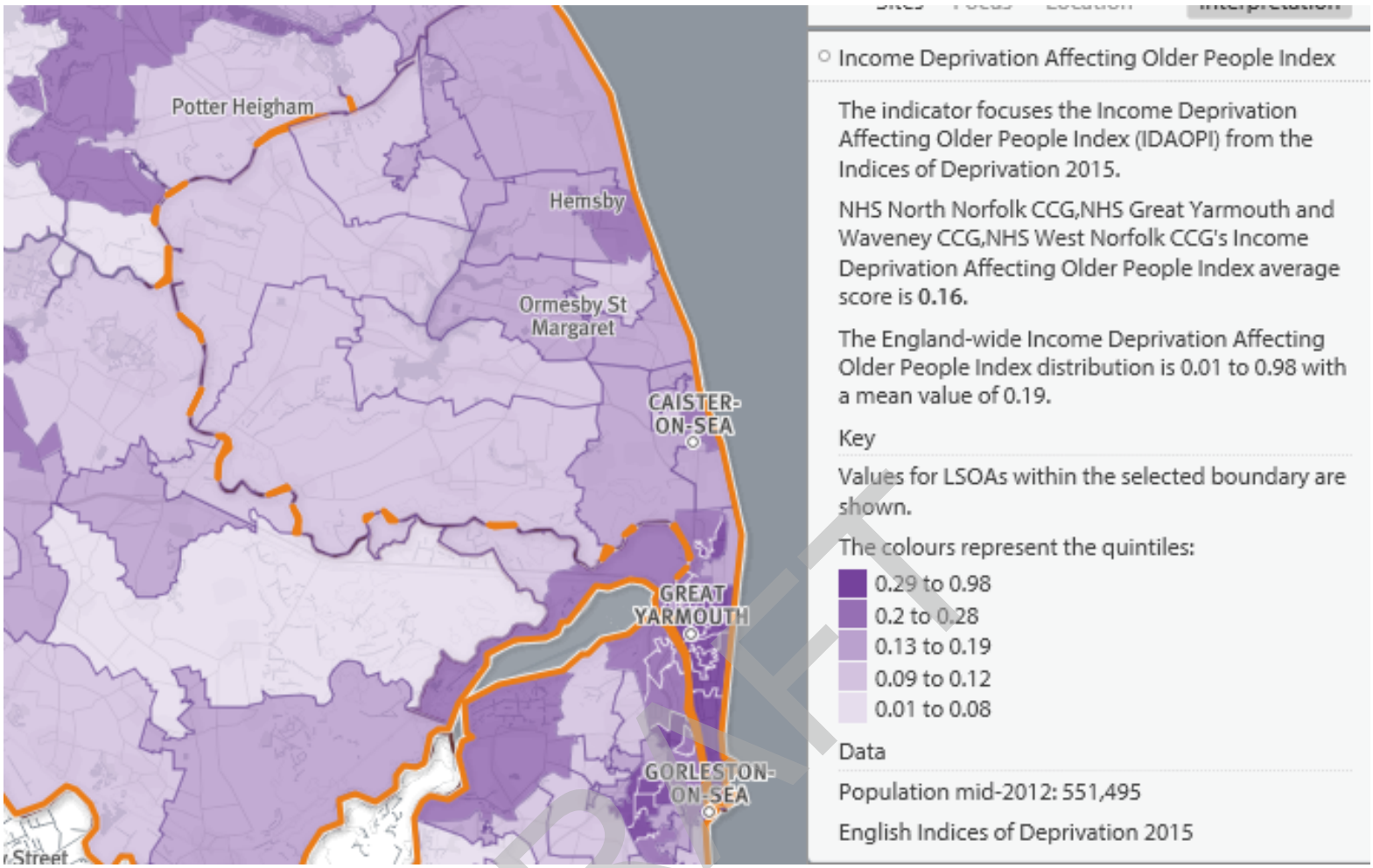
The colours represent the quintiles:

- 0.29 to 0.98
- 0.2 to 0.28
- 0.13 to 0.19
- 0.09 to 0.12
- 0.01 to 0.08

Data

Population mid-2012: 551,495

English Indices of Deprivation 2015

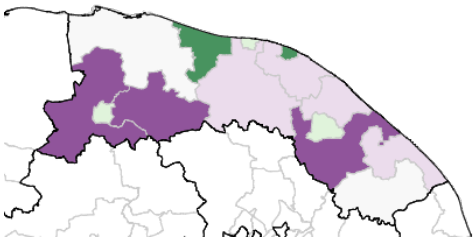


The above maps indicate the level of deprivation within the target delivery areas, in terms of health and disability, as well as income deprivation affecting older people. Previous research has shown that the level of deprivation within an area can lead to an increased risk of inactive lifestyles and sedentary behaviour, as well as increased risk of ill health, and thus indicating a higher need for physical activity interventions.

12.2. Appendix B: Secondary Indicators

Age Associated Condtions and Social Welfare Factors of Older People in Delivery Target Areas.

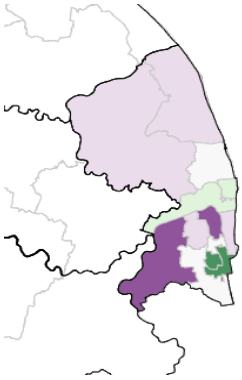
Population of over 65's in Target Districts of Norfolk estimated to have Dementia



North Norfolk

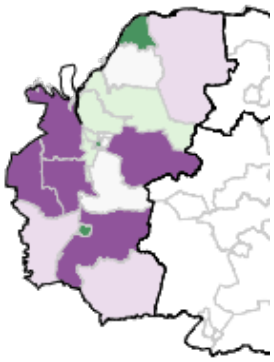
The dark green areas estimate where cases of Dementia are most prevalent in the population of over 65's within Norfolk, with a rate of 7.8 – 9.4%. We can see from the image that there are areas within North Norfolk where Dementia rates are estimated to be amongst the highest in Norfolk. These are in the proximity of the towns of Sheringham, Holt and Cromer.

East Norfolk



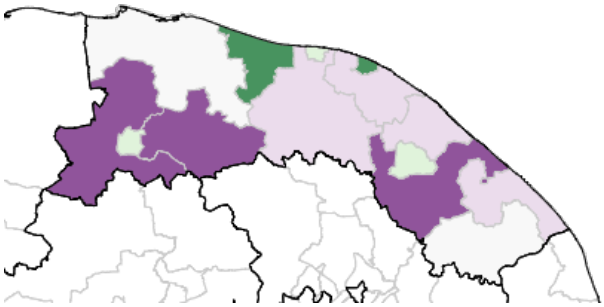
The East Norfolk image indicates that there is a small pocket close to Great Yarmouth Town, where Dementia rates for their older population are estimated to be amongst the highest in Norfolk.

West Norfolk



The West Norfolk image estimates that the town of Hunstanton has Dementia rates for their older population that are amongst the highest in Norfolk.

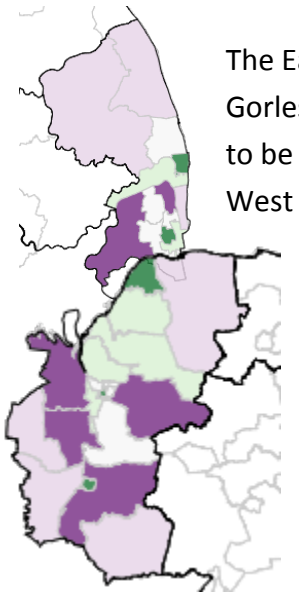
Population of over 65's in Target Districts of Norfolk estimated to have previously fallen



North Norfolk

Falls account for a high proportion of emergency hospital admission amongst the elderly, and can often lead to serious injury, such as fractured hips. The dark green areas show where the highest rates of falls are estimated to have happened amongst people over the age of 65 in Norfolk, with a rate of 27.3% - 28.6%, with the highest rates being in the towns of Holt, Cromer and Sheringham.

East Norfolk



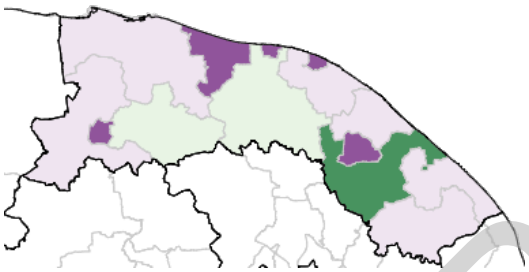
The East Norfolk image indicates that an area of Great Yarmouth Town and Gorleston-on-Sea, is where fall rates for their older population is estimated to be amongst the highest in Norfolk.

West Norfolk

The West Norfolk image indicates that the town of Hunstanton has fall rates for their older population that are estimated to be amongst the highest in Norfolk.

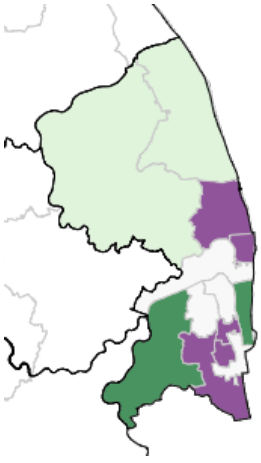
Population of over 65's in Target Districts of Norfolk who have Diabetes

North Norfolk



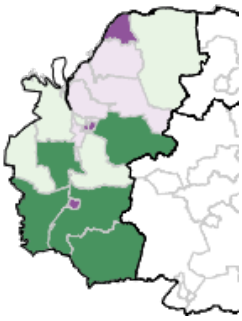
The dark green areas show where Diabetes is most prevalent amongst over 65's in North Norfolk, with a rate of 12.8% in the over 65 population of this area. Although it should be noted that the lowest rate is 12.2%, so the difference in percentages for this condition are not vast.

East Norfolk



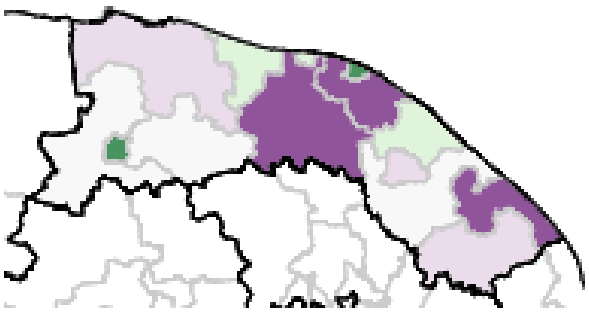
The East Norfolk image indicates that there are areas in and around Great Yarmouth Town is where Diabetes rates for their older population is estimated to be amongst the highest in Norfolk.

West Norfolk



The West Norfolk image indicates that the areas of south west Norfolk is estimated to have some of the highest rates of Diabetes within their older population.

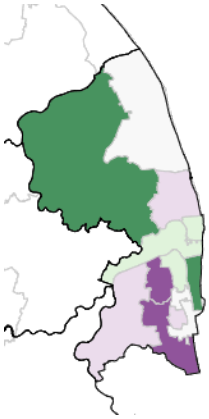
Emergency admissions for Stroke



North Norfolk

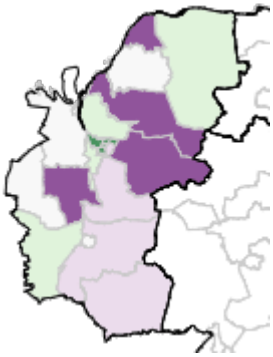
The dark green areas show where the highest rates of emergency admission for Stroke across North Norfolk are, with the most prevalent area being Cromer Town, with Sheringham and Holt also having a relatively high rate.

East Norfolk



The East Norfolk image indicates that there are areas in and around Great Yarmouth Town that have the highest rate of emergency admissions for stroke.

West Norfolk

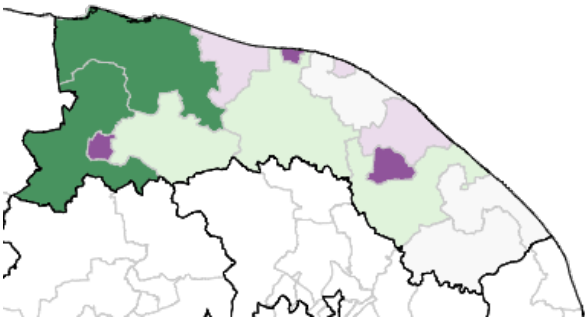


The West Norfolk image has shown that there are no areas in the region that are amongst the highest in Norfolk, but the coastal area of Docking still has a relatively high rate of admissions.

Note: The rates for emergency admissions for chronic obstructive pulmonary Disease and chronic heart disease are geographically very similar to the emergency admission rates for stroke across Norfolk.

Percentage of Norfolk Households in Target Districts Living in Fuel Poverty

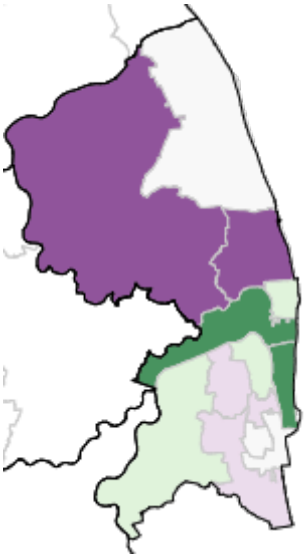
North Norfolk



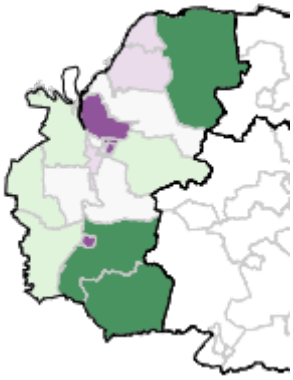
The dark green areas show where the highest rates of people living in fuel poverty across North Norfolk are estimated to be, with the most prevalent areas having a rate of 16.6% - 19.7%. Walsingham and Priory fall into this category.

East Norfolk

The East Norfolk image indicates that there are areas in and around Great Yarmouth Town, and the rural West Flegg area estimated to have some of the highest rates in Norfolk of people living in fuel poverty.



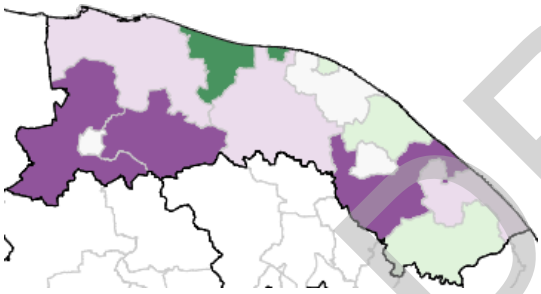
West Norfolk



The West Norfolk image indicates that the areas of Docking, Denton and Fincham is estimated to have some of the highest rates in Norfolk of people living in fuel poverty. The area of Docking is close to Hunstanton and located on the North coast of West Norfolk.

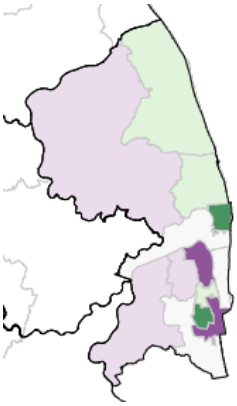
Percentage of Norfolk Households in Target Districts Living in a one person household with a long term health condition or disability, and with no dependent children.

North Norfolk



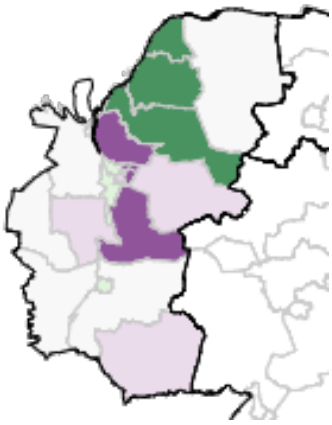
The green area's show where some of the highest rates in Norfolk are for single occupancy households, where the residents are living with a long term health condition or disability, indicating that between 25.6% - 30.4% of the older population in North Norfolk are living in this scenario. A high proportion of this population are over 65, and living alone with a health condition means they are at a higher risk of loneliness. The attached image shows that the areas in and around the towns of Holt and Sheringham are amongst the highest in Norfolk for their older population living alone with a serious health condition.

East Norfolk



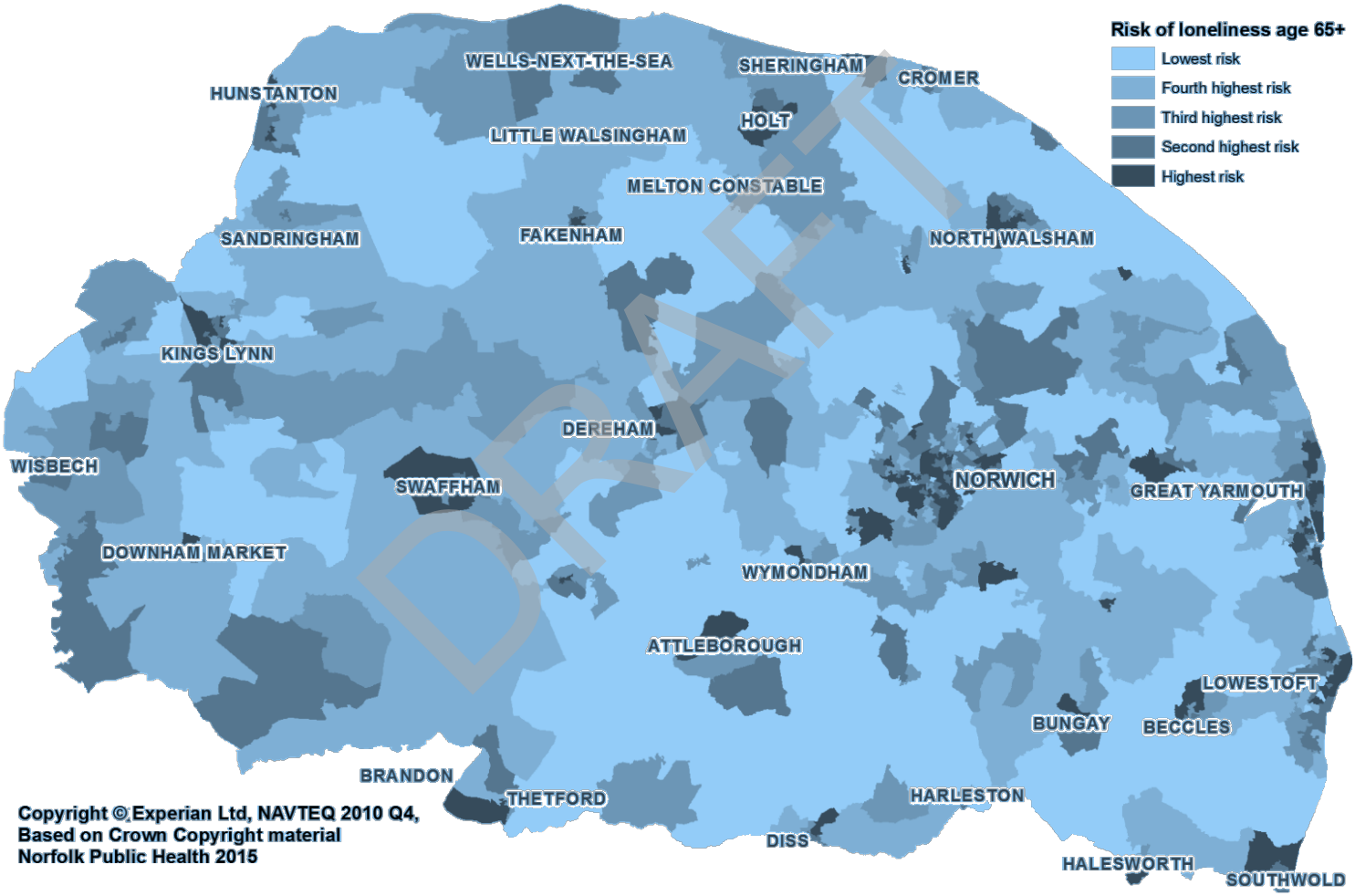
The East Norfolk image indicates that an area of Great Yarmouth Town and Gorleston-on-Sea, is where rates of the older population living alone with a long term health condition are amongst the highest in Norfolk.

West Norfolk



The West Norfolk image shows that the areas of Hunstanton, Heacham and Dersingham are amongst the highest in Norfolk for their older population living alone with a long term health condition.

Modelled Risk of Loneliness



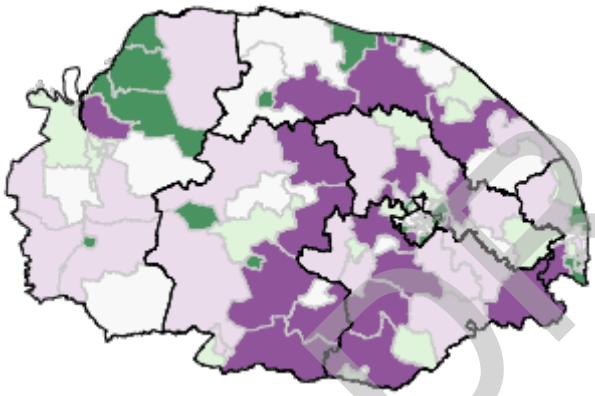
The modelled risk of loneliness shows where within Norfolk there is the highest risk of loneliness amongst Norfolk's over 65 population. As can be seen in the above image, there is a significantly high risk of loneliness in the older populations of Hunstanton, Holt, North Walsham and Great Yarmouth within our target areas of delivery, with a relatively high risk also within Sheringham and Cromer.

There is further evidence from Norfolk County Council's 'In Good Company' campaign, about the prevalence of loneliness amongst Norfolk's older adults, and why it is a key issue

to address in regards to health and wellbeing. The 'In Good Company' campaign is an awareness project with an aim to address the issue of loneliness in Norfolk's older population, and as part of Norfolk County Council's research for this project they found that:

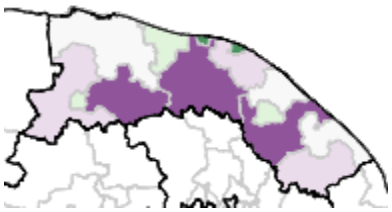
- Public Health estimates there are 38,000 lonely people in Norfolk aged 65+, not to mention more who are lonely through isolation caused by physical or mental health problems at any age.
- Research by the Local Government Association shows being lonely can increase your risk of premature death by 30%.
- And that being lonely is more harmful to your health than smoking 15 cigarettes a day. Norfolk County Council research among those who receive adult social care in the county also shows that loneliness in older people (65+) is the most important factor in their need for these services – more important than their age, wealth or health.
- Over half of those surveyed by Norfolk County Council, who receive a service in the county also said they don't get the amount of social contact they would like, with a quarter saying they never leave their home.

Sports Market Segmentation – Retirement Home Singles – Elsie and Arnold



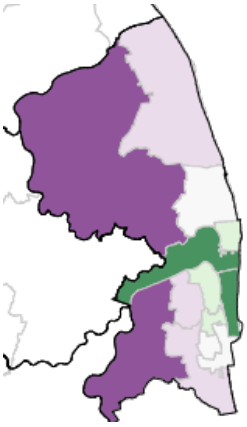
The dark green areas indicate where the percentage of the population who are classified as being in the market segmentation of Elsie and Arnold is at it's highest, with a rate of between 13.7% - 19.6%. The areas where the rates are at their highest is Hunstanton, Heacham, Dersingham, Cromer, Sheringham, Holt and Great Yarmouth. Elsie & Arnold are generalised profiles of a target population in Sport England's Market Segmentation too, they are retired singles or widowers, predominantly female, living in sheltered accommodation.

Estimated Percentage of All Households in Target Areas to Have No Cars or Vans North Norfolk



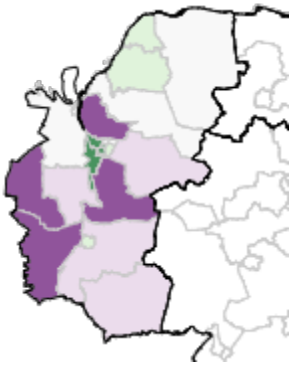
The dark green areas estimate that between 24.6 – 39.7% of the North Norfolk population are living with no cars or vans, which will be amongst the highest in the county. The areas indicated as green in this map are Cromer and Sheringham.

East Norfolk



The East Norfolk image show the majority of Great Yarmouth town is estimated to be in either the highest or second highest percentage range for households living with no car or van.

West Norfolk



The West Norfolk image estimates that areas of North Lynn are amongst the highest in West Norfolk for households with no cars or vans, with Hunstanton and Heacham also having relatively high rates.

12.3. Appendix C: Physical Activity, Sport and Leisure Provision

The below tables highlight the potential delivery venues for the Mobile Me Out and About element of the SAIL project, at both tourism and sport/physical activity sites, with the highlighted venues appearing to be the most practical in terms of provision and location for the target delivery area.

West Norfolk

Name	**Location**	**Type of venue**
Alive Lynnsport	Kings Lynn	Gym, Classes
Alive Oasis	Hunstanton	Gym, Swimming, Classes
Alive Downham Leisure	Downham Market	Gym, Swimming, Classes
Alive St James Pool	Kings Lynn	Gym, Swimming, Classes
Oaks Pool and Gym	Kings Lynn	Gym, Swimming
Searles Leisure Resort	Hunstanton	Gym, Swimming, Golf, Bowls, Tennis, Fishing, Petanque
Imagine Spa	Kings Lynn	Gym, Swimming, Spa
Heacham Beach Holiday Park	Heacham	Swimming
Congham Hall Hotel	Kings Lynn	Swimming, Tennis, Croquet
The Birches	Kings Lynn	Swimming
Everlast Fitness Club	Kings Lynn	Gym, Swimming, Classes
National Trust - Brancaster	Brancaster	Outdoor Centre, Sailing Provision, Walking Provision
Manor Park	Hunstanton	Swimming
Heacham Beach Resort	Heacham	Swimming, Games Room
Station Road Playing Fields	Heacham	Tennis
Heacham Manor Hotel	Heacham	Golf
Hunstanton Recreation Ground	Hunstanton	Tennis
Hunstanton Golf Club	Hunstanton	Golf
Kings Lynn Golf Club	Kings Lynn	Golf
Overy Tennis & Sports Club	Burnham Overy Staithe	Tennis
Burnham Market Playing Field	Burnham Market	Tennis

East Norfolk

Name	Location	Type of venue

Marina Leisure & Fitness Centre	Great Yarmouth	Gym, Swimming, Bowls, Badminton, Short Tennis
Phoenix Pool & Gym	Great Yarmouth	Gym, Swimming, Classes
Hemsby Beach Holiday Park	Hemsby	Swimming, Activities
Funky Fish Swim School	Ludham	Swimming, Aqua Yoga
Potters Resort	Hopton	Gym, Swimming, Bowls, Kurling, Tennis, Archery, Pitch n Putt
Broadland Sports Club	Fleggburgh	Gym, Swimming, Classes, Tennis, Squash
Waterlane Leisure Centre	Lowestoft	Gym, Swimming, Classes, Badminton
Bungay Pool & Gym	Bungay	Gym, Swimming, Classes
Broadland Health & Fitness	Oulton Broad	Gym, Swimming
Filby Broad	Fleggburgh	Walking & Sailing Provision
California Cliffs	Scratby	Swimming, Games Room
Breydon Water - Parkdean Resorts	Burgh Cstle	Swimming, Tennis, Games Room
Summerfields Holiday Park	Scratby	Swimming, Games Room
Vauxhall Holiday Park	Great Yarmouth	Swimming, Games Room
Cherry Tree Holiday Park	Great Yarmouth	Swimming, Games Room
Haven Holiday Park	Caister	Swimming
Great Yarmouth & Caister Golf Club	Caister	Golf
Wellesley Recreation Centre	Great Yarmouth	Tennis
East Norfolk Sixth Form College	Gorleston	Tennis
Gorleston Clifftops	Gorleston	Tennis, Lawn Bowls
Cliff Park Academy	Gorleston	Tennis
Gorleston Golf Club	Gorleston	Golf
Palms Health & Fitness Centre	Hopton	Bowls
Browston Hall Country Club	Browston Green	Bowls, Golf
Caldecott Hall Golf & Leisure	Caldecott	Golf, Gym, Swimming

North Norfolk

Name	Location	Type of venue
Cromer Sports Centre	Cromer	Sports Hall
Stalham Sports Centre	Stalham	Sports Hall, Tennis
North Walsham Sports Centre	North Walsham	Sports Hall, Tennis
Victory Swim & Fitness Centre	North Walsham	Gym, Swimming, Classes
Splash Swim & Fitness Centre	Sheringham	Gym, Swimming, Classes, Badminton
Fakenham Sports & Leisure	Fakenham	Gym, Swimming, Nordic Walking
Rossi's Leisure	North Walsham	Gym, Swimming, Classes, Bowls, Squash
Woodlands Leisure Pool	Sheringham	Gym, Swimming, Bowls, Pilates
EMCY Garden & Leisure	Holt	Pensioners Playground
Fitness Express at Kelling Heath	Holt	Gym, Swimming
Woodland Holiday Park	Trimmingham	Gym, Swimming, Tennis
Sport A Peel	Well-next-the-Sea	Gym, Swimming, Tennis, Badminton
Swim in a Barn	Barton Turf	Swimming
Blakeney Hotel	Blakeney	Swimming, Mini Gym, Spa
Booton Manor Swimming Pool	Booton	Private Swimming Pool
Massy's Gym	Blakeney	Gym, Classes
Cromer Country Club	Cromer	Gym, Swimming, Classes, Croquet, Snooker
National Trust - Sheringham Park	Sheringham	Walking Provision
National Trust - Felbrigg	Felbrigg	Walking Provision
Holt Country Park	Holt	Walking Provision
Bacton Wood	Bacton	Walking Provision
Kelling Heath Holiday Park	Weybourne	Swimming Pool, Tennis Court
Kelling Heath Lodges	Weybourne	Swimming Pool
Woodlands Caravan Park	Sheringham	Gym, Games Room
Fakenham Driving Range & Golf Centre	Fakenham	Golf
Sheringham Golf Club	Sheringham	Golf
Sheringham Recreation Ground	Sheringham	Tennis
Links Country Park Hotel & Country Club	West Runton	Golf, Tennis, Gym, Swimming

Cromer Lawn Tennis & Squash	Cromer	Tennis, Squash
Royal Cromer Golf Club	Cromer	Golf
Mundesley Golf Club	Mundesley	Golf

12.4. Appendix D: Existing Community Support Services

Organisation Name	Sector	Strategic Objectives	Current Community Delivery
Norfolk Older People's Forum	Charity	To be the local voice for Norfolk's older population, and to support in ensuring their needs are met	Older people forum locality groups.
Age UK Norfolk	Charity	To deliver high quality services for older people, To actively champion the rights of older people in Norfolk, To be in a strong financial position with a diversity of income to support our charitable activities	Information & advice, Dementia Cafes
Alzheimer's Society	Charity	Demonstrate the way in Dementia care and support, Be the foremost point of contact for anyone dealing with Dementia, Lead partnerships and investments in research to improve care, advance prevention and move closer to a cure, Campaign for people affected by Dementia to be able to live the lives they want.	Dementia Cafes
Independence Matters	Charity	We foresee a future where people with learning or physical disabilities, mental health problems, older people and people with dementia and their carers have access to a mix of services to create a support package that suits their personal needs and aspirations, enabling them to remain as independent as they wish to within their own homes and communities.	Community Hubs

Stroke Association	Charity	Preventing avoidable strokes, making sure there is the best support and care, expanding the network of services and long term support across the UK, building research and promoting knowledge to improve stroke care, ensuring a well-trained and resourced health and social care workforce.	Support Groups (include exercise sessions)
Community Hub's	Voluntary Organisation, Local Council	N/A	Carpet Bowls, Mobile Gym, Holt & District Dementia Support Group, Thai Chi, Dance, Walking Football

North Norfolk

Organisation Name	Sector	Strategic Objectives	Current Community Delivery
Age Concern North Norfolk	Charity	In partnership with Age UK Norfolk	KIT/Voyager Programme (New Age Kurling, exercise classes and more)
Victory Leisure Centre	Activity Centre & Provider	Part of North Norfolk District Council's sports delivery plan.	Seated exercise classes in care homes/sheltered housing
North Norfolk District Council	Local Authority	Jobs and the local economy, Housing and infrastructure, Coast and countryside, Health and wellbeing, Delivering excellent services	Culture, Leisure and Sport departments (Community Development Teams)

East Norfolk

Organisation Name	Sector	Strategic Objectives	Current Community Delivery
Age Concern Great Yarmouth	Charity	In partnership with Age UK Norfolk	KIT/Voyager Programme (New Age Kurling, exercise classes and more)
East Coast Community Healthcare	Local Authority	Part of Great Yarmouth Borough Council.	Physical activity sessions in care homes, Fall prevention groups (majority through Fun & Fit)
Great Yarmouth Borough Council	Local Authority	Economic growth, Housing, Neighbourhoods, communities and the environment, Tourism, culture & heritage, Great Yarmouth's town centre, Transport & infrastructure	Culture, Leisure and Sport departments (Community Development Teams)
Great Yarmouth Community Trust	Charity/Local Authority	Provide local support services for the population of Great Yarmouth to support with their welfare and health needs.	Ageless Opportunities Programme

West Norfolk

Organisation Name	Sector	Strategic Objectives	Current Community Delivery
West Norfolk Borough Council - parks and open spaces	Local Authority	Provide important local services within our available resources, Drive local economic and housing growth, Work with our communities to ensure they remain clean and safe, Celebrate our local heritage and culture,	Culture, Leisure and Sport departments (Community Development Teams)

		Stand up for local interests within our region, Work with our partners on important services for the borough	
LILY	Charity	N/A	Directory for older people services in West Norfolk
West Norfolk Befriending	Charity	N/A	Befriending Service
Osteoporosis Support Group	Community Group	N/A	Seated Exercise Programme

12.5. Appendix E: Sheltered Housing/Care Home Schemes

Scheme	Number of Units			Total
	West Norfolk	East Norfolk	North Norfolk	
Abbeyfield	0	9	0	9
First Port	61	71	187	319
Freebridge	124	0	0	124
Guiness South	0	24	0	24
GYBC	0	998	0	998
Hanover	24	30	41	95
Housing 21	26	46	41	113
Orbit East	0	36	54	90
McCarthy & Stone	31	0	34	65
Sutherland Homes	0	0	24	24
Norse Care Homes	6	2	6	14
Independent Care Homes	30	53	30	113
Victory Housing	0	0	167	167

12.6. Appendix F: Community Transport

Community Transport provider name:	Area covered:
5 Villages Community Car Scheme	Belton, Broston, Burgh Castle, Fittion and St Olaves
Aldborough Village care	Aldborough and Thurgartonm, Sustead, Erpingham and Calthorpe, Wickmere, Alby and Thwaite, Hanworth and Roughton
BACT Community Transport	Beccles, bungay and surrounding area
Burnham Market CCS	Hunstanton to Wells and inland as far as Docking
Centre 81	Great Yarmouth and area
Community Rail Norfolk	Wherry & Bittern Lines
Heacham & District CCS	Heacham, Ringstead, Sandringham, Snettisham, Dersingham, Fring, Sedgeford, Docking
Heritage house Day Care Centre	North & West Norfolk
Holt Area caring society	Holt medical practise catchment, Blakeney, Salthouse, Guist and Briston
Ludham Village Car Service	Ludham
Nancy Oldfield Trust	Broads
North Norfolk Community Transport	Holt, North Walsham, Sheringham, Cromer from surrounding villages
North Walsham Good Neighbour Scheme	North Walsham Town/Parish Boundary
West Norfolk Community Transport	All west norfolk parishes , half of county!
Transport Plus - NCC	Norfolk Wide
Coasthopper	Kings Lynn - Hunstanton - Cromer

12.7. Appendix G: Summary of Stakeholder and participant consultation

SAIL CONSULTATION PROCESS

The following consultation took place as part of the Explore phase of SAIL in Summer 2017:

- World café event with stakeholders, discussion group with nine older people at Great Yarmouth Age Concern Centre, attendance at Age Concern's Norwich older people's day, feedback session at Norfolk Physical Activity Forum
- On-street interviews (20)
- Meetings with partner organisations

The results from this consultation are summarised in the following report

Feedback from Norfolk Physical Activity Forum, World café, On-street interviews and Focus group combined and analysed thematically.

A. Barriers

Cost: Total cost of activity e.g. parking, transport, equipment. Individuals may do more than one activity per week.

Transport: Public transport stops should be VERY close to venue as. Bus passes are not valid until 9.30 in the morning.

Time of day: Afternoons are better as it is dark in the evenings, and mornings can be difficult for someone who is ill or disabled.

Level of difficulty and fear of failure: Even beginner's classes can be too difficult if other people are more able/experienced . Performance anxiety. Lack of confidence

Fear of getting hurt and lack of knowledge about what activities can be done with different conditions. Lack of awareness of adaptations. Health/medical reasons for not taking part in activity.

A period of illness, or changing health/mobility: Health and mobility is not stable. It can be hard to resume activity after a bout of ill-health.

Activities stopping/folding e.g. temporary funding / initiatives.

Funding models: Pay and play is not viable were numbers are small and fluctuating, and where costs are high. Upfront, termly payments not viable for participants on low incomes.

Equipment or clothing: Embarrassment due to type of clothing (e.g. swimming wear) or not having the 'correct' clothing

Social: Feeling not welcomed, cliques.

Body confidence: I don't look right, I feel overweight

Identity and learnt/acquired behaviour – 'I am not an active person', 'I am not sporty'

Lack of knowledge / awareness from health care professionals

A. Drivers

Need and purpose: For example, active transport when an individual does not have a car, or gardening because an individual is hous proud.

Enjoyment and social contact: Fun activities, instructor with good people skills

Attitude / motivation: A number of older people described 'pushing' themselves to keep active and leave the house, even when they did not want to.

Life changes e.g. Retirement, bereavement At the focus group, at least five of the participants were widows and they described becoming active after the deaths of their husbands.

Holidays: Being active on holiday while not at home.

B. Enablers and information points

Places and organisations:

- Churches
- Libraries
- Tourist Information points (these should be for locals too)
- Active Norfolk Pathway
- Schemes that go into people's houses and support them

People

- GP and health professionals such as district nurses. 'Trust' where a health professional was giving information or 'endorsing' an activity.
- Community leaders and people leading existing groups
- Carers
- Family members, including children - intergenerational projects
- Older people as role models. Older person public figure e.g. ex Norwich City FC footballer
- Buddies
- Social groups

C. Beneficiaries

What age?

- Distinguish between 'younger' older people, and 'older' older people e.g those over 85.
- Over 70 specific groups to engage older adults.
- Inter-generational e.g. grandparents and grandchildren groups

Which older people?

- Remember older people are diverse.
- Open to all, but target those in most 'need'.
- Not spend too much effort on those that are completely inactive and resistant
- In some areas the winter and summer populations are different – some people living in caravans or second-homes for part of the year.
- Engaging people in returning to activities they used to participate in, e.g. table tennis
- Mixed gender sessions
- Tailored activities to match long term conditions or similar attributes

D. Developing activities

Adapting it

- Finding out what sports or activities a person can do (with health problems) and for the phase of life
- Change and tailor activities for people of different ages, different conditions e.g. 'slow yoga' for people who are breathless

Rethinking what is activity

- Make it fun and/or social with exercise as a side product. Come up with hooks that are not explicitly about being active
- Active travel and other purposeful activity e.g. gardening, shopping, housework
- Involve health professionals to establish trust
- Get away from the image of 'lycra'
- Some activities may involve 2-3 people, and not big groups (e.g. walking)
- Some people want to stay at home, so activities that can be done at home Include relaxing, 'headspace' activities
- Conservation groups
- Older coaches, the right kind of coaches
- Consistency/routine/familiarity
- Competition, specifically for older males. Using league tables
- Sessions to better improve balance/co-ordination/muscle strength
- Variety, but maybe not too much high impact
- Do you let people find their own level?
- Support people when they are new (a buddy?) and make sure people are welcoming
- Should not need a partner
- Change / refresh activities to keep things fresh
- Outdoor gym with instructor or outdoor but under cover
- Use technology such as the fitbit
- Embed activity, for example, training group leaders to deliver PA before sedentary activity sessions e.g. Exel 2000

E. Communication and marketing

- Directories – Ageless Opportunities and LILLY.
- Marketing (such as flyers) as well as advocacy, but you need to keep at it
- Use case studies and examples. Mirror the target demographic in the promotional material
- Mobile Me as a brand
- Local radio – 5 minute slots

- Selling the social side (and not necessarily branding all activities as 'sport)
- Find ways of combatting 'it's very nice, but not for me'
- Educating older people – on the health benefits (and guidelines?)
- This Girl Can' for older females/people generally – 'This older person can'
- Messages not patronising or imply that all older people are unfit or in need of help.

F. Visual imagery

Photo 1

Photo 2

Photo 3

Respondents in on-street interviews were shown a series of photos and asked to select their 'best' and 'worse'. While a small sample (21) this give some insight that may be useful for marketing and communication.

One photo was far the most popular (photo 1) because it was relaxed and because of the scenery; some people liked it because it showed a couple. A similar beach photo showing the back of a solitary walker was popular, but much less so. Where other photos were selected, it was generally because they appeared to show individuals having fun, and being social**.**

Many respondents disliked photos or activities that were perceived high impact or risky, such as a photo of an older lady on a trampoline (Photo 1). While a few people felt this was fun, most respondents felt it looked dangerous.

A photo of a group of woman undertaking a seated activity class indoors (photo 3) had mixed feedback because. While some respondents liked it as it appeared that the women were having fun, others disliked the institutional setting.

A photo of a much older lady with dementia (not shown) received less positive feedback, possibly as it was not aspirational and because respondents did not self-identify as 'old'.

One respondent said that the photos were all 'too old'. This was not because of the biological age of those in them, or due the activities represented, but because of the way that they were portrayed.

12.8. Appendix H: Meeting with partner organisations

1a. National Trust – 08/06/2017

- National Trust are looking to offer a wider remit of activities and engage the wider community, this includes a growing focus on people with increased need e.g. high sedentary levels or living in deprivation.
- Some activities aimed at older people have been delivered e.g. seated exercise
- The sites offer opportunities for a range of outdoor activities including sailing (Brancaster Outdoor Centre).
- A possible 'grandparents day' was discussed.

Norsecare – 23/06/2017

Working with care homes could be challenging due to the limited independence of residents – housing with care sites may be better. There would be issues with transport, support for residents off-site (staff could not go offsite), medications off site, accessibility etc. However, it was felt that offsite activities have the potential to engage more men, which is positive as many onsite activities are focused towards females. There may also be the potential to engage with friends and relatives and the project has great potential to help individuals living in the community to remain more independent.

Great Yarmouth Local Authority Operators Meeting – 11/07/2017

Organisations Represented: Active Norfolk, Sentinal

- There are a number of community development teams in Great Yarmouth and Gorleston, in addition to other projects and local agencies that may link in with SAIL.
- As local priorities and circumstances differ, it is important to involve each local authority in the SAIL delivery area in the design of the project.
- A number of potential opportunities were identified e.g. outdoor spaces such as Bure Park, Beach and Wellsley Park. Potential activities were identified as walking sports, Pickelball, and tennis (SAIL could link in with a Lawn Tennis Association project to develop tennis courts in Great Yarmouth and Gorleston). The project could also focus on broadening participation in golf and bowling (Gorleston Bowls Club, could be a good partner).
- It was proposed that initial take up of projects could be incentivised by offering a free six month gym membership for example.

North Norfolk Local Authority Operators Meeting – 06/07/2017

Organisations Represented: Active Norfolk, Places for People, North Norfolk District Council, Alive Leisure

- District Councils have older person engagement targets

- North Norfolk supports older people through their sports clubs/hubs community programmes. Community volunteers facilitate programmes in the longer term and this has proven to be successful. Could offer a referral route through SAIL.
- Swimming resources could be better used by older people. There is a current swim for health project in North Norfolk, however, barriers to participation include:
    - Peak season for tourism takes priority.
    - Older community may not see the venues as accessible / staff training may be needed
    - Timetable to best suit older community needs to be established
- SAIL will fit within local authority wider work around specific conditions:
    - North Norfolk is working to become a Dementia Friendly Council; Sheringham a Dementia Friendly Town.
    - Safe Place Scheme (kitemark) – a number of facilities are working to this . Locaal authorities may be open to an older person audit/kitemark for facilities as part of the SAIL project.
- Engaging partners that are not commonly working together would be a key outcome for leisure facilities, and could support with long term sustainability.
    - Local charities (e.g. Age UK)
    - Community transport (Alive leisure are currently working with a community transport provider in West Norfolk).
    - LILY, West Norfolk. Outreach organisation.
- Operators would want to attach small charges for sustainability costs (a number of operators already host rehabilitation programmes that cost £3 per session)
- Key contacts identified to work with operators:
    - Village Sports Co-ordinators
    - Local Councillors
    - Sporting champions (local volunteers)
    - Local church and faith groups
    - Penny Bevan Jones (Excel 2000 project)
    - Sonia Shooter (health improvements officer

Swim England – 17/07/2017

- Initial Dementia Friendly swimming programme finishing this September.
- The sustainability model will deliver:
- Training
    - 'Step inside' Dementia Awareness training (1/2 day or 3 one-hour modules) - developed with the Alzheimer's Society

- Cascade training: One person trained to deliver to rest of the staff at their site. Between 8-16 can attend. £500 per training session, 50% funded by Swim England. Provisional September date for Norfolk.

- Toolkit (part of training programme)
  - Aimed at widening the approach from Dementia specific to multiple conditions (part of cascade training).
  - Includes a facilities check (which will highlight smaller issues to address, as well as potential larger changes, which may require financial investment.)
- Aqua Relax (closed off sessions, possibly private pools) works best for more severe Dementia
- With early onset Dementia and their carer's, they are more likely to access sites independently although promotion needed.

1f. SAIL/Mobile Me Steering Group – 13/07/2017
Organisations Represented: Active Norfolk, University of East Anglia, Broadland District Council, Age UK Norfolk, Age UK Norwich, Norfolk Adult Social Services

- Age UK Norfolk
  - Have a Dementia lead (Amelia Warley), who can support in the design phase for conditional specific ideas.
  - Age UK Norfolk have previously conducted Dementia Friendly audits and training to Parkwood Leisure in Breckland.
- Age UK Norwich
  - Have previously done some work with Dementia Adventure, who have been able to provide training on outdoor activities for people with Dementia. (Could be a good link for Dementia Friendly walks, Sailing, and work with Brancaster Outdoor Centre.
- Points of Interest ordnance survey tool, could be a good tool to support with asset mapping.
- Mystery Shopper audit idea
  - As part of an audit of delivery venues, and subsequent acquisition of a SAIL kite mark, there could be anonymous older people that try to access sites and take part in some activity and identify any issues.
  - Would have to be developed in partnership with delivery partners, and be designed to not be seen as a criticism, but a guide.
  - Amanda Burke (UEA) used a similar approach on a previous research project with the library service.

12.9. Appendix I: North Norfolk Fit Together Memory Walks Report 2015-2018

A grant was received from Public Health to deliver walks targeting people living with dementia for 6 months. Instead, funding was used to deliver the project for 3 years for the Summer months.

What we offered:

For the 2015 programme, we came up with the idea of offering two types of walks – one called A Breathe of Fresh Air for those in the later stages of Dementia and another called The Leg Stretcher for those in the early stages. We did a taster walk in May for Cromer and then began the walks every Wednesday at 10:30am alternating the two walks. Once these were established we set up a walk in North Walsham every Friday at 10:30am alternating between the two walks during August and September.

In 2016 we continued with the idea of offering two types of walks but as takers for the "leg Stretcher" were limited we welcomed either type of participant to every walk so we accommodated everyone at once. This worked well and a few walks we had good numbers. Most people would be classed as in the later stages of dementia as most came through Halsey House care home but we did have several members of the public who brought their partners in the earlier stages. We also had several people coming from the day centre at Halsey House care home who were either there just for the day or on a longer stay to give their carer respite. We produced one colour and glossy programme with large font and pictures. All registration forms were in the book for people to easily tear out by them or us. We made the programmes as user friendly as possible.

In 2017, rather than offer two walks for different abilities we offered one walk as we knew from previous years that no-one seemed to mind being all together. We cut the walks to once a week alternating between 3 venues and offered them all at 10:30am. We decided to run them from May to the end of August as no one came after the end of August last year. Halsey House care home again attended regularly and a new care home at Mundesley, Clarence House, came towards the end. We again produced a separate programme with colour on the front and back pages and the forms included for ease. We later found out that we had to pay VAT on the programmes, however, as they included the forms. We used large font and included good representative photographs from last year on the back cover so that they were in colour and easily seen.

Walk venues:

In 2015, Cromer prom provided us with a flat concrete surface, a meeting point suitable for mini buses and disabled parking and a multitude of cafes and toilet facilities. North Walsham Memorial Park provided us with a flat concrete path through the middle of the park and firm grass around the edge. There was plenty of parking and toilets but we had to hire the community centre and make our own refreshments after the walks. It was hard to use the Trails network as so many variables were needed to be able to offer safe walks with the needed facilities.

For 2016, we continued with Cromer prom and North Walsham Memorial Park and I instigated a very welcomed partnership with North Walsham library who provided the venue and allowed us to make refreshments in their kitchen with supplies we brought in. This year we also added two more venues: Felbrigg Hall and Mundesley sea front. Both these locations were good, especially Felbrigg Hall which was by far our most popular destination. A gravel path stretched about a quarter of a mile alongside the house providing stunning views. The hall also had a very nice tea room. Unfortunately notification to the National Trust about what we were doing remains unrecognised and unanswered. I did ask if we could possibly have some passes for parking as non-National Trust members had to pay – but I didn't hear back.

During 2017 we continued with all 2016 venues except Mundesley sea front as unfortunately this proved unpopular. Unfortunately again notification to the National Trust about the Felbrigg walks remains unrecognised and unanswered.

Challenges:

In 2015, working with care homes such as Halsey House in Cromer and Rose Meadow in North Walsham provided us with our audience for the Breathe of Fresh Air walks but visits to dementia cafes and events and day centres did not attract anyone to our walks for people in the early stages and possibly still living at home. So that our volunteer walk leaders did not have to take responsibility for each person we made sure one-to-one carers were present. This worked well with Halsey House as rather than rely on staff the manager, Laura Lodge, filtered the information to relatives and so we had a mix of staff and relatives acting as carers. At Rose Meadow walkers could only come if there were enough staff and because our walk coincided with their own regular activities the activity coordinator was sometimes not able to come. This limited access to the walks and so next year we will be doing them in the afternoon and I will be writing a piece for their newsletter which goes to relatives. Separating the walks between the two levels of Dementia seemed like a good idea but we ended up with no one on the Leg Stretcher walks. Talking to the people who run the dementia cafes they did agree that this would be the hardest group to reach as people would try to continue with their normal life as long as possible and to come on a walk targeting people with dementia would mean admitting that there was a problem. For this reason we may offer one type of walk next year and try and have more than two leaders so we could essentially have two different groups at the same time. Managers from the two care homes attended the walks and Halsey House paid staff to attend as they thought the project was so worth-while. One lady found out about the walks as she was a member of Fit Together and so collected her husband from Munhaven care home in Mundesley and came on most of the North Walsham walks.

In 2016, Halsey House in Cromer again provided us with our audience for the Breathe of Fresh Air walks but visits to dementia cafes and events and day centres did not attract anyone to our walks for people in the early stages and possibly still living at home. Despite

writing and to every care home in the vicinity we did not get many attending. Talks to day-centres and dementia cafes only resulted in a few people coming. I was invited to talk to the PPG at Cromer Doctor's surgery and I had a meeting with the manager of Paston Surgery in North Walsham. I met with the manager of a care home in North Walsham. Links for publicity with Alzheimer's UK and local branches proved unsuccessful in attracting people. One-to-one carers were again requested and again worked well with relatives taking on the role from Halsey House. Walks we put on in the afternoons to potentially avoid care home activities did not work.

For 2017, programmes and letters were sent out to all local care homes and day centres and local dementia groups and Alzheimer's organisations. Yet again we had little response apart from Halsey House and a new care home, Clarence House. Halsey House were by far the most responsive and some residents came again from last year. So the reliance was not on Laura Lodge, the manager, another staff member, Jackie, organised the outing. This is good as Laura has now left the care home and we now have Jackie involved. Again, the information was filtered to relatives and so we had a mix of staff and relatives acting as carers. The new home did not have transport and so had to get taxis to the walks. To bring 2 residents and carers cost them £40.

Volunteers: Throughout the three years we used volunteer walk leaders from the existing North Norfolk Fit Together CIO (Charitable Incorporated Organisation) Walking for Health group. Calls and adverts requesting volunteers specifically for these walks resulted in no-one extra or new coming forward from outside the charity.

Paperwork: Throughout the three years we had walkers and carers complete the Walking for Health registration form and also had the carer complete a "Carer Responsibility form" – see attachment. This made it clear that volunteers could not be responsible for people coming and that one-to-one carers would be responsible for getting the person to the walk and returning them home. They would also be responsible for being with the person during the walk and indeed pushing them if they were in a wheelchair.

What we found:

During 2015 and 2016 some attendees were able to walk (if only a short distance) and so received some physical benefits. The overwhelming success of the project, however, has been the mental benefits for walkers, those being wheeled in chairs, relatives and staff. Just being out of the normal surroundings proved beneficial. People only came in fair weather and so to be out with the sun and wind in their faces, to see other people, interact with others and those walking dogs gave everyone a sense that they were still a part of society. The smell of the sea, chips or fresh cut grass also provided stimulus. Those who could no longer speak were much more animated at the end of the walks and everyone really enjoyed the cups of tea and cakes at the end. Those in care homes achieved a sense of being able to go out and then come home and no doubt slept better. Relatives and even staff were able to talk to other relatives and staff about issues and commonalities they

shared when caring for people living with dementia. Walkers were generally very excited about attending and were all very happy at the end. Many conversations were sparked by stimulus such as trees and the sea, children playing in the sand and swimming. People talked about memories they had of Cromer and North Walsham and holidays or careers in general. It was nice to offer relatives something to do with the person they brought as limited conversation was needed as there was so much to see. Conversations were encouraged about experiences during the Second World War. It was nice to offer relatives something to do with the person they brought as limited conversation was needed as there was so much to see.

As I was not directly involved with the delivery of walks in 2017 I acquired two Volunteer Testimonials

Being the newbie I obviously cannot comment or compare with previous years, but from my observations this year there was only benefit to be taken from these walks. The regular Halsey House people liked to reminisce and just loved to be in the fresh air, those who didn't talk were animated and enjoyed their refreshments. Both Cromer and Felbrigg were extremely popular but I don't think North Walsham even got started. Sometimes the carers to participants ratio was a bit light but I enjoyed being able to assist one person at a time and engage with them. Clarence House in Mundesley came latterly to the walks with those that came enthusing about the feeling of a little freedom from their normal day to day routines. Their major problem was lack of helpers and cost of transport as they don't have their own, otherwise they would participate more. All concerned would have liked the walks to continue into September .From a personal perspective I found them most rewarding and enjoyable and will be happy to be involved again. **Brenda Shields (volunteer).**

Everybody says the walks are excellent, wonderful and are really enthusiastic about them. Do all walkers need one to one carers and does this stop homes coming on the walks? Could we run two walks simultaneously, one for Carers with more able walkers, and one for wheelchairs, finishing for coffee at the same time? Paul (another walk leader) said he could adapt walks to enable this, at Felbrigg, Cromer Prom and Overstrand. The Sea Marge at Overstrand have said we could use them for tea/coffee, and of course the facilities we need are there. Paul also said he would research a walk there. It's difficult to identify one person who particularly benefitted, I would say they all did in their own individual way. Those who were able to articulate their feelings certainly really enjoyed them. **Christine Joyce (volunteer).**

Who came in 2015:

People living with Dementia – 17

Staff – 8

Relatives – 9

Fit Together staff and Volunteers: Mel Brown, Christine Joyce, Brenda Stibbons, Pat Logan

Funding:

Management and set up costs to Mel Brown for half a day for 6 months: £1,250

Printing: £120.25

Float: £43

Hall Hire: £80

Total: £1,493.25

2016: What we offered and who came:

36 walks – 15 of which went ahead
People living with Dementia – 17
Carers - 16
Fit Together staff and Volunteers - 10
Funding: 2016
NNDC printing of 200 b/w copies Memory Walks 2016 £40.76
NNDC printing of 200 A4 full colour booklets Memory Walks 2016 223.92

264.68
Memory Walks float taken from Tea Dance money by MB 20.50

2017: What we offered and who came:
13 walks every Wednesday at 10:30am alternating between Cromer Prom, Felbrigg and North Walsham. 7 walks went ahead with 4 at Felbrigg and 3 on Cromer Prom.
In total we had the following attend:
People living with Dementia – 28 (4 from last year)
Carers – 13 (2 from last year)
North Norfolk Fit Together Volunteers - 5
Funding: 2017
NNDC printing of 200 A4 colour covered booklets Memory Walks 2017 £167.94

Spent in 2016 £285.18
Spent in 2015 £1974.69
Total spent to date £2427.81
Learning from 2015 for 2016:
One colour easy to read brochure will be produced for the two June to the end of September periods (2015 saw a number of flyers produced as we learnt as we went along and so planned one month at a time).
The brochure will be distributed Jan/Feb 2016 and 2017 so that targeted groups know about the walks. As we started May many care homes and day centres had already come up with their activities for the summer – our walk could then be on their programmes as a regular event.
One walk will be offered each week alternating between Cromer and North Walsham with more volunteers to cater for if two groups were needed.
Look for one more possible venue for a third walk.
We did get the flyers into the local doctors' surgeries but we need to try and sit down with the nurse or doctor at each local surgery in charge of dementia to tell them in person what we are doing – as we did in the care homes.

Learning from 2016 for 2017:

I will be sending this to all involved in February 2017 to get any views or/and ideas and any changes needed to the 2017 programme. I will suggest that we stick to once a week and alternate between three venues: Cromer prom, North Walsham and Felbrigg. The programme will be widely circulated and Age UK have requested programmes for the first time to distribute. As we did not get anyone attending in the later part of the summer I wondered whether to run the walks from May to the end of August? I also wonder whether we could use the funding to not only continue the walks for a few more years to come in the summer but to also try and get a volunteer to run some art classes. This has been funded and proves successfully by the CCG in Portsmouth (see attached information). The walks are very cost effective as the only expenditure is the programmes as all volunteers involved did not claim any mileage costs. I will be meeting with Nick Clarke from Public Health on the 16th February to discuss the continued use of funds, a possible art class and to discuss using this model across the county.

Learning from 2017 for 2018:

We are now using our regular funding for the project and so we will need to make saving, however, we are committed to continue the walks. Pricing will be worked out to see if a separate book is feasible or whether the walks will be included in the main North Norfolk Fit Together programme. If the latter is the case then more regular members will see the walks who may have family members or friends who would benefit.

Contacts of those involved with the project:

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Halsey House: Laura Lodge - lodge1979@gmail.com

Volunteer - Christine Joyce: (01263) 519405/Christine-joyce@sky.com

Volunteer - Brenda Stibbons: (01263) 510969/brenstib@yahoo.co.uk

Volunteer - Pat Logan: (01692) 403816

Volunteer – Brenda Shields (01263) 715705/brendashields759@btinternet.com

Volunteer – Paul Ebsworth (01263) 512259/paulebsworth@btinternet.com

Volunteer – Jenny Hull (01263) 761243/jenny4hull@gmail.com

Clarence House care home - Nicole Tatum or Diana Gardener: (01263) 721490

Below are a selection of photographs:

The first two are from the EDP who came out and did a story on the Cromer walks – this can be found at

http://www.edp24.co.uk/news/health/a_walk_along_the_cromer_seaside_for_dementia_patients_1_4163822


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