LOCALITY STRATEGY

GREAT YARMOUTH BOROUGH COUNCIL

MAY 2026 - APRIL 2028

Great Yarmouth Health & Wellbeing Partnership

Contents

1. Executive Summary

The Great Yarmouth Locality Strategy (2026 Refresh) sets out a shared, place-based approach for improving outcomes for residents by strengthening prevention, reducing inequalities and supporting thriving, resilient communities. Developed through collaboration between statutory partners, the voluntary and community sector, health and education the strategy provides clarity and continuity at a time of significant local and system-wide change.

Great Yarmouth is a place of strong identity, proud heritage and growing opportunity, with a population of approximately 100,500 people. Alongside major economic assets and investment, the borough faces some of the most acute inequalities in England. More than one-third of residents live in the most deprived areas nationally, with high levels of child poverty, poorer health outcomes, lower educational attainment, economic inactivity, housing insecurity and exposure to harm. Life expectancy gaps, rising complexity of need, SEND pressures, cost-of-living impacts, and a diversifying population underscore the importance of coordinated, preventative action at neighbourhood level.

This refresh builds on the foundations of the 2021–2026 Locality Strategy, informed by updated data and partner engagement gathered through workshops and written consultation in early 2026. It retains the core principles of relational, community-led working while responding to emerging challenges and national policy direction. It recognises prevention not as the responsibility of any single service, but as a shared system commitment, delivered through early help, strengths-based practice, inclusive economies and integrated neighbourhood approaches.

The strategy is structured around four interlinked priorities, all underpinned by tackling inequality as a cross-cutting theme.

1. Reducing health inequalities and improving wellbeing, by addressing the wider determinants of health, promoting healthier lives, supporting mental and physical wellbeing, and ensuring easier navigation of support.

2. Supporting employment, educational attainment, skills and aspirations, by strengthening early foundations, developing clear pathways into learning and work, improving employer engagement and widening access to opportunity.

3. Tackling vulnerability, harm and exploitation, by strengthening early identification, safeguarding, community awareness and coordinated multi-agency responses for children, young people and adults.

4. Reducing loneliness, isolation and social exclusion, by building connected communities, improving digital inclusion, strengthening community assets and ensuring marginalised voices are heard.

Delivery will be driven through strong partnership governance and place leadership supported by the Community Hub, Family Hubs, a thriving voluntary and community sector and the continued development of Integrated Neighbourhood Teams. The strategy commits to co-production, embedding youth voice and lived experience, and making best use of shared intelligence to target resources where they will have the greatest impact.

The refresh also aligns local action with wider system change, including Integrated Care System priorities, county-wide prevention and early help agendas, and long-term investment through Pride in Place. It provides stability and direction during anticipated transitions such as Local Government Reorganisation and ICB change, ensuring that residents continue to benefit from joined-up, place-based support.

Ultimately, this strategy sets out how partners will work together, differently and proactively to reduce demand, prevent harm, improve life chances and build a healthier, more inclusive and resilient Great Yarmouth, now and for the future.

2. Introduction

The Great Yarmouth Locality Strategy sets out a shared vision for improving outcomes for residents through collaborative working across statutory services, the voluntary and community sector (VCSE), education, health partners, businesses, and wider community stakeholders.

The previous Locality Strategy spanned April 2021 to March 2026, a period marked by demographic change, the publication of updated Indices of Multiple Deprivation, the emergence of new local services, assets, and community strengths. These shifts have influenced patterns of need and demand. At the same time, substantial system-wide reforms are anticipated across local government and the health and social care landscape. Considering these developments, the Health and Wellbeing Partnership (HWP) agreed that the strategy should be updated through a light-touch refresh, ensuring continued relevance ahead of forthcoming organisational changes.

Partners also recognised the wider system uncertainty arising from potential Local Government Reorganisation and changes within the Integrated Care Board, reinforcing the need for stability and coherent place based delivery during this transition period.
Building on established programmes and priorities is essential to sustaining progress and meeting the evolving needs of Great Yarmouth's 100,500 population. A number of local approaches continue to deliver clear and measurable benefits. Examples include, Active NOW and Warmer Homes that demonstrate how collaborative, place based models can generate positive outcomes that cut across multiple thematic priorities.

The refresh also acknowledges increasing complexity in resident need, including rising SEND demand, domestic abuse, exploitation, new and emerging communities, and pressures linked to cost-of-living and housing instability. This refreshed strategy is informed by engagement workshop activities held with HWP partners in February 2026. While retaining the core structure and principles of the previous strategy, it provides an updated assessment of the local context and reflects new national and local policy drivers, emerging challenges, service developments, and opportunities across the borough. It articulates the collective approach needed to deliver meaningful, place based change for the people of Great Yarmouth and to strengthen the conditions in which individuals, families, and communities can thrive.

The strategy is also shaped by the strengths of our VCSE sector, youth voice mechanisms such as the Youth Advisory Board and NR THIRTY Panels and professional insight shared through the locality workshop and written engagement.

3. Purpose

Locality partners are committed to working together to improve outcomes of residents in the borough of Great Yarmouth. Whilst facilitated locally by Great Yarmouth Borough Council, we share this commitment with our statutory partners and all community facing agencies commissioned to work on prevention and early help support to improve the lives of the people in our borough. Our aim is to ensure our collective services support our residents by preventing avoidable issues, and by making available early intervention advice and support at the right time to avoid escalation that requires higher cost re-active interventions including provision of statutory services. Ensuring effective integrated working between local partners will be central to how prevention and early help are delivered at neighbourhood level, bringing partners together around shared goals.

The needs of the borough's residents are varied and sometimes complex. Mobilising our collective resources together with good communication will best serve our residents to live a high quality of life and achieve their ambitions, being supported through primary prevention by their natural support networks wherever possible, including family and friends. Prevention is all about helping people to stay healthy, happy and independent.
We will embed lived experience, youth voice and resident insight as core elements of our place based prevention approach.

By tackling the wide range of determinants that negatively impact on people's life chances, by stopping problems arising in the first place, and by ensuring people have the skills, capabilities, and social networks to effectively manage the problems that do arise, we are all better able to live well and thrive. Partners share responsibility for tackling inequalities across health, housing, education, employment and community safety, recognising that no single service can address these issues alone.

We understand prevention via a 3-level framework:

Primary Prevention

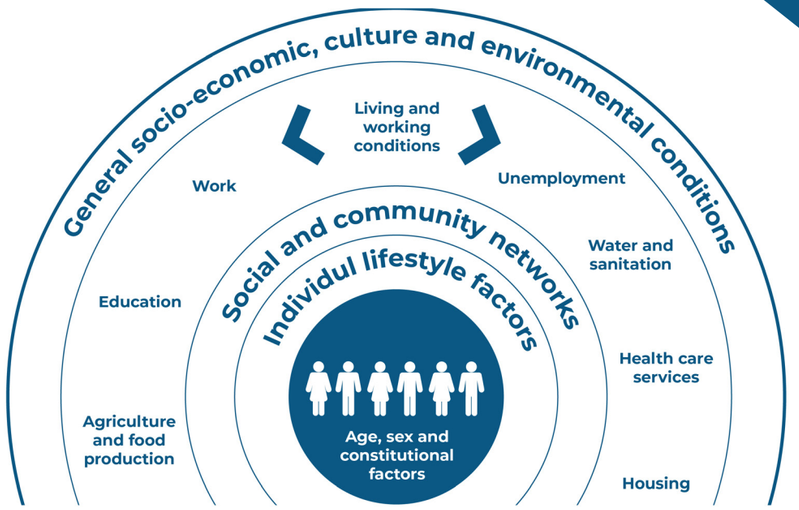
Focusses on activity to keep people well, such as facilities encouraging exercise, and asset-based community development to build social networks and self-help

Secondary Prevention

Targets those at risk of becoming unwell or needing additional support services, such as health screening services for particular age groups and demographics.

Tertiary Prevention

Focusses on those needing support services, helping them to limit the impact of their circumstances and reduce the need for high levels of intervention



4. Prevention

Understanding prevention through this 3-level framework lens helps to guide the approaches we can prioritise to bring about integrated approaches at a place level. Prevention is therefore everybody's responsibility across the multi-agency 'system'. In addition to reducing pressure on public services by keeping people well and independent, a preventative approach will in turn bring about positive economic benefits and enhanced social wellbeing. We all benefit, and so we all have a role to play in resourcing it. In recognition of this, prevention must be undertaken in a whole system, place focused approach. Digital inclusion is a key component of prevention, ensuring residents can access information, support and services safely and confidently.

By taking a decisive stance on shifting our collective focusses to prevention, we must be bold in shifting our resources away from reactive approaches towards policies and actions which not only pre-empt and diffuse negative social outcomes, but which, importantly, proactively create collective activity to bring about well-being. This Locality Strategy has been developed jointly by its constituent multi-agency partners in response to the needs of the local population. It outlines our four shared priorities – all aimed at prevention and strengthening the resilience of residents and their community networks. We all know that 'prevention is better than cure'. Solutions to problems is short term so preventative interventions and early help need to be dynamic, flexible, integrated and informed by both data and the lived experience to maximise successful outcomes for our local population.

Navigation and connector roles will be strengthened to support residents to find the right help at the right time, supported by trauma-informed and culturally aware practice.

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

Prevention within Great Yarmouth will be operationalised through Integrated Neighbourhood Teams (INTs), the Community Hub, Family Hubs, and VCSE partnerships, ensuring consistent early identification across the life course.

5. Reducing Inequalities, Improving Life Chances

Focusing on Prevention

Prevention is central to improving the well-being of the whole borough. In ensuring prevention, we are better able to strengthen and secure our vital support services, whilst also boosting our economy. Every person helped and supported early on, before issues get serious, allows for their health and wellbeing to be maintained for longer, reducing inequalities and the need for more serious or costly interventions later on. To keep people living-well in our communities, it is crucial that we understand the complexities of everyday life; and target the multiple root causes of poor health and well-being early on, rather than treat individual issues as they arise. Partners highlighted the increasing complexity of need, including domestic abuse, modern slavery, hidden harms, SEND pressures and population changes that influence cohesion and community resilience.

Creating inclusive economies

Creating an inclusive economy remains central to improving life chances across Great Yarmouth. An inclusive economy ensures that local organisations, employers, public services and communities work together so that economic opportunity, investment and growth are shared fairly across all neighbourhoods. By focusing on equity as well as equality, partners can maximise the social value of public-sector spending, strengthen local supply chains and support recruitment, skills development and progression for residents who face barriers to work. This approach also enables more people to benefit from the borough's emerging opportunities such as growth in offshore energy, construction, retrofit, tourism, health and care helping to reduce gaps in earnings, job security and long-term prospects. Through stronger employer engagement, inclusive recruitment, targeted skills pathways and coordinated local investment, we aim to build a more resilient and participatory local economy in which all communities can contribute to, and benefit from, sustainable growth.

Cost of living pressures, fuel poverty and housing instability continue to shape inequality locally, reinforcing the need for an inclusive economy that strengthens financial resilience and ensures that residents can benefit from local growth.

Pathways for social mobility

In addressing deep set inequalities, it becomes clear that improving social mobility is important. With the borough sitting in the bottom 10% of districts nationally for social mobility, it is our responsibility to ensure that everyone, regardless of their background, is enabled to reach their potential. Using our local, whole systems approach we will support social mobility by targeting those most impacted through tackling underlying inequalities, providing a network of opportunities and support, addressing skills gaps, and through creating new and diverse pathways for upward mobility.

Diversity and inclusion

Understanding diversity is important. It means recognising that each person is unique, and that we all have individual differences. These include our age, gender, physical and mental abilities, ethnicity, sexual orientation, socioeconomic status, religious beliefs, or other characteristics. Inclusion is central to our public service delivery, where we strive to tackle bias, stereotypes, barriers and the impact of discrimination. By understanding diversity and promoting inclusion within our borough, we are better able to make sure equitable access to our collective services, and in turn improve uptake of services, reduce unfair outcomes, and address the long-standing inequalities. Our diversity in Great Yarmouth is a good thing. The more diverse a community is, the more capacity it has to withstand shock, because there are more options available to fall back on. Through intrinsically accepting, respecting and celebrating our differences, our diversity as a local population becomes a great force for resilience. Community cohesion and cultural understanding will be strengthened to support positive integration within a diversifying population.

Improving health outcomes

The differences in the health of people in our communities are shaped by a multitude of factors: quality of housing, educational attainment, employment opportunities, physical environment, lack of wealth and resources, access to services and levels of social connectedness. People experiencing poverty, and multiple other disadvantages, are therefore likely to have worse health outcomes. With 20% of children living in low-income families in Great Yarmouth the health of future generations is dependent on us working as a system to address these wider social determinants. Volunteering, peer support and strong VCSE capacity will be recognised as critical assets for building community resilience and improving life chances.

6. Scope of the Strategy

This strategy sets out the shared priorities, actions and ways of working that partners across Great Yarmouth will adopt to improve outcomes for residents. It focuses on the elements of place-based work that partners can collectively influence, aligning local ambition with wider system priorities across health, care, education, community safety, economic development and the voluntary and community sector.

In Scope

The strategy includes:

- Place-based priorities identified through partner engagement, data and lived experience.
- Joint approaches to prevention and early help, including actions that reduce demand, improve resilience and address inequalities.
- Collaboration between statutory, VCSE, community and system partners to deliver integrated, resident-focused support.
- Local programmes, services and initiatives that directly impact population health, community wellbeing, safety, skills, and economic inclusion.
- Shared delivery principles, such as partnership working, community engagement, strengths-based practice and targeting support where need is greatest.
- Alignment with national, regional and system-level policy drivers, ensuring that local work supports broader strategic ambitions.
- Community-level integration, focused on what matters most to local residents and supported by Integrated Neighbourhood Teams.
- Co-production mechanisms including youth voice structures such as the Youth Advisory Board and NR THIRTY Panels.
- Formalised partnership roles for the VCSE sector as equal delivery partners.

Out of Scope

- The strategy does not include:
- Detailed operational plans for individual services.
- Decisions relating to organisational restructures, governance changes or statutory commissioning arrangements.
- Funding allocations, workforce plans or service-level performance frameworks, which are managed through other partnership processes.
- Activities outside the influence of the Health and Wellbeing Partnership or that are delivered solely through national bodies without local flexibility.

Timeframe and Refresh Expectations

This refresh covers the period leading up to the wider system restructures expected across health, care and local government. As such, it focuses on a light-touch update, ensuring priorities remain relevant while avoiding duplication of work to be undertaken through emerging system frameworks. It will be reviewed again as new structures, responsibilities and joint governance arrangements are confirmed. The strategy will also be influenced by emerging nationally-led policy and investments, such as Pride in Place, which sees £20mil investment coming into Great Yarmouth over 10years. Originally, Plans for Neighbourhood Funding, now called Pride in Place, is providing long-term, community-led investment to improve neighbourhoods, strengthen local communities, and create thriving places. As the approach Pride in Place takes shape, this strategy will both inform and be influenced by the plans.

The refresh acknowledges forthcoming system changes, including potential Local Government Reorganisation and ICB restructuring, and therefore focuses on delivering continuity and clarity at place level.

7. Priorities

Collectively, as the senior representatives of the multiple statutory and VCSE partners working across the borough, we know there are things we can do collectively as a system that will drive change and improvement. Our Health and Wellbeing Partnership has recognised that in order to really make a difference to the life chances and prosperity of local people, we need to be working as one to address the following refreshed strategic priorities for Great Yarmouth. These will be delivered through the wide range of local services, programmes and community initiatives operating across the borough. It highlights the direct link between what partners do on the ground and the outcomes we aim to achieve for residents. These priorities have been shaped by lived experience, youth voice, frontline professional insight and system intelligence gathered through the 2026 engagement process.

By aligning priorities with the services that contribute to them and the success measures that indicate progress, this framework provides a shared understanding of how collective action drives meaningful, measurable change. It also demonstrates the importance of multi agency working, showing how statutory partners, the VCSE sector, community networks, and local employers each play a vital role in improving health, wellbeing, safety, aspiration and opportunity across Great Yarmouth. This alignment ensures that our strategy remains focused, coherent and actionable, supporting partners to target resources where they can have the greatest impact. Addressing inequalities is the core thread running through all four priorities and informs how resources and actions are targeted.

Thematic Priorities	
1. Reducing Health Inequalities and Improving Wellbeing: Reduction in health inequalities by encouraging healthier lifestyle, supporting mental and physical health and strengthening community support.	2. Supporting Employment, Educational Attainment, Skills and Aspirations: Improving skills, learning and employment outcomes for residents of all ages, with targeted support for young people, by expanding access to education, training and aspiration building opportunities that strengthen pathways into good quality work.
3. Tackling Vulnerability, Harm and Exploitation: Reduction in vulnerability, harm and exploitation by identifying risks early and providing support to those who may be at risk of exploitation.	4. Reducing Loneliness, Isolation and Social Exclusion: Reduction in loneliness, isolation and social exclusion through stronger community networks, improved connection, greater social participation and enhanced community cohesion.

7.1 Reducing Health Inequalities and Improving Wellbeing:

The Challenges

Action on health inequalities requires improving the lives of those with the worst health, fastest. This depends on a whole system approach, long term solutions and genuine community buy in. Significant variation exists across Great Yarmouth, reflecting wider trends such as a life expectancy gap of 10.6 years for men and 6.6 years for women between the most and least deprived areas. Life expectancy at birth for men was 77.6 years, significantly lower than England 79.5 , East of England 80.3 and Norfolk 79.8 in 2022–2024. Life expectancy at birth for women in the borough 81.5 was significantly lower than in England 83.6 and the East of England 84 and Norfolk 83.6. Physical activity levels remain low: 57.5% of adults are active (Norfolk 67.8%, England 67.4%), and 44.3% of children (Norfolk 44.7%, England 49.1%). More than one in five (> 20%) residents report a disability that impacts on their day-to-day activities (compared with 18% nationally).

Great Yarmouth is the 18th most deprived authority in England, with 34.4% of the population living in the 20% most deprived areas (Core 20 areas) and 26.6% in the 10% most deprived areas in England. 13.1% (6,058) households experienced fuel poverty in 2023 based on low income, low energy efficiency methodology. This was higher than the England 11.4% and East of England 9.7%. These deep rooted inequalities underpin poorer health outcomes and higher demand for support.

Long term MSK conditions affect 23.3% of residents, higher than England (17.9%), the East of England (17.8%) and Norfolk (21.1%) and represent the highest MSK prevalence in the county. These conditions significantly affect quality of life, causing chronic pain, limiting mobility and reducing people's ability to work or participate in daily activities.

Obesity remains a major driver of ill health. Reception obesity is 12.6% (England 10.5%), rising to 25.4% in Year 6 (England 22.2%). Combined overweight and obesity rates reach 26.8% in Reception and 39.6% in Year 6. Among adults, 34.1% are living with obesity (England 26.5%), and 70.5% are overweight or obese (England 64.5%).

Smoking rates locally reflect broader inequality patterns. Smoking at the time of delivery in Great Yarmouth is 7.5% and is significantly higher than in the East of England 3.8% and England 4.1%. Smoking rates in adults 18 and over in Great Yarmouth are 11.9% which is similar to Norfolk 10.7% , East of England 10.8% and England 10.9% (2022/24).
Although smoking rates are decreasing overall, tobacco use remains a key contributor to poor health outcomes.

Hospital admissions for alcohol-specific conditions in under 18's are 34.7 per 100,000 population, compared to 22.6 per 100,000 for England and East of England is only 19.6 per 100,000 (2021/22 – 2023/24). Alcohol related mortality in Great Yarmouth is 57.4 per 100,000 and is significantly higher than England 38.9 and East of England 34.3 . (2024) Alcohol related mortality is the highest in the region.

Frailty and age-related decline need a clearer focus as the population ages. Partners highlighted rising mental health needs among children and young people, with earlier identification required. Access pressures within primary care were noted as a local challenge affecting prevention.

What We Will Achieve
Improved physical and mental health outcomes, including reduced preventable conditions such as Type 2 diabetes, hypertension, cardio-vascular disease (CVD), muscular-skeletal (MSK) and poor mental health.
More residents adopting healthy start, healthy lifestyles and healthy ageing practices. Supported by accessible physical activity, healthy food, infant feeding support, smoking cessation, drug and alcohol support, budgeting support, oral hygiene and health literacy.
Warmer, safer homes and healthier environments, including smoke free spaces, safe outdoor spaces, better housing quality and reduced fuel poverty.
Better system navigation, with residents and professionals understanding how to access services, get culturally appropriate information and receive timely support including preventative casework.
Reduced health inequalities between communities, achieved through targeted outreach, multi-agency interventions and equitable access to services.

How we will achieve these outcomes

The Health Inequalities Workstream drives delivery across the system, using a structured, intelligence led approach to understand the underlying drivers of poor health in Great Yarmouth. Partners will be building on previously analysed local data and insight, Population Intervention Triangles (PITs), and developed logic models that have identified where coordinated interventions would have the greatest impact. This process has created a shared evidence base and a strong foundation for targeted, place based action.

The workstream agreed four priority areas for reducing health inequalities: smoking and vaping, breastfeeding, obesity, and musculoskeletal (MSK) health, with a focus on both employment and healthy ageing. These priorities reflect the specific challenges faced by residents and provide a clear framework for collaboration across services, sectors and neighbourhoods.

To support consistent and effective delivery, partners developed a Health Inequalities Toolkit, enabling teams across the system to design, target and evaluate interventions using a common methodology. The toolkit strengthens alignment between organisations and ensures that action is evidence based, prevention focused and responsive to the needs of local communities.

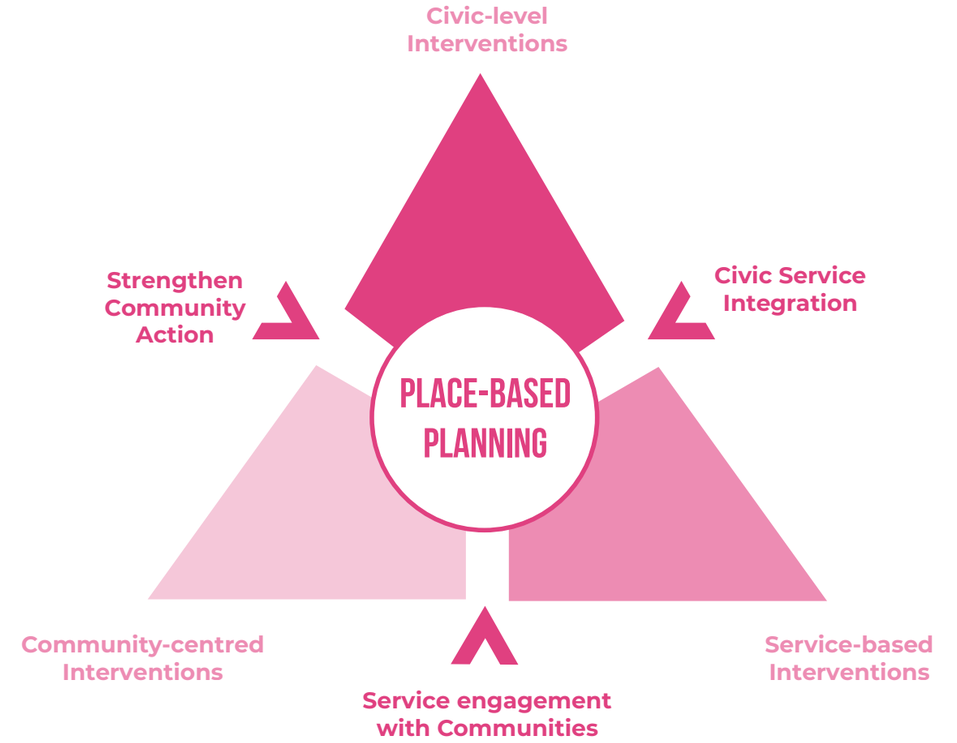
Alongside this, the Active GY Workstream continues to drive forward the borough's physical activity ambitions, recognising the critical role of movement in improving MSK health, tackling obesity and supporting wider wellbeing. Programmes such as Active NOW and the Sport England Place Partnership are expanding opportunities for residents to be active, strengthening community assets and helping to create the conditions in which people can live healthier, more connected lives.

The Community Hub and Family Hubs will support early identification of need and engagement. Digital inclusion work will support residents to access prevention and self-management support.

Context

Increased morbidity, decreased life expectancy and quality of life are directly linked to socio-economic inequalities within the Borough. We know that there is evidence demonstrating that people experience unfair and avoidable differences in their health based on a range of factors which are outside of their control. These include the lack of opportunities to lead healthy lives because of where they live, their jobs, and the choices available to them.

COMPONENTS OF THE POPULATION INTERVENTION TRIANGLE



7.2 Supporting Employment, Educational Attainment, Skills and Aspirations

The Challenges

Great Yarmouth faces a combination of structural skills gaps, lower employment outcomes and economic fragility that continue to limit progression opportunities for residents. Only 40% of adults aged 16–64 hold a Level 3 or higher qualification, compared with 56.6% nationally, while 17.9% have no formal qualifications, significantly above the England average. These gaps reduce access to skilled and higher paid jobs in an economy that increasingly requires advanced technical and digital capabilities. Pathways into higher level learning also remain limited; although many young people stay in education or enter employment, fewer progress into advanced or technical programmes, reinforcing long standing inequalities in attainment and opportunity.

Educational inequalities emerge early. Children's early development outcomes across Great Yarmouth remain below national expectations, with only 65% of children achieving a Good Level of Development (GLD) at age five. Local partners have agreed an ambition to raise this to 77.2% by 2028, recognising that early development is a strong predictor of future attainment, aspiration and employability. Progress is constrained by low engagement with early education: only around 50% of eligible families currently take up funded two year old early education places, limiting opportunities to support children's language, social and emotional development before school. Educational attainment reflects wider inequalities, as GCSE outcomes show that just 58% of 15–16 year olds in Great Yarmouth achieve Grade 9–4 (A–C) in English and Maths, below the England average of 65%.

Employment outcomes are similarly below wider benchmarks. The employment rate for working-age residents stands at 68.8%, compared with an East of England regional rate

of 78.6% and an England average of around 75.8%. Economic activity is also below regional and national averages, with 76% of adults aged 16–64 economically active. This was lower than the Norfolk average (81.6%), the East of England average (81.8%) and England average (79.3%). For the same period, Economic inactivity remains notably higher, particularly among women, with around one-third of working-age women not in employment or seeking work, compared with 23% across Norfolk. Long-term health conditions and disability contribute to persistently high levels of economic inactivity, reflected in historically elevated Employment and Support Allowance claims. Seasonal employment patterns further shape the labour market, with considerable rises in out-of-work claimant rates during winter months, and in the most deprived neighbourhoods claimant levels can more than double the borough average. While it is not possible to determine the main reason for economic inactivity in Great Yarmouth (Oct 24-Sept 25) due to small sample size. However, in May 2025 16,238 ESA Claims were made in Norfolk. The top three medical conditions cited in ESA claims in Norfolk to demonstrate an inability to work due to health issues were Mental and behavioural disorders (41.7%), MSK (12.5%) and Nervous system disease (11.1%). In Great Yarmouth, the top three medical conditions cited in ESA claims were Mental and behavioural disorders (44.1%), MSK (14.1%) and Nervous system disease (10.8%), showing higher levels of mental health and MSK impacting the ability to work.
The structure of the local economy continues to constrain progression with the Median gross weekly earnings sitting around £560.70, significantly worse than the East of England average of £632.50 a week, reflecting a labour market dominated by lower paid sectors. While Great Yarmouth has 2,925 active businesses, the town centre continues to face significant challenges, with 22.6% of units currently vacant. Tourism remains a major economic driver, contributing more than £648 million each year to the borough's economic output, making it one of the borough's largest employment and economic sectors (23% of all jobs). Highlighting both its importance and the need to strengthen skills and employment pathways linked to the visitor economy. Additionally, in 2024, the three biggest employers in Great Yarmouth were Human health and social work activities 23.7%, Accommodation and food service activities (15.8%) and Wholesale and retail trade; repair of motor vehicles and motorcycles (15.8%). Strengthening pathways to higher level qualifications, supporting residents to move into and sustain better paid employment, growing business activity, and improving in work progression are therefore central to reducing inequalities, increasing economic resilience and raising aspirations across the borough.

What We Will Achieve
Clear and accessible pathways (including alternative education) from early years education to training, apprenticeships, volunteering and employment, understood by young people, adults and families.
Higher levels of skills, attainment and aspiration, with more residents accessing local opportunities, including SEND-inclusive pathways and active schools.
More local employers engaged in offering apprenticeships, work experience, mentoring and inclusive recruitment reflecting the borough's diversity.
Reduced NEET levels and increased participation, supported by holistic early intervention, careers guidance and SEND sensitive support.
Opportunities that retain talent locally, supported by coastal economy initiatives, skills taskforces, coastal navigation network and access to growth industries.

How we will achieve these outcomes

Delivery will be led and coordinated by the Skills Taskforce, operating under the Health and Wellbeing Partnership. The Taskforce will bring together partners from early years, education, DWP, VCSE organisations, employers, health and social care, the Community Hub and Family Hubs to align skills, training and employment activity through a single place plan, shared outcomes and a live pathway pipeline from Key Stage 3 into adulthood.

A key early focus will be improving access to and take-up of funded two-year-old early education places, particularly among eligible families who are currently under-represented. Working with Family Hubs, early years providers and community partners, we will strengthen outreach, awareness and support to increase participation. This will support children's early language, social and emotional development and contribute to the local ambition for 77.2% of children to achieve a Good Level of Development at age five, creating a stronger foundation for later learning, aspiration and progression.

Building on this foundation, we will create clear, accessible pathways into training, volunteering, apprenticeships and employment, supported by stronger employer involvement in schools, earlier exposure to industry and more visible promotion of local opportunities. Year 11 apprenticeship preparation, alongside efforts to reduce barriers to SEND diagnosis and strengthen in school mentoring for pupils at risk of becoming NEET, will ensure more young people are able to progress confidently into post 16 learning or work.

Connect to Work and other employability programmes will provide tailored support for residents with disabilities or long term health conditions, while employers, FE providers and community partners will work together to expand apprenticeships, work experience, supported internships and inclusive recruitment pathways. Volunteering And Skills Connections will link residents to volunteering, work taster and skills building opportunities matched to their interests and aspirations.

DWP Youth Hubs will be supported to develop and play a role in supporting young people aged 16–24 to overcome barriers to employment, training and education. By providing tailored one to one advice, employability coaching and direct links to local opportunities, the hubs help young people build confidence and progress toward sustained work. Their co location with partners strengthens wrap around support, ensuring young people can access wider wellbeing, housing or financial guidance where needed. This integrated approach aligns with our wider aim of raising aspirations and improving long term outcomes for young people in the locality.

Through coastal economy initiatives such as the Coastal Navigation Network, we will create clearer progression routes into growth sectors such as offshore energy, engineering, construction and retrofit, digital, health and social care and tourism. Cultural, heritage and creative industries will be developed as additional pathways for young people. These efforts will help retain and develop local talent, ensuring residents can access high quality, long term opportunities within the borough.

Context

Great Yarmouth's economy continues to undergo significant transformation. Major investment in offshore renewables, including new port and terminal developments, is strengthening the borough's role as a key hub for the Southern North Sea energy sector, while ongoing regeneration and an established tourism industry continue to support local employment and growth. Creative industries are also emerging through heritage restoration and cultural initiatives, contributing to a more diverse and resilient economic base. The children and young people of Great Yarmouth have the ability to aspire and achieve, and it is our responsibility as a place to ensure the right conditions exist for them to build strong futures. By generating a wide range of opportunities from the classroom to further education, training, community programmes and employer engagement, we can nurture ambition, confidence and attainment for all young people, including those who are vulnerable or at risk of being left behind.

7.3 Tackling Vulnerability, Harm and Exploitation

The Challenges

Creating safer neighbourhoods remains a priority for Great Yarmouth, where crime levels continue to rank among the highest in Norfolk. While Norwich records the highest crime rate in the county, Great Yarmouth consistently experiences one of the highest levels of police recorded crime, remaining significantly above both regional and national averages. Reducing acquisitive crime, antisocial behaviour, hate crime and community tensions is therefore essential to ensuring that town centres not only look safe but feel safe for residents, businesses and visitors.

Economic disadvantage continues to shape patterns of vulnerability. Many neighbourhoods across the borough fall within the most deprived 20% of areas nationally, reflecting deep and persistent socioeconomic inequalities. During the 2023-24 period, 31.7% of children (aged 0-15), residing in Great Yarmouth, lived in relative low-income families. Significantly higher than the average for the East of England 17.8% and the England average 22.1%. Relative low income is defined as a family in low income before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics.

Recent data shows that 26.6% of children under 16, equivalent to 4,528 children live in absolute low income households, the highest proportion in Norfolk and rising. This concentration of child poverty compounds risks associated with poor health, educational under achievement and exposure to exploitation. Absolute poverty refers to households living below a fixed minimum income threshold, measured against a past baseline and adjusted for inflation, indicating whether people are able to meet basic living needs over time.

Housing pressures are also significant. In 2024/25, 874 households were owed a statutory homelessness duty, equivalent to 19.3 per 1,000 households, a rate far higher than both Norfolk (11.1/ 1,000) and England (13.6/ 1,000). This indicates very high levels of recorded housing instability and sustained demand for prevention, relief and wider homelessness support services. While statutory homelessness rates are influenced by local authority practice which can differ by district, the scale of households owed a duty suggests significant and ongoing pressure on the local housing system relative to county and national benchmarks.

Complex vulnerabilities including mental ill health, domestic abuse and substance misuse frequently interact and commonly described as the 'Toxic Trio' and are consistently present in serious case reviews involving harm to children. County Lines activity remains a cross cutting challenge, involving drug supply, violence, exploitation and modern slavery. Victims exploited through these networks, as well as victims of wider modern slavery, are often subjected to abuse, coercion and degrading living conditions, with profound impacts on individuals, families and communities. Exploitation of adults, including financial, sexual and labour exploitation requires stronger recognition and a more coordinated response. Children and young people with SEND may also face heightened risk and need clearer, more robust protective approaches. In addition, online harms such as grooming, coercion and exposure to extremist content were identified as emerging areas of concern.

The partnership recognises the Cumulative Impact Assessment (CIA), developed under the Licensing Act 2003, as a key place based tool for addressing alcohol related harm, crime, anti social behaviour and associated health inequalities. Informed by crime, ASB and public health data and shaped through public consultation, the CIA aligns licensing with community safety and public health activity, complementing wider prevention work within this strategy to reduce harm and support safer, healthier environments.

What We Will Achieve
A coordinated multi-agency response where safeguarding, prevention, outreach and early help services work seamlessly with "no wrong door" access.
More resilient young people and adults, equipped to say no, recognise risk, seek help and access positive opportunities beyond their immediate environment.
Increased community awareness of exploitation, illegal money lending, cuckooing, scams, online harms and other risks, enabling earlier identification.
Safe spaces, including youth spaces with trusted adults, outreach and physical activity programmes, school based and community based prevention informed by the voice of young people.
Fewer victims and reduced exploitation, supported by better data sharing, earlier support access, stronger safeguarding pathways and widened thresholds for help.

How we will achieve these outcomes

We will strengthen our whole system approach to vulnerability and exploitation by delivering a coordinated multi agency response where safeguarding, prevention, outreach and early help services work seamlessly together through a clear "no wrong door" approach. This means residents can access support at any point whether schools, youth services, health, the Community Hub, Family Hubs, housing providers or community organisations and be consistently guided to the right help at the right time. Collaboration will continue to be embedded into practice, with partners jointly planning interventions, sharing intelligence and resolving issues collectively rather than in isolation through the biweekly Collaboration Meetings.

Prevention and early help will be expanded through proactive work in schools, colleges, youth settings, community organisations and advice services, ensuring risks are identified earlier and protective factors are strengthened. Partners will collectively support the development of safe spaces for young people, including trusted adult relationships, outreach programmes and diversionary activities such as physical activity, volunteering and neighbourhood based projects. This will help young people and adults to build resilience, recognise risk, say no to harmful influences, seek help confidently and access positive opportunities beyond their immediate environment.

We will increase community understanding of exploitation, raising awareness of illegal money lending, cuckooing, scams, online harms, County Lines, modern slavery and coercive control. Strengthened community awareness will support earlier reporting of concerns, improve public confidence and help create safer neighbourhoods. We will also work with social housing providers and private landlords to ensure that tenancy policies appropriately recognise vulnerability, support tenants at risk of exploitation and enable proportionate and timely responses, while maintaining proportionate enforcement where required. This work complements the existing Tenancy Strategy.

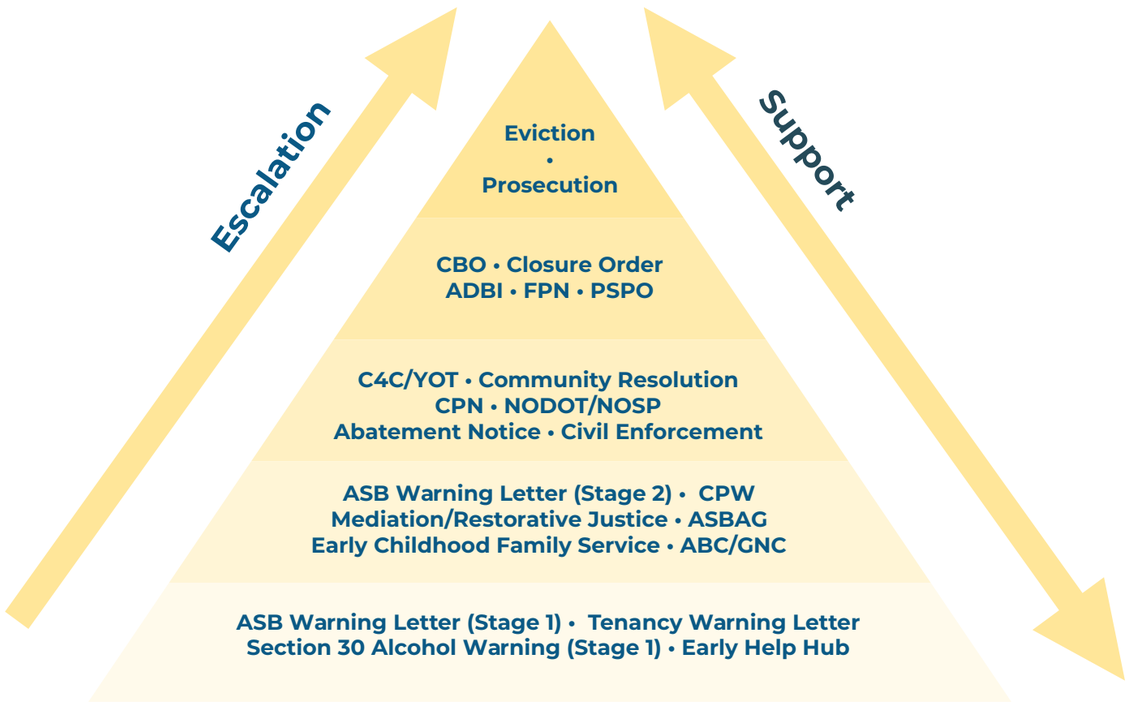
Neighbourhood-specific activity, including targeted community safety and resilience approaches such as Clear, Hold, Build, will be supported and help protect the most affected areas and reduce the conditions that enable exploitation to thrive.
A coordinated, intelligence led approach across agencies will enable earlier identification of risk

and harm. By improving data sharing, learning transfer and joint caseload coordination supported through co location models such as the Community Hub we will be able to intervene more quickly and offer support at lower thresholds. The Multi agency Intervention and Support Triangle (MIST) will continue to unify how partners respond to anti social behaviour and vulnerability, ensuring proportionate action that balances support and enforcement. MIST will complement existing groups such as ASBAG, HIUM and Housing-Led Housing First, helping to standardise consistent practice across the borough.

Through these approaches, we aim to reduce victimisation and exploitation, strengthen safeguarding pathways, expand early support offers and create a safer, more protective environment for children, young people and adults across Great Yarmouth.

Context

Vulnerability and exploitation remain complex and interconnected issues that place significant demands on public services and require coordinated multi-agency action. People may be vulnerable due to age, disability, mental ill-health, addiction, trauma or circumstance, and distress can manifest in many different ways. Domestic abuse, parental mental health difficulties and substance misuse frequently feature in safeguarding reviews and are recognised as significant risk factors, although recent research highlights that vulnerability is multi-layered and cannot be reduced to any single combination of factors. Domestic abuse continues to be a major public health concern due to its long-term physical and psychological impacts on victims and the detrimental effects on children who experience, witness or live with abuse. These early experiences can increase the likelihood of poorer outcomes later in life, underlining the importance of early identification, support and prevention.



7.4 Reducing Loneliness, Isolation and Social Exclusion

The Challenges

Being connected to others is fundamental to our physical and mental health, and a lack of social relationships is linked to poorer wellbeing, increased service usage and reduced resilience across all ages. Loneliness and social isolation arise from a complex mix of personal, social and environmental factors, and while often associated with older age, recent national data shows that younger adults and disabled people are among the groups most likely to experience loneliness.

Social exclusion is further compounded by significant levels of digital disadvantage with around 28,400 residents living in areas ranked within the highest decile for digital exclusion, limiting access to information, services, employment, social networks and community life. Loneliness affects people across the life course, and can impact confidence, wellbeing and participation in education, work and community life. The Norfolk JSNA highlights that social isolation is a multi layered issue requiring sustained multi agency action, community based support and accessible opportunities for connection. Transport barriers limit connection, particularly in rural areas. Community cohesion and cultural understanding remain areas for further development and financial hardship continues to impact residents' ability to participate socially.

What We Will Achieve
Stronger, more connected communities where residents feel safe, included and able to participate in local life, including rural areas.
Improved access to services, including transport, digital support, physical activity, cultural activities and volunteering opportunities.
Marginalised and under represented groups are visible and engaged, contributing to service design, community events and decision-making.
Increased trusted relationships, including young people having supportive adults, buddy systems and connectors alongside safe community spaces.
Reduced practical and cultural barriers to participation, including transport gaps, language barriers, digital exclusion and lack of awareness of available support.

How we will achieve these outcomes

We will take a whole system, community led and preventative approach to reducing loneliness, isolation and social exclusion across Great Yarmouth. Our work will focus on strengthening social connection, improving access to services, reducing digital exclusion and creating inclusive environments where people of all ages can feel part of their community.

We will widen opportunities for connection by expanding neighbourhood based activities, volunteer led groups, social clubs and safe community spaces that bring residents together. Evidence shows that loneliness is shaped by multi layered personal and environmental factors and affects people across the life course, including higher rates among younger adults and disabled people. Local services and partners will therefore work together to identify people at risk earlier, including those affected by bereavement, mobility issues, disability, poor health or unemployment and provide warm referrals into local support, shared-interest groups and regular social activities.

Digital exclusion is a significant barrier for many residents as more services move online. People can be left behind due to poor connectivity, rurality, low digital confidence, or health related challenges such as cognitive difficulties, learning disabilities, poor eyesight and language barriers; for those on low incomes, maintaining phone or broadband contracts can also be difficult. Around 28,000 residents live in areas ranked in the highest decile for digital exclusion, reflecting a combination of deprivation, rurality, housing conditions and limited broadband availability. Without inclusive design and targeted support, those already vulnerable, risk becoming further disconnected from essential services. Working with partners such as libraries, community organisations and digital skills providers, we will expand access to devices, affordable connectivity and one to one support to help people get online, build confidence and engage fully in their community.

We will strengthen targeted early help and outreach for people most at risk of isolation, working through the Community Hub, Family Hubs, social prescribers, Integrated Neighbourhood Teams, housing providers, VCSE partners and trusted local groups. The Norfolk JSNA highlights that loneliness is multi factorial and requires coordinated multi agency action rather than isolated interventions. Our approach will include proactive check ins, befriending support, physical activity pathways, home visiting programmes, and offers tailored to carers, disabled residents, older people living alone, and young people experiencing disconnection.

We will embed social connection into places and services by designing inclusive community spaces, improving accessibility, offering intergenerational activities, and supporting local organisations to create welcoming environments. We will champion the principle that every contact counts encouraging frontline staff, volunteers and partners to recognise signs of loneliness and connect people to opportunities. Strengthened collaboration between partners will ensure consistent pathways into support, community groups and local activities, reducing the risk of residents falling through the gaps.

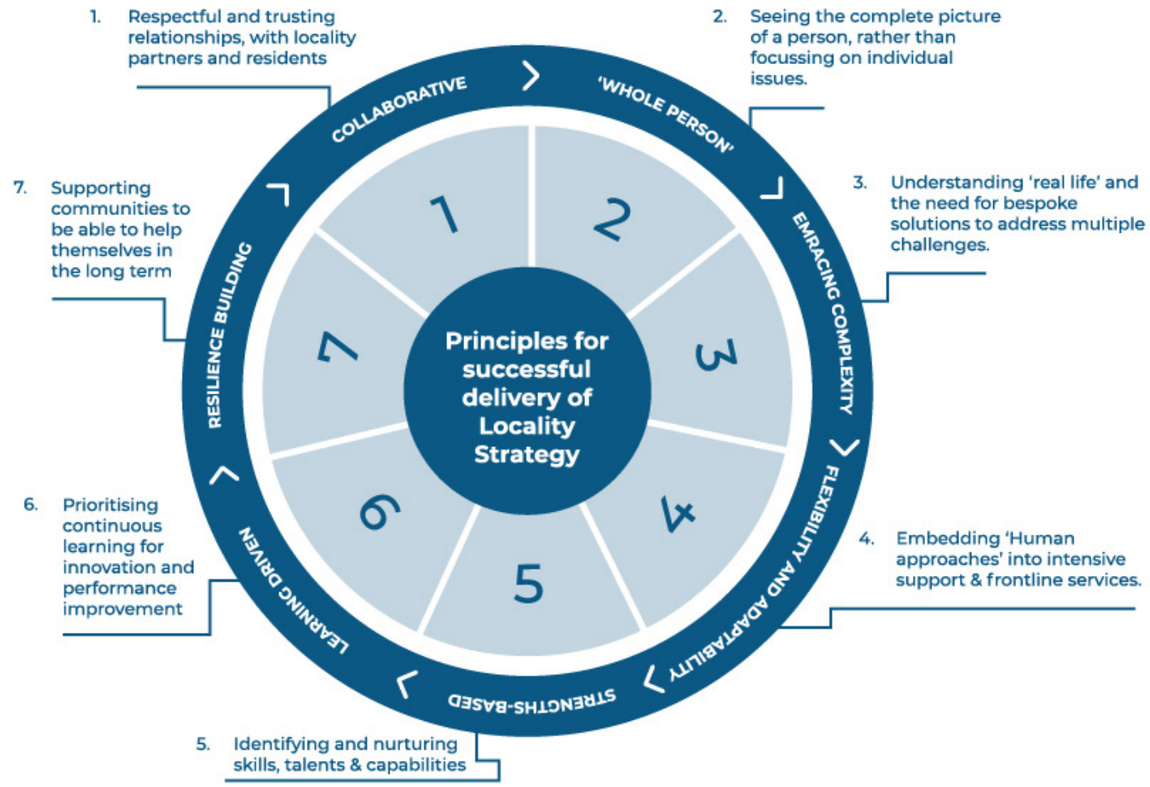
By widening social participation, improving digital inclusion, strengthening early help and outreach, and building community connection into the fabric of neighbourhoods, we will reduce loneliness, isolation and social exclusion for people across Great Yarmouth.

Context

The physical and social characteristics of communities, and the extent to which they enable people to connect, participate and feel included, are central to reducing loneliness and social exclusion. Community life, social networks and having a voice in local decisions all contribute to improved health and wellbeing and play an important role in preventing exclusion. Loneliness and a lack of social connection are linked to poorer mental and physical health, including higher rates of depression, reduced wellbeing, lower life satisfaction and increased use of health services. National evidence shows that loneliness is experienced across the life course and is shaped by multiple, overlapping factors rather than a single cause. Strengthening community cohesion and improving opportunities for connection are therefore essential to promoting inclusion and preventing isolation for people of all ages (Community Life Survey 2023/24).

8. Our Role as place leaders

The success of working as an integrated group of organisations across the Great Yarmouth locality is rooted in close partnership working and collaboration to harness the expertise and resources of partners collectively. Our achievements as a locality rely on us committing to shared values: prevention, early help, co-ordinated multi-agency frontline support, integrated system working, personal resilience and self-help through building upon community strengths and assets. The Great Yarmouth Locality Strategy should be read as an over-arching document which complements the existing and emerging strategies of partner organisations with a focus on the place.



9. Principles for Successful Delivery of our Locality Strategy

Delivering against the shared priorities and commitments contained within our Locality Strategy relies on a multi-agency shared approach to what we will do and how we will do it. Across the organisations working in our locality to serve and support residents, we have agreed a shared set of principles to ensure the best possible outcomes for local people.

Operational Requirements for Successful Delivery

The way we work with communities is important. Great Yarmouth borough is a mix of parishes, rural and suburban communities and locally defined urban neighbourhoods. We know that in our borough the needs and priorities differ from place to place. Taking a place-based approach acknowledges this and focusses on creating significant change and improvement, based on the knowledge and participation of the people operating in the place- both residents and services.

10. Developing Integrated Neighbourhood Teams (INTs)

The development of Integrated Neighbourhood Teams (INTs) represents the next phase of our place-based approach, strengthening how partners work together to deliver joined-up, preventative health and wellbeing support within communities. As place leaders, the Borough Council will continue to facilitate multi-agency prevention and early intervention activity through the Community Hub, brokering relationships across the system and ensuring that neighbourhood-level working becomes embedded and effective.

INTs will bring together staff and services from across sectors including health, social care, voluntary and community organisations, district services, housing, employment and community safety to coordinate support around residents' needs informed by Human learning approaches. This model will provide a more coherent and personalised response, enabling practitioners to work side-by-side, share intelligence and plan interventions holistically. INTs will also operate as collaborative neighbourhood teams, meeting residents in familiar community settings and ensuring support is welcoming, accessible and responsive to local priorities.

To support integration, there will be a strong emphasis on safe and appropriate data sharing across all partners, alongside the use of shared insights to demonstrate cross-sector impact and identify efficiencies. INTs will help align existing resources including staffing, commissioned services and local investment and stimulate new approaches to joint service design and commissioning informed by neighbourhood-level evidence and the lived experience of residents.

Integrated Neighbourhood Health Teams will provide coordinated, multidisciplinary, community-based support by integrating NHS, social care, and, local government and voluntary services to keep people, especially those with complex needs, healthier and independent at home for longer. Through our longstanding relationships with community groups and trusted local networks, we will ensure residents continue to have access to self-help opportunities and peer-led activities that build resilience, confidence and community wellbeing.

The introduction of INTs will complement existing county-level commissioning activity, including Norfolk County Council's Information, Advice and Advocacy Services review and its Social Isolation and Loneliness commissioning review, ensuring alignment and reducing duplication. Norfolk County Council has committed to supporting the operational success of neighbourhood-level integration, and all relevant NCC commissioned services operating in the borough will work as part of the multi-agency INT approach.

11. Great Yarmouth Community Investment Fund

The Council will continue its transition from a traditional Community Grants model, previously delivered through open applications aligned to corporate priorities towards a more strategic and collaborative approach to investment. Since 2021, the Council has worked in partnership with the Norfolk Community Foundation to deliver the Great Yarmouth Community Investment Fund, and this partnership will continue. GYBC will continue to work with the Norfolk Community Foundation to grow the fund via philanthropic activity and manage the Fund, ensuring that agreed criteria are met and that resources are targeted effectively towards organisations that support shared locality priorities. This approach also opens up wider opportunities for co-financing with external funders, enabling greater collaboration across the public, private and voluntary sectors to meet the needs of communities across the borough.

12. Developing a whole system approach

Thinking in ‘systems’ means that we understand things as being connected and interdependent. The outcomes we seek as a locality are created by us all as a system by the interaction of hundreds of people, organisational processes and structures. By having all parts of the system working effectively together we will bring about better outcomes for Great Yarmouth residents.

APPENDICES

GREAT YARMOUTH
BOROUGH COUNCIL

Appendix 1: Local Context

Great Yarmouth borough is a place steeped in a proud maritime history, rich cultural heritage and seaside traditions. A mix of urban, suburban, and rural communities, the borough is diverse and home to a wealth of local assets that our communities are proud about. We have a thriving offshore energy sector with two Enterprise Zones, creating some of the highest wages in Norfolk. Famed for its seaside resorts, the borough also boasts the second largest visitor economy in the county, with on average £635m generated through tourism annually.

Most up to date data

Great Yarmouth population: 100,500 (ONS 2024 mid-year estimate)
18th most deprived out of 296 districts in England

34.4% (34,320) of Great Yarmouth population live in the 20% most deprived areas of England (Core 20 areas) (including 26.6% 26,800 in the 10% most deprived areas in England.

JSNA document

Tourism contributes approximately £648 million per year to the Great Yarmouth economy, making it one of the borough's largest employment and economic sectors (23% of all jobs).

Introduction - Great Yarmouth Borough Council

More than one in five residents are disabled under the Equality Act (2021 Census)
26.6% (4,528) children under 16 lived in absolute low income families in 2023/24. This is the highest in Norfolk and is increasing (Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care).

Between Oct 2024-Sept 2025, 76.0% of individuals aged between 16-64 were economically active in Great Yarmouth. This was lower than the Norfolk average (81.6%), the East of England average (81.8%) and England average (79.3%) for the same period. (Nomis-Labour Market Profile) Not possible to determine main reason for economic inactivity in Great Yarmouth (Oct 24-Sept 25) due to small sample size (Nomis – Labour Market Profile)

However, in May 2025 16,238 ESA Claims were made in Norfolk. The top three medical conditions cited in ESA claims in Norfolk to demonstrate an inability to work due to health issues were Mental and behavioural disorders (41.7%), MSK (12.5%) and Nervous system disease (11.1%). During May 2025, 2,022 ESA claims were made in Great Yarmouth. The top three medical conditions cited in ESA claims in Great Yarmouth to demonstrate an inability to work due to health issues were Mental and behavioural disorders (44.1%), MSK (14.1%) and Nervous system disease (10.8%).

2,925 active enterprises in 2024 (Norfolk Insight)

In 2024, the three biggest employers in Great Yarmouth were Human health and social work activities 23.7%, Accommodation and food service activities (15.8%) and Wholesale and retail trade; repair of motor vehicles and motorcycles (15.8%).
Labour Market Profile-Nomis

22.6% vacant units in the town centre (Great Yarmouth Borough Profile 2024: https://docs.great-yarmouth.gov.uk/media/988/Great-Yarmouth-Borough-Profile-2024/pdf/2468_-_Borough_Profile_2024_-_14012026_V8.pdf?m=1768491710117)

26.6% (4,528) children under 16 lived in absolute low income families in 2023/24.
This is the highest in Norfolk and is increasing (Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care).

Smoking rates overall are decreasing in Great Yarmouth and in England. However, smoking status at the time of delivery in Great Yarmouth is 7.5% during quarter 3 of 25/26, and is significantly higher than in the East of England 3.8% and England 4.1%. (2025/26 quarter 3 version 2 of SATOD data).
Smoking rates in adults 18 and over in Great Yarmouth are 11.9% which is similar to Norfolk 10.7% , East of England 10.8% and England 10.9% (2022/24).

SATOD: https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-women-s-smoking-status-at-time-of-delivery-england/statistics-on-womens-smoking-status-at-time-of-delivery-england-q3-2025-26

Smoking Profile - Data | Fingertips | Department of Health and Social Care

Life expectancy was 10.6 years lower for men and 6.6 years lower for women in the most deprived 10% of areas of Great Yarmouth compared with the 10% least deprived areas in 2022–2024 (Population - JSNA - Norfolk Insight).

Life expectancy at birth for men was 77.6 significantly lower than England 79.5 , East of England 80.3 and Norfolk 79.8 in 2022–2024.
Life expectancy at birth for women in the borough 81.5 was significantly lower than in England 83.6 and the East of England 84 and Norfolk 83.6 (Mortality Profile - Data | Fingertips | Department of Health and Social Care).

Hospital admissions for alcohol-specific conditions in under 18's are 34.7 per 100,000 population, compared to 22.6 per 100,000 for England and East of England is only 19.6 per 100,000 (2021/22 – 2023/24)

Alcohol related mortality in Great Yarmouth is 57.4 per 100,000 and is significantly higher than England 38.9 and East of England 34.3 . (2024)
Alcohol related mortality is the highest in the region.

Public Health – Alcohol profile
Alcohol Profile - Data | Fingertips | Department of Health and Social Care

Yr 6 overweight and obesity (10 – 11yrs) is 39.6% which is increasing and is significantly higher than the England 36.2% , East of England 33.9% and Norfolk 34.9% average. (2024/25).
Public Health – Obesity Profile
Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care

70.5% Adults are overweight or obese , this is increasing and is significantly higher than the England 64.5% , East of England 65.9% and Norfolk average 66.5%. (2023/24)

Obesity, physical activity and nutrition - Data | Fingertips | Department of Health and Social Care

Percent of physically active adults 19+ in Great Yarmouth is 57.5% which is significantly lower than the Norfolk 67.8% and England 67.4% (2023/24)

Percent of physically active children 5-16yrs in Great Yarmouth is 44.3% is similar to the Norfolk 44.7% average but less than the England average 49.1% (2024/25)

Public Health Outcomes Framework
Health improvement
Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care

25.4% offenders reoffended in Norfolk (England average 26.2) in 2022/23 (OHID based on Ministry of Justice data; Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care)

13.1% (6,058) households experienced fuel poverty in 2023 based on low income, low energy efficiency methodology. This was higher than the England 11.4% and East of England 9.7% (Wider Determinants of Health - Data | Fingertips | Department of Health and Social Care).

During May 2025, 2,022 ESA claims were made in Great Yarmouth. The top three medical conditions cited in ESA claims in Great Yarmouth to demonstrate an inability to work due to health issues were Mental and behavioural disorders (44.1%), MSK (14.1%) and Nervous system disease (10.8%).
Stat-Xplore – DWP Stat-Xplore - Log in

Between Oct 2024 –Sept 2025 68.8% of those aged 16-64 in Great Yarmouth were in employment. This was lower than the proportion in employment in the East of England (78.6%) and the England average (75.8%) during the same period. (Labour Markey Profile –Nomis)

Median gross weekly earnings £560.70, significantly worse than the East of England average (£632.50 a week; Fingertips | Department of Health and Social Care)

During the 2023-24 period, 31.7% of children (aged 0-15), residing in Great Yarmouth, lived in relative low-income families. Significantly higher than the average for the East of England 17.8% and the England average 22.1%. Children in relative poverty - ONS

Relative low income is defined as a family in low income before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics.

15-16yr olds achieving good grades 9-4 (A-C) in English and Maths GCSE – Great Yarmouth - 58% (Eng 65%) JSNA NCC 2023/24
Health & wellbeing profiles - JSNA - Norfolk Insight

The households owed a duty under the Homelessness Reduction Act was 19.3 per 1,000 (874 households) for Great Yarmouth in 2024/25, significantly higher than the Norfolk 11.1 and England rates 13.6 (Public Health Outcomes Framework - Data | Fingertips | Department of Health and Social Care).

There are 23.3% people reporting a long-term musculoskeletal problem (MSK) this is significantly higher than for England 17.9% , East of England 17.8 and Norfolk 21.1% (2024) GY has the highest MSK in the Norfolk despite having the second lowest median age of the Norfolk districts.

MSK conditions are known to impact quality of life by increased pain, limiting range of motion and impacting the ability to take part in daily life such as attending work.
Public Health Profile – MSK
Musculoskeletal health profile - Data | Fingertips | Department of Health and Social Care

Age data
Population profiles for local authorities in England - Office for National Statistics

Overall, the average rating for happiness in Great Yarmouth was 7.7 in the 2022-23 period, statistically similar to the East of England average (7.4) and England average (7.4) during the same period. (ONS: Happiness - ONS). (0 = lowest rating and 10 = highest rating).

Around 28,400 people in Great Yarmouth live in areas of the highest digital exclusion decile. Digital exclusion is a compound indicator, shaped most strongly by overall deprivation, followed by local population characteristics and classifications, with broadband coverage and rurality also playing a smaller part. Microsoft Power BI

National digital exclusion index, visualised by Power BI

Good Level of Development (GLD) by age 5. Government expectations aligned to Family Hub priorities are by 2027/28 - 77.2% of all children will reach a GLD. For GY it is current 65%, with early literacy being the lowest score.
*Best Start For Life Great Yarmouth Area profile 50% of families eligible for 2 year old funded places for early education (e.g. Child minders and nursery places).
*Best Start For Life Great Yarmouth Area profile From Public Health Outcomes or Norfolk Insight – Norfolk JNSA Health and Wellbeing profiles.
Reception obesity 12.6% (Eng 10.5%) 2024/25
Reception overweight and obesity 26.8% (Eng 23,5%) 2024/25
Year 6 obesity 25.4% (Eng 22.2%) 2024/25
Year 6 overweight and obesity 39.6% (Eng 36.2%) 2024/25
Adult obesity 34.1% (Eng 26.5%) 2023/24
Adult overweight and obesity 70.5% (Eng 64.5%) 2023/24
Smoking at time of delivery 7.5% (Eng 4.1%) Quarter 3 2025/26

Smoking at the Time of Delivery (SATOD), NHS Digital, Q3 2025/26 – version 2)
Smoking in adults in GY 11.9%, Norfolk 10.7% (Eng 10.9%) 2022 - 24
Alcohol U18 admissions 34.7 per 100,000 (Eng 22.6) 2021/22 – 2023/24
Life expectancy:
Men GY av 78yrs
range lowest 74 (Nelson & S'town) – highest 81 (W Flegg)
Women GY av 83
range lowest 80 yrs (Nelson & S'town) – highest 85 Gorleston St A
JSNA
Average GCSE: 58% (Eng 65%) JSNA NCC 2023/24
Dementia mortality: 138 per 100,000 (Eng 110.5 per 100,000) 2020-2024 JSNA
Hospital admissions due to falls: 936 per 100,000 aged 65+ much better than (Eng 1615 per 100,000 and Norfolk 1623 per 100,000
JSNA 2024/25 NHS England hospital episodes HES

Appendix 2: Workshop methodology

To inform the refreshed Great Yarmouth Locality Strategy, a structured workshop process was undertaken involving a diverse group of professionals from across statutory services, the VCSE sector, health partners, community organisations and local government. Twelve professionals participated in the in-person workshops on 17th February 2026, representing Great Yarmouth Borough Council (Strategic Housing, Inward Investment, Integrated Health and Communities), Norfolk County Council Adult Social Care, Shaw Trust, MAP, Right to Succeed, the Primary Care Network, the Department for Work and Pensions, and Norfolk Constabulary.

The workshops were designed to facilitate open discussion, collaborative problem-solving and the co-identification of priorities. Activities explored current challenges, what success should look like, gaps in provision, required changes, and the partners needed to drive delivery. This structured, interactive format ensured that the emerging strategic priorities were grounded in lived professional insight and practical frontline experience.

Recognising that not all relevant stakeholders could attend the workshop sessions, a parallel engagement route was offered through written consultation. Colleagues from the Integrated Care Board, Norfolk County Council Public Health, Shrublands Trust, DIAL, and Active Norfolk provided feedback via email, ensuring the process incorporated a broad range of perspectives across the health, wellbeing, community, inclusion, and prevention landscape. Their contributions were integrated into the thematic analysis of workshop findings, strengthening the evidence base and ensuring that the final strategy reflects a balanced and representative view of system and community partners. This blended methodology ensured the refreshed locality priorities were shaped by a comprehensive, collaborative and inclusive approach.

Appendix 3 - Activity Responses

Activity 1a - Policy and Strategic Context

The refreshed Great Yarmouth Locality Strategy is underpinned by a wide range of national, regional and local policies that shape priorities for health, wellbeing, economic development, community safety, and opportunities for children, young people, adults and families. Collectively, these strategies provide the framework within which local partners operate, ensuring alignment with statutory duties, national direction, and place based ambitions.

National Policy Drivers

National guidance sets clear expectations for integrated care, prevention, youth outcomes, and economic opportunity.

The NHS Long Term Plan highlights prevention, population health management, health inequalities reduction, mental health access and Neighbourhood Health Services. The National Youth Strategy reinforces the importance of improving outcomes and creating opportunities for young people through engagement, skills development and support into adulthood.

Policies from the Department for Work and Pensions (DWP) support employability, skills, access to the labour market and pathways out of poverty, which align with the borough's focus on raising aspirations and reducing worklessness.

Collectively, these national priorities emphasise the importance of place, belonging and community connection. The borough's Pride in Place approach reflects this national direction by strengthening local identity, confidence and participation, creating the conditions for improved health, wellbeing and economic outcomes.

Regional Strategies and ICS Frameworks

At system level, the Norfolk and Waveney ICS Health Inequalities Strategic Framework for Action sets out a 10 year ambition to tackle avoidable inequalities by addressing the wider determinants of health, improving access, and strengthening community based prevention. The Prevention and Early Help Strategy and the countywide NCC Adult Social Services (ASS) Transformation Programme provide direction on early intervention, independence, and coordinating support around individuals and families.

The Flourish Strategy, Norfolk's overarching children and young people's framework, guides partnership work to ensure all young people feel safe, understood, healthy, resilient and ambitious. In addition, the strategy is informed by Public Health's Ready to Change, Ready to Act framework, which emphasises creating the right conditions for behaviour change by removing barriers, strengthening motivation, and ensuring services and environments make healthy choices easier and more accessible for all residents.

The Public Health Strategic Plan is Norfolk's Public Health approach, focusing on prevention, partnership and place, aiming to ensure everyone can start life well, live well and age well. The plan prioritises adults and older people by promoting healthy lifestyles, tackling issues such as addiction, and supporting people to remain independent for longer. For children, young people and their families, services are targeted towards those at higher risk of poor outcomes, with an emphasis on early support and reducing inequalities. Across all areas, the approach is underpinned by strong data and intelligence to identify need, guide prevention, and inform place-based action

Local Strategic Frameworks in Great Yarmouth

Great Yarmouth's local plans and service strategies provide the place based framework for improving outcomes:

The Norfolk and Waveney Integrated Care Strategy (2024) sits within the wider local and system-level strategic framework, providing high-level priorities for integration, prevention, addressing inequalities and building resilient communities across the ICS, and aligning closely with local Health and Wellbeing Board priorities.

The Great Yarmouth Town Plan and Town Deal Investment Plan set out long term physical, economic and social regeneration priorities, including infrastructure, skills, culture, transport and place shaping.

The Housing Strategy, Homelessness Strategy and Private Sector Housing Assistance Policy, define the approach to ensuring safe, quality homes, meeting the needs of our current and future residents, including adaptations, facilitating access to suitable and sustainable housing, preventing homelessness, improving private rented sector standards and supporting vulnerable residents.

The Economic Development Strategy, GY Skills Strategy, and Get Norfolk Working support growth, workforce development, inward investment and skills pathways that help residents access good work.

The Culture and Heritage Strategy strengthens identity, creativity, cultural engagement and placemaking as drivers of wellbeing and community cohesion.

The Ageing Well Strategy focuses on independence, reducing isolation, active ageing, and ensuring the borough is supportive for older adults.

The Active Great Yarmouth Strategy promotes physical activity and healthier lifestyles through facilities, community initiatives and targeted programmes informed by Public Health evidence.

The Great Yarmouth Cumulative Impact Assessment (Licensing Act 2003) provides an evidence based, locally led approach to understanding and addressing the cumulative effects of alcohol related activity. Informed by crime, anti social behaviour and public health data, and shaped through public consultation, it aligns licensing decisions with community safety and health priorities, supporting this strategy's focus on prevention, harm reduction and community resilience.

Community Safety and Enforcement Context

Community safety is shaped by the Anti Social Behaviour (ASB) Strategy, Clear, Hold, Build principles applied locally, and youth focused mechanisms such as the Delivery Plan, Keep Young People Safe. These highlight the partnership approach to reducing crime, building community resilience, tackling exploitation, and supporting early intervention. The strategy also aligns with wider local safety structures including the Youth Advisory Board, GY Youth Council, and youth engagement mechanisms such as RTS NR THIRTY Youth Panels, which ensure that young people's voices directly influence decision making.

Youth, Skills, Participation and Early Help

A strong focus on children, young people and families runs throughout local policy. The Flourish Strategy, National Youth Strategy, and local youth engagement mechanisms emphasise empowerment, opportunities, safety, and stronger family and community networks. Early intervention is further supported by the Prevention and Early Help Strategy, shaping multi agency work across schools, health, communities and the VCSE sector. This is underpinned by the Best Start Family Hub arrangements and Healthy babies programme in Norfolk.

Bringing the Policy Environment Together

Together, these strategies provide the overarching framework that the refreshed Locality Strategy must align with. They:

- reinforce the need for integrated, place based working,
- prioritise prevention, early help and reducing inequalities,
- emphasise safe, resilient communities,
- support economic inclusion, skills, and regeneration, and
- centre the voices and outcomes of children, young people and families.

This policy landscape ensures the refreshed Great Yarmouth Locality Strategy is grounded in statutory expectations, national priorities and local ambitions, enabling partners to deliver coherent, targeted and meaningful change for residents.

Activity 1b - Key Local Services and Projects

Great Yarmouth benefits from a wide range of services, programmes and initiatives delivered by statutory partners, the VCSE sector and wider community networks. These services play a critical role in improving health and wellbeing outcomes, strengthening resilience, supporting vulnerable groups, and enabling early intervention across the borough. The following provides an overview of the key local services and projects that contribute to the locality's shared priorities.

Integrated Health and Care Services:

Integrated Neighbourhood Teams (INTs)

Multidisciplinary teams bringing together health, care and community services to provide coordinated, proactive support for residents, particularly those with complex needs.

Frailty and Elderly MDT
Specialist multi-agency collaboration to identify and support older adults at risk of frailty, hospital admission or declining independence.

Youth Social Prescribing pilot
A focused initiative strengthening access to primary care for young people, improving engagement, early intervention and health literacy via MAP.

ECCH – Health Connect
A community health service providing navigation, support and signposting for people with emerging health needs, helping prevent escalation.

Norfolk First Support
Reablement-focused support aimed at helping people regain independence following illness, injury or hospital discharge.

Home Care and Day Care Services
A range of in-home and community-based care services supporting adults with health, mobility or personal care needs to live safely and independently.

Caring for Better Outcomes
A programme supporting unpaid carers with information, respite and practical assistance.

Disabled Facilities Grants and Home Adaptations
Funding to support essential adaptations in the home, enabling residents with disabilities or long-term conditions to live safely and independently.

Community Safety, Prevention and Early Help

Proactive Intervention Project
Targeted multi-agency support for individuals or households at risk of crisis, exploitation or entrenched vulnerabilities.

Town Centre Task Force – Clear, Hold, Build
A place-based approach to tackling crime, antisocial behaviour and environmental decline, strengthening community safety and confidence.

Rough Sleeping Team
Specialist outreach and case management support for individuals who are sleeping rough or at risk of doing so.

Homelessness
A statutory service providing early intervention, prevention and assistance advice for households experiencing or at risk of homelessness. This includes the provision of emergency and temporary accommodation emergency.

Best start Family Hub arrangements / Prevention Services

A broad suite of early help support for children, families and adults aimed at addressing issues before they escalate into crisis.

Youth Safety and Participation Projects

Including the GY Youth Working Group, RTS NR THIRTY Youth Panels, GY Youth Council, and the Youth Advisory Board, giving young people a voice in decisions affecting them and shaping safer communities.

Aids and Adaptations
Provision of aids and adaptions to private and council housing to enable people to remain living independently.

Housing, Warmth and Community Stability

Social Landlord Service
Management and support for council-owned housing stock, ensuring quality standards, tenancy support and safe accommodation.
Supported Accommodation
Provision of accommodation with low level support to ensure a housing pathway is in place for our most vulnerable residents to help them become tenancy ready.

Selective Licensing
A regulatory mechanism to improve standards in the private rented sector and safeguard residents.

Independent Living Schemes
Housing and support for older or vulnerable adults to maintain safe and autonomous living arrangements.

Affordable Warmth Initiatives
Energy efficiency and heating support schemes aimed at reducing fuel poverty.

Council Tax Hardship Fund
Financial support for residents experiencing hardship, helping stabilise household finances and reduce crisis risk.

Employment, Skills and Economic Opportunity

Connect to Work
Employment support and job-matching services aimed at helping residents move into sustainable work.

DWP Youth Hub
Targeted employment, training and financial support for young people facing barriers to the labour market.

GY Skills Task Force
A partnership initiative addressing local skills gaps, employer needs and opportunities for training and progression.

Right to Succeed – NR THIRTY Project
A long-term place-based programme improving life chances for children and young people in the NR THIRTY area through educational, community and skills interventions.

Volunteering and Skills Connections
A volunteering programme supporting skills development, community participation and pathways to employment.

Sizewell C Employment and Skills Access
Regional opportunities linked to Sizewell C, providing training, apprenticeships and job creation for local residents.

Community Infrastructure, Hubs and Local Development

Place Physical Developments
Infrastructure and regeneration projects improving public spaces, connectivity, community facilities and the overall quality of the built environment.

Community Hub
A multi-use space bringing services, advice and community groups together to support local residents. This includes GYBC Case Workers who use Human Learning approaches to support residents by providing holistic, person-centred help to address complex needs, coordinating access to local services and practical support to improve independence and wellbeing.

Asset-Based Community Development (ABCD)
Strengths-based approaches that harness community assets, skills and networks to build stronger, more resilient neighbourhoods.

Coastal Navigators Network
Community navigators supporting coastal residents to access services, improve wellbeing and reduce isolation.

Project Apollo
A locality-based programme focusing on integrated support, community engagement and systemic problem-solving.

Public Health, Activity and Community Wellbeing

Sport England Place Expansion
Investment and programmes aimed at increasing physical activity, reducing inactivity and improving community wellbeing.

Active Great Yarmouth
Local initiatives encouraging healthier lifestyles and participation in sport and activity across all age groups.

Nourishing Norfolk and Food Poverty Projects
Community-led food hubs and initiatives ensuring access to affordable, nutritious food while addressing the root causes of food insecurity.

VCSE and Community Partners

A broad and active VCSE sector underpins much of the place-based work in Great Yarmouth, delivering services, supporting vulnerable residents, strengthening community resilience and ensuring place-based priorities reflect lived experience.

Key partners contribute to:

- early help and family support
- food security
- youth participation
- mental health and wellbeing
- community safety
- social inclusion
- skills and employability

Their contribution remains essential to delivering integrated, community-focused change.

How These Services Support Local Strategic Priorities

Together, these services create a coordinated, place based network that delivers on Great Yarmouth's priorities around prevention, early help, reducing inequalities and strengthening community resilience. Integrated health and care services help residents remain independent and avoid crisis, while community safety initiatives improve neighbourhood stability and housing conditions. Employment and skills programmes expand opportunities, raise aspirations and support pathways out of poverty. Community wellbeing initiatives including Active GY, Sport England programmes, food security projects and community hubs reduce isolation, build social capital and support healthier lives. Youth engagement structures ensure young people influence decisions and contribute to safer, stronger communities. Collectively, this network enables partners to take targeted, joined up action that improves outcomes and supports the most vulnerable.

Activity 2 - Key Strengths, Challenges, Emerging Issues and Opportunities

Great Yarmouth's locality partners collectively bring deep knowledge of the borough's needs, strengths, and pressures. Workshops held in early 2026 highlighted a range of insights about the conditions affecting residents, communities, services and future opportunities. This assessment strengthens the case for prevention, targeted action, and place based coordination, ensuring partners respond to both the risks and the potential within the borough.

Strengths

Great Yarmouth has a number of systemic strengths that provide a solid foundation for partnership working and local delivery:

Strong Partnership Infrastructure
- High levels of information sharing across agencies.
- Long-standing multi-agency groups (ASBAG, CAP, HIUM, Locality Board).
- Effective collaboration across statutory services, VCSE partners, health, and community groups.

Resilient Workforce and Community Networks
- Stability in local professionals and community staff.
- Local people providing local services, strengthening trust and continuity.
- Established resilience plans and proven collective response to crises (e.g., COVID 19, unexploded bomb).

Shift Towards Prevention
- Clear move away from crisis response towards prevention and early intervention.
- Expansion of prevention models through ASC reform, Public Health, INTs and community programmes.

Strong Youth and VCSE Engagement
- Active youth sector with safe spaces, trusted adults, and diversified activities.
- Strong VCSE partnership supported by the Collaboration meetings, Community Partnerships, Community Investment Fund and local grant structures.

Successful Funding and Investment History
- Secured major funding for regeneration (Town Deal, NR THIRTY, Town Centre).
- Better Care Fund improvements and strategic Public Health grants.
- Skills bootcamps and employer partnerships through local colleges.

Challenges

Despite strong collaboration, partn
ers identified several persistent and emerging challenges:

Funding, Resources and System Pressures
- Reliance on short-term and siloed funding cycles.
- Capacity and resilience limits in statutory and community services.
- Increasing demand on acute health and mental health services.

Changing Population and Increasing Complexity
- Population diversity bringing unknown needs and short-term residency.
- Rising prevalence of complex needs including exploitation, domestic abuse and hidden vulnerabilities.
- Significant increase in SEND demand placing strain on education and support systems.

Educational and Economic Barriers

- High NEET levels.
- Low educational attainment and entrenched worklessness.
- Intergenerational barriers to aspiration and employment.

Community Cohesion and Social Stability
- Increased diversity but lower tolerance and cohesion in some areas.
- Political polarisation influencing community relations.
- Housing instability and reliance on temporary accommodation affecting neighbourhood stability.

Emerging Issues

Partners identified several issues likely to escalate over the next 12–24 months:

Demand Pressures
- Continued increase in ill health and waiting times.
- GP pressure and primary care access difficulties.
- Ageing population leading to rising social care needs.

Vulnerability and Harm
- Growing risk of modern slavery, cuckooing, and exploitation.
- Domestic abuse cases rising in volume and complexity.

System Change and Uncertainty
- Local Government Reorganisation (LGR) creating uncertainty for services and joint working.
- ICB structural changes affecting health system stability.

Cost of Living and Housing
- Fuel poverty and financially vulnerable households.
- Demand for decent, affordable homes outstripping supply.

Education & SEND
- Increased pressure on SEND places, with new provision not yet meeting full demand. National SEND reforms and Ofsted inspection expectations will change the focus on earlier identification and support for children and families when needs first emerge

Opportunities

Great Yarmouth also has significant opportunities that can be leveraged to improve outcomes:

Economic Growth and Skills Expansion
- Development of North Quay, Winter Gardens, South Quay and the Harbour.
- Outer Harbour expansion and energy sector opportunities.
- Further growth in skills pathways, bootcamps and apprenticeships.
- Youth employment investment and new Youth Hub.

Health System Investment
- New James Paget Hospital (JPH) due to open in 2033.
- New Community Diagnostic Centres enabling earlier intervention and reduced demand.
- New St Elizabeth Hospice Development in Gorleston due to open in 2027

Enhanced Prevention and Integrated Models
- Continued expansion of Integrated Neighbourhood Teams.
- Homelessness Prevention Board enabling joined-up planning.
- Family Hubs, Flourish and early help programmes supporting whole-family approaches.

Stronger Community Assets
- Digitally inclusive communities with improved access to online support.
- Strong VCSE volunteering base offering capacity for local stewardship.
- Opportunities for town-wide events, connections and cohesion.

Learning, Skills and Education Infrastructure
- University campus, learning centres and potential training facilities (e.g., dental hygienist pathway).
- NR THIRTY legacy funding with potential for further phases.

Summary

The analysis of strengths, challenges, emerging issues and opportunities highlights the need for:

- more integrated, place-based practice
- sustained investment in prevention
- tackling root causes of inequalities
- targeted support for vulnerable groups
- stronger pathways into education, skills and employment
- improved housing and community safety
- continued partnership with VCSE and young people

These insights underpin the four strategic priorities and guide the actions required to deliver improved outcomes for residents across Great Yarmouth.

Activity 3: Reviewing the 2021-2026 Locality Strategy Priorities

Priority 1: Reducing Health Inequalities

What Success Looks Like

- Improved physical and mental health outcomes for residents.
- Reduced avoidable demand on acute services.
- More active lifestyles and improved access to exercise.
- Healthier eating and improved nutrition.
- Increased self-management and empowerment around health.
- Higher life expectancy and better quality of life.
- Safer, warmer homes and environments conducive to wellbeing.
- Continued growth of local prevention initiatives.

What Needs to Change / Be Added

- Children achieving a Good Level of Development by age 5. Aim for 77% of all children by 2028.
- A clearer focus on frailty.
- Stronger action on smoking, alcohol, vaping, drug use and sexual health.
- Safer, more accessible outdoor spaces.
- Back to basics health education (hygiene, oral health, diet, eye tests).
- Whole-family approaches to wellbeing.
- Less bureaucracy and easier navigation of support.
- Better use of existing funding streams and initiatives.
- More early support for emerging Mental Health Issues, especially for children and young people

Are These Still the Right Priorities?

Yes. This remains central to the locality's prevention and public health ambitions and strongly aligns with ICB and NCC strategic direction.

Who Needs to Be Involved

VCSE, Adult Social Care, Housing Services, Children's Services, PCNs, schools, colleges, activity providers, DWP and community partners.

Summary of What the Refreshed Priorities Should Achieve

Collectively, these refreshed priorities will ensure that Great Yarmouth:

- strengthens prevention, early help and resilience
- reduces inequalities across health, housing, safety, education and employment
- improves life chances for children, young people and adults
- builds confident, connected and inclusive communities
- empowers residents through skills, opportunity and wellbeing
- supports vulnerable people earlier and more effectively
- delivers more integrated, neighbourhood based support

These priorities provide the strategic anchor for the next phase of locality working and will shape the shared delivery plan and performance framework.

Priority 2: Supporting Educational Attainment, Skills and Aspirations

What Success Looks Like

- Higher educational attainment and skills levels.
- Clear, accessible pathways from education into training, skills and employment.
- More apprenticeships, work experience and inclusive employment opportunities.
- Reduced NEET levels and strong transitions for SEND young people.
- Increased local aspiration and awareness of job opportunities.
- Growth of new VCSE organisations and social enterprises supporting skills.

What Needs to Change / Be Added

- Earlier identification of needs that impact on learning for child and their family.
- Stronger employer engagement and involvement in schools.
- Increased industry presentations and work-related learning and work experience opportunties.
- Better promotion of local opportunities including volunteering.
- Apprenticeship routes starting in Year 11.
- Reduced barriers to SEND diagnosis and reframing SEND traits as strengths.
- Focus on the main ambitions (skills and pathways), delegating complex SEND/NEET structures to lead agencies.
- More inschool support for young people who are at risk of becoming NEET (e.g. mentoring, 1:1 support)

Are These Still the Right Priorities?

Yes, though with recognition that:

- Some elements (NEET/SEND) sit with upper-tier authorities, with the locality's role being supportive rather than leading.
- VCSE start-up ambition has not yet materialised as expected.

Who Needs to Be Involved

Schools, colleges, employers, SENDIAS, Children's Services, Coastal Navigators Network, HWP, caregivers, and VCSE employment programmes.

Priority 3: Tackling Vulnerability and Exploitation

What Success Looks Like

• Community-facing, multi agency action preventing exploitation, crime and anti-social behaviour.
• Communities and young people understand risks, feel safe, and trust local services.
• Fewer victims and stronger safeguarding responses supported by MIST and behaviour-change approaches.
• Resilient young people who can make safe choices and access support early.
• No gaps in advice or support for vulnerable adults or young people.

What Needs to Change / Be Added

• Identification of children and young people that are young carers and offering support earlier.
• Sustained funding for safe spaces, outreach and youth work.
• More public awareness, training and early identification.
• Broader opportunities and positive experiences to build aspiration.
• Improved data sharing and reduced thresholds for early help.
• Equal focus on adults, not just children and young people.
• Clearer operational delivery linked to strategic intent.

Are These Still the Right Priorities?

Yes. Strongly endorsed as a priority, especially for safeguarding children and young people, but partners emphasised:
"Exploitation affects adults too – this needs stronger recognition."

Who Needs to Be Involved

Children's Services, Police, GYBC, NCC, NSFT, PCNs, GPs, schools, youth workers, VCSE, TYSS, community safety, justice partners and employers.

Priority 4: Reducing Loneliness, Isolation and Social Exclusion

What Success Looks Like

- Residents feel more connected, confident and able to live well.
- Thriving communities with a strong sense of identity, belonging and safety.
- Increased digital inclusion with access to devices and the confidence to use them.
- Greater representation of marginalised groups in service design and delivery.
- Regular community events, activities and volunteering opportunities.
- Young people supported by trusted adults.
- Easier access to services, including improved transport and visibility of support.

What Needs to Change / Be Added

- Identification of children and young people that are young carers and offering support earlier. (see also above as links to both priority 3 and 4).
- More understanding between cultures and communities.
- Buddying, connectors and accompanying volunteers to support access.
- Improvements to public transport and bus stop locations.
- Better signposting and visibility of services for underrepresented groups. More community food provision and access to healthy food.
- Addressing barriers to accessing support safely and appropriately.
- More understanding where gaps in local provision exist – e.g. who are the groups in our local communities who aren't accessing services/ feel local provision isn't for them

Are These Still the Right Priorities?

Yes. Partners agreed the priority remains essential, though the wording should reflect that:

"Everyone needs support at some point – the aim is confident, connected communities, not independence without support."

Who Needs to Be Involved

Statutory services, GYBC (Health and Communities and housing - Largest social Landlord), VCSE partners, youth sector, Public Health, DWP, community groups, volunteers, and local residents.

GREAT YARMOUTH
BOROUGH COUNCIL