



Director of Public Health Annual Report

The direct impacts of
Covid-19 in Norfolk

2020-2021



Norfolk
County Council

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Thanks are also due to all of those in Norfolk who did their part in tackling the Covid-19 pandemic in the county.

The outcomes of the pandemic locally would have been very different without everyone's individual – and sometimes heroic – efforts.

Credits

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Foreword

I am pleased to introduce the Director of Public Health's Annual Report for 2020 and 2021. This year the report is about the direct impacts of Covid-19 on people in Norfolk. The report also describes some of the ways in which local organisations in Norfolk have been a key part in the response to the pandemic.

The Covid-19 pandemic has had unprecedented impacts on the lives of Norfolk's residents. But it is also true that the efforts of people in Norfolk to reduce the spread of Covid-19 have likely saved many lives. I would like to thank everybody involved in organising our response to the pandemic locally, including our Director of Public Health and her team. I would also like to thank every individual in Norfolk who has helped to protect themselves and others.

Bill Borrett,
Cabinet Member for Adult Social Care, Public Health
and Prevention





Introduction

My Director of Public Health's Annual Report is an independent report on health and wellbeing in Norfolk. As cases and hospitalisations come down, it is a good time to look back over the pandemic so far and assess how Covid-19 has affected Norfolk. This report, covering both 2020 and 2021, describes the path of the pandemic in Norfolk, how it directly affected Norfolk residents, and the steps we took to reduce the spread of the disease in the county.

Between March 2020 and January 2022, Norfolk saw just under 200,000 cases of Covid-19, and around 2,300 deaths due to this disease. These numbers speak to the very real impacts felt across our county. That being said, Norfolk saw fewer cases and deaths than many other places in the country. Norfolk also saw high use of Covid-19 testing, and one of the highest rates of vaccine uptake in the country. Such high testing and vaccination uptake undoubtedly helped lessen the impact of Covid-19 in the county.

In Norfolk, we saw sizeable differences in Covid-19 case rates, vaccine uptake, and death rates between different areas. These differences are complex, but we can pull out some of the groups of people and places that had higher rates of Covid-19. We know that Covid-19 infections were most common in younger age groups, in females, in those not of White British and White Irish ethnicity, and in the most deprived areas. Sadly, many of the deaths in Norfolk were in care homes, where some of our most vulnerable residents live.

To tackle Covid-19, Norfolk saw an extraordinary collaboration between teams in local and national government, the healthcare, voluntary and community sectors, the police, fire service, and other private and public institutions. These teams organised local Covid-19 testing, contact tracing, vaccinations, and outbreak management. They also coordinated communications to keep the public up to date and provided wide-ranging support to Norfolk residents. The people of Norfolk also played their part in protecting themselves and others.

At the time of writing, Covid-19 is still very much with us. I believe that this virus will affect our lives for many years to come. Yet it is also the case that the direct impacts of Covid-19, and certainly the most severe illness from this disease, are much reduced compared to what we experienced in 2020. We will of course stay vigilant for any new developments and remain ready to act should a more severe Covid-19 variant emerge.

As we move forward, we are beginning to shift our focus to some of the wider, indirect health impacts of Covid-19, for example on mental health, healthy weight, children's health, and engagement with public health services. These areas are not new to Public Health teams, but their nature may have changed as a result of the events of the past two years. Understanding and addressing the wider public health impacts of the pandemic will be a key public health challenge.

Dr Louise Smith,
Director of Public Health



Section 1

Key figures and trends

This section shows some of the key Covid-19 figures and trends in Norfolk. All of the figures and charts cover March 2020 until January 2022 unless stated otherwise.

Key messages

- Norfolk had around **200,000 cases of Covid-19** and some of the lowest case rates in the country
- **Norfolk had high levels of rapid (LFD) testing** – over a quarter of cases in Norfolk were found through these types of tests
- Norfolk had some of the highest vaccination rates in the country – more than **8 in 10 of those aged 12 and over** had at least two doses
- Sadly, there were **2,329 Covid-19 deaths in Norfolk**, though the death rate was lower than for most other areas in England

Overall Covid-19 trends in Norfolk

The impact of Covid-19 changed throughout the pandemic. The virus first arrived in the UK in the Spring of 2020. This led to the first wave of cases nationally and in Norfolk. Because the virus was new, no one was immune – vaccines hadn't been developed yet and no one was protected from being infected before ('natural immunity').

The second wave was in winter 2020-21, which saw the Alpha variant emerge. There was more testing available, which meant more cases could be found. Vaccines were only just beginning to be rolled out – there wasn't a great deal of protection ('immunity') built up from vaccinations or previous infections. The numbers going into hospital, and the numbers dying, were at their highest during this wave.

From summer 2021 onwards, there was more immunity due to the roll out of vaccinations and from previous infections. There were fewer government restrictions in place. The number of people in hospital and the number of deaths were lower when compared to the large number of cases caused by the Delta and Omicron variants.

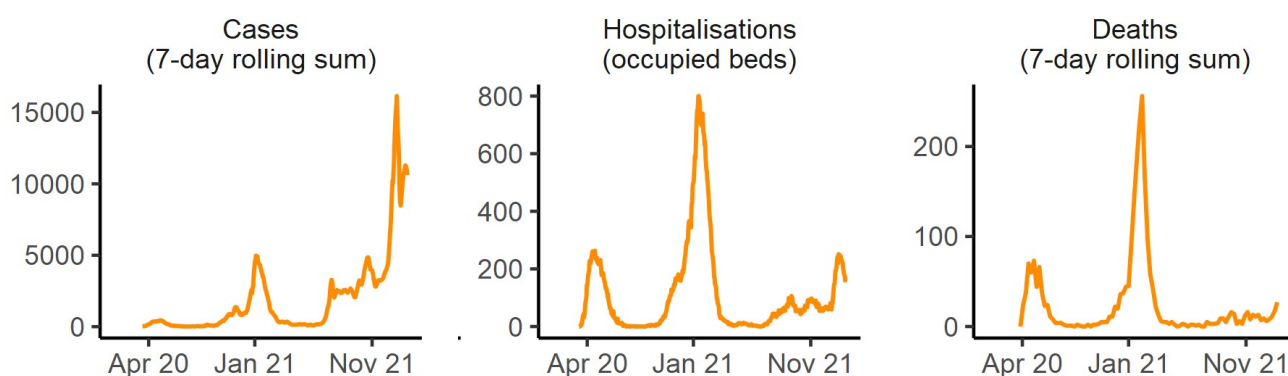


Figure 1: Covid-19 cases, hospitalisations and deaths in Norfolk. Source: gov.uk Covid-19 dashboard

Cases

- Overall, **Norfolk had 192,139 cases up to January 2022**. That's around 1 in 5 people living in Norfolk. Norfolk had one of the lowest case rates in England. Around 6,000 of those cases were likely to be reinfections.
- The waves of cases in Norfolk followed the **national pattern**

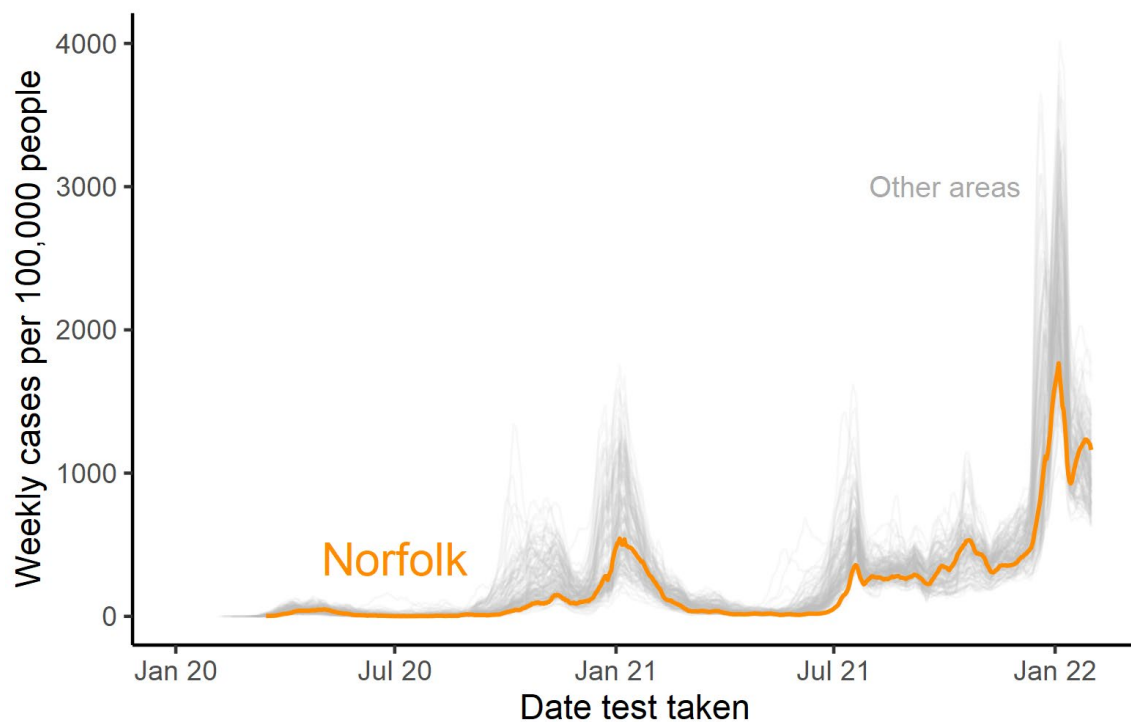


Figure 2: Covid-19 case rates in Norfolk (orange) and other upper-tier local authorities (individual grey lines). Source: gov.uk Covid-19 dashboard

Testing

- **Testing has been key** to finding cases so that people could self-isolate and not pass the virus on to others
- Norfolk had the **7th highest level of rapid (LFD) testing in England** – around 5.5 million LFD tests. Over a quarter of cases in Norfolk were found through these types of tests.
- **Around 3 million¹ PCR tests** (the 'gold standard' test) were taken – this was a bit below average for England
- In general, parts of the country that used more LFD tests had lower case rates

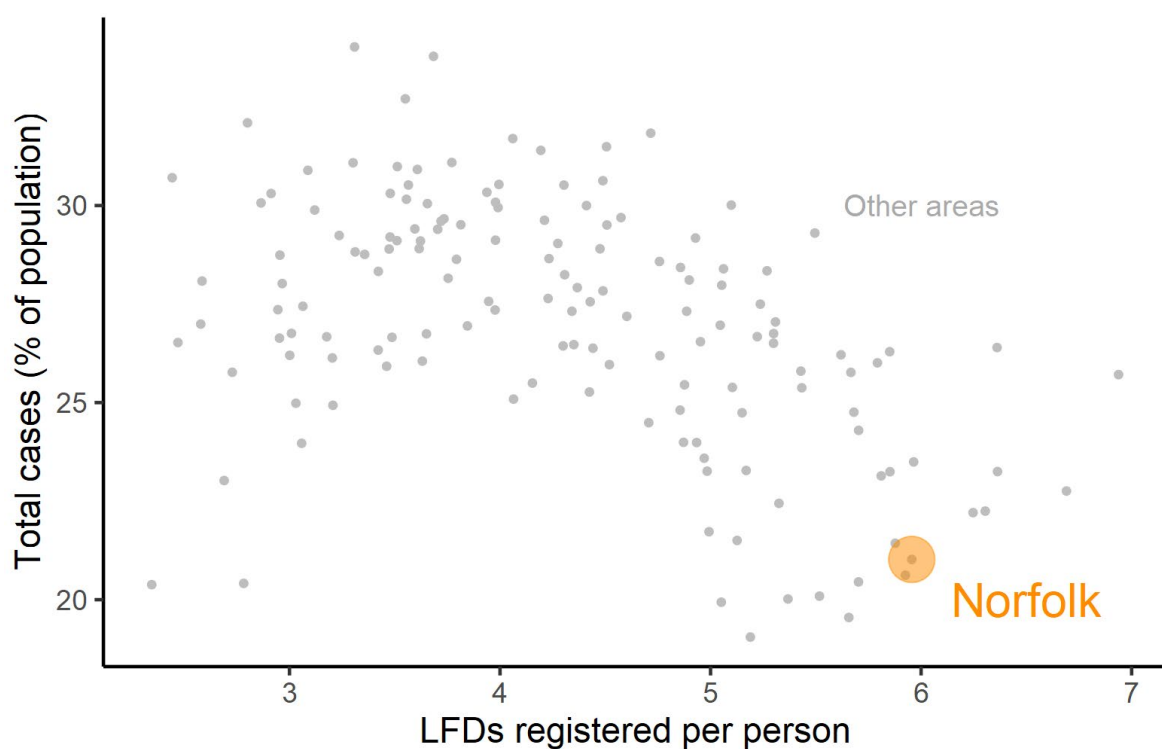


Figure 3: Lateral flow tests in relation to case numbers in Norfolk and other English upper-tier local authorities.
Source: gov.uk Covid-19 dashboard

Vaccinations

- The NHS in Norfolk rolled out vaccinations across the county. With the majority of residents taking part, Norfolk had one of the highest vaccination rates in the country.
- This will undoubtedly have reduced serious illness and deaths in the county.
- Of those **aged 12 and older** in Norfolk:
 - More than **8 in 10 people** had at least two doses
 - Nearly **7 in 10 people** had at least three doses or a booster shot

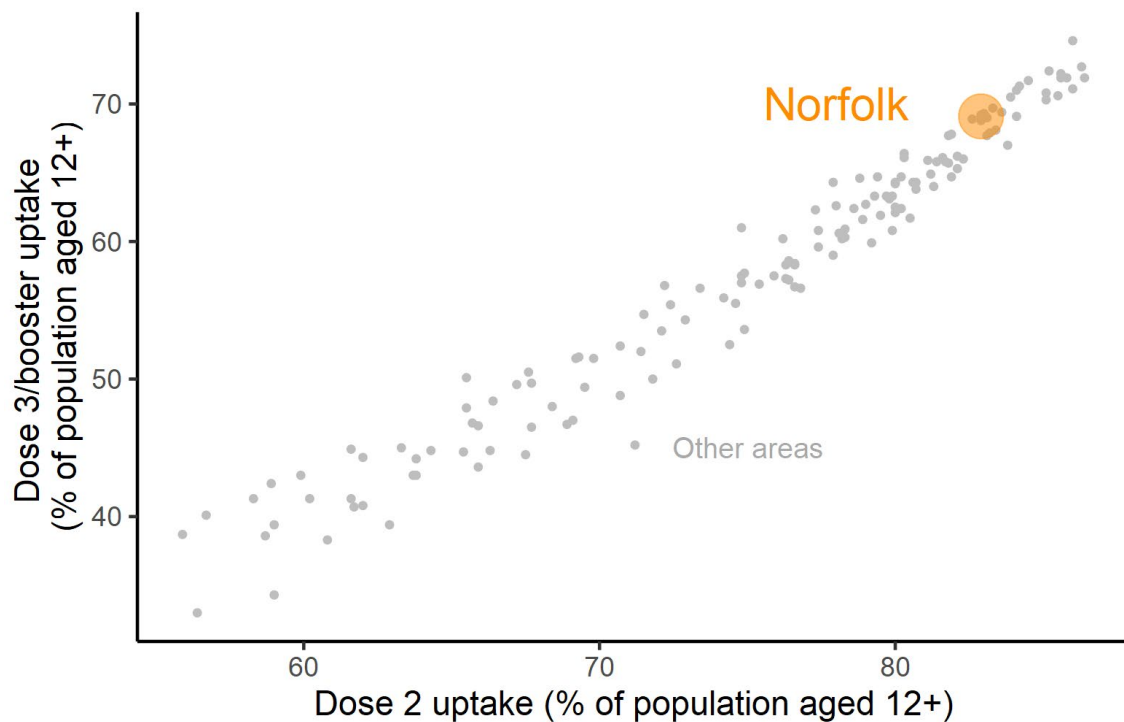


Figure 4: Covid-19 vaccine uptake in Norfolk and other upper-tier local authority areas.
Source: gov.uk Covid-19 dashboard



Deaths²

- Sadly, there were **2,329 Covid-19 deaths** in Norfolk³
- Once age was taken into account, **Norfolk's death rate** was lower than the majority of local authorities in England⁴
- Death rates were **lower in the first wave** and higher in the second wave

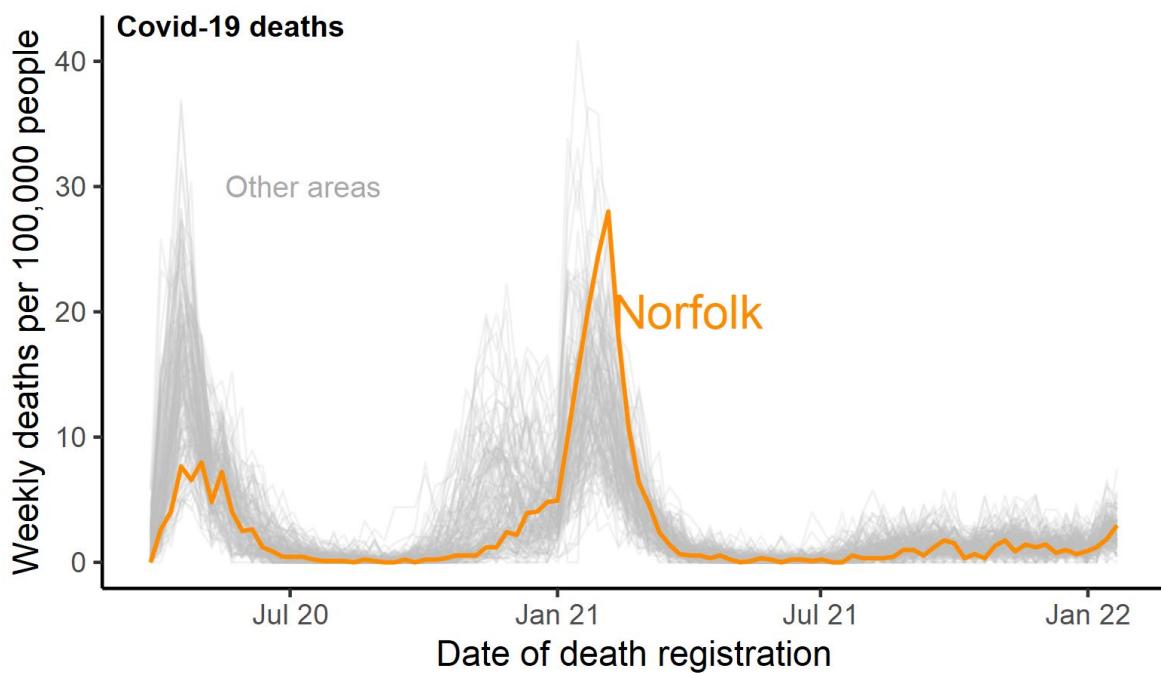


Figure 5:
Covid-19 deaths in Norfolk and other upper-tier local authorities. Source: Office for National Statistics

² Covid-19 deaths can be measured in different ways. In this report deaths are those that included Covid-19 on the death certificate

³ <https://www.ons.gov.uk/datasets/weekly-deaths-local-authority>

⁴ Deaths due to COVID-19 by local area and deprivation - Office for National Statistics ([ons.gov.uk](https://www.ons.gov.uk)) - data available to April 2021 only

Extra deaths during the pandemic

- Norfolk had 1,964 more deaths during the pandemic than in previous years⁵
- Once age was factored in, Norfolk had fewer extra ('excess') deaths than three quarters of areas in England

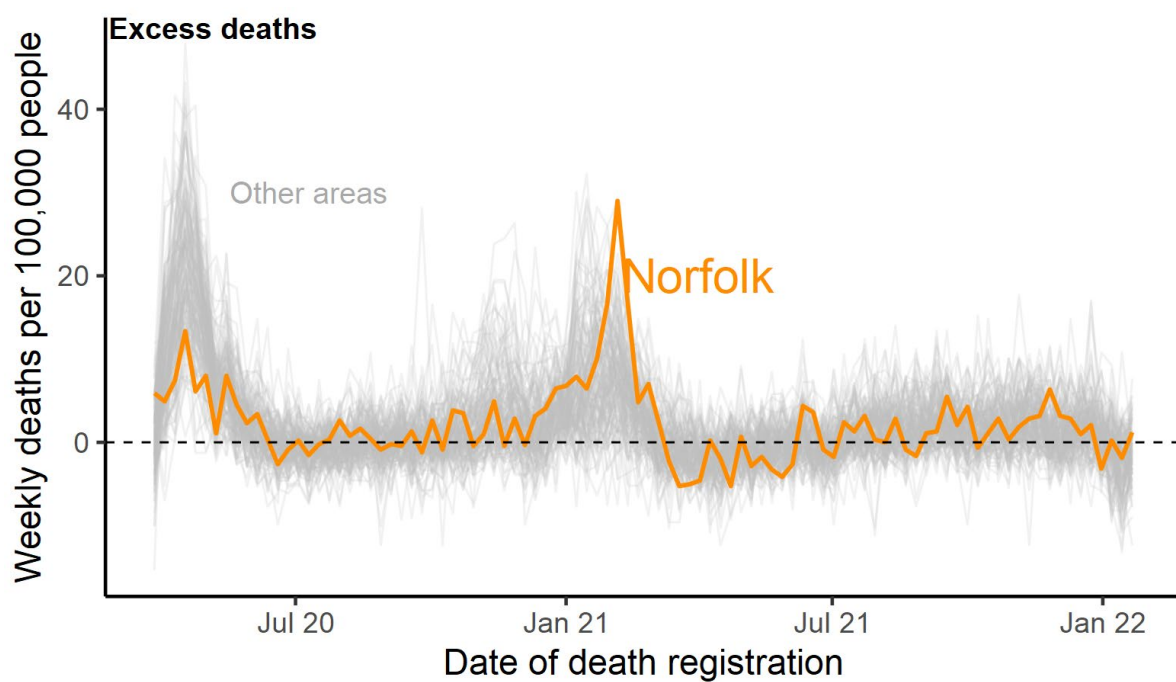


Figure 6:
Covid-19 excess deaths in Norfolk and other upper-tier local authorities. Source: Office for National Statistics

⁵ <https://www.gov.uk/government/statistics/excess-mortality-in-england-weekly-reports>



Section 2

Covid-19 impact in local areas

Covid-19 cases and deaths varied from one area to another. This section looks at some of the key figures for different parts of the county.

Key messages

- Covid-19 cases varied from one part of the county to the other
- Great Yarmouth had the highest rate of cases while North Norfolk had the lowest
- Once age was taken into account, all council areas in Norfolk had **lower death rates** than the region and England as a whole
- Urban parts of the county tended to have **higher rates of cases** and lower vaccination uptake than rural areas
- In general, there were **higher death rates in areas with the oldest populations**

County, district, city and borough council areas

- In Norfolk overall, **around 1 in 5 people** (21%) had Covid-19
- Within Norfolk, Great Yarmouth had the highest rate of cases, while **North Norfolk had the lowest.**
- Once age was taken into account, all council areas in **Norfolk had lower death rates** than both the region and England as a whole
- Within Norfolk, King's Lynn and West Norfolk had the highest rate of deaths while North Norfolk had the lowest.



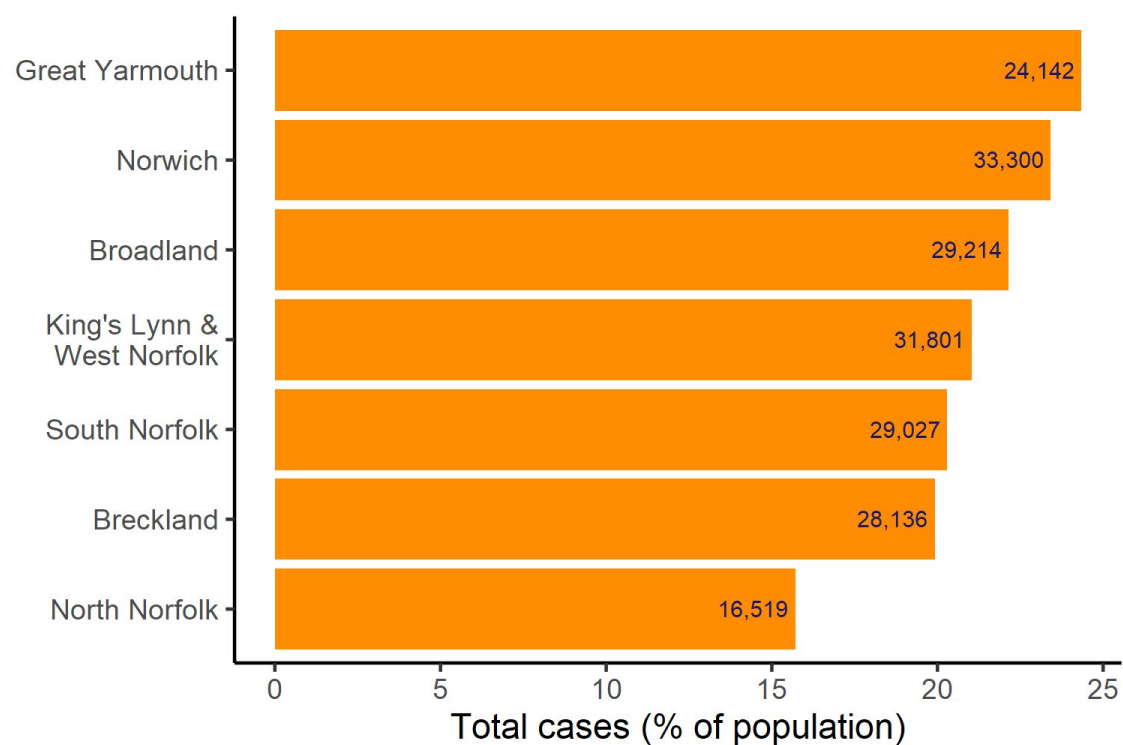


Figure 7:

Covid-19 rates and numbers (inset in bars) in Norfolk's lower-tier local authorities. Source: gov.uk Covid-19 dashboard

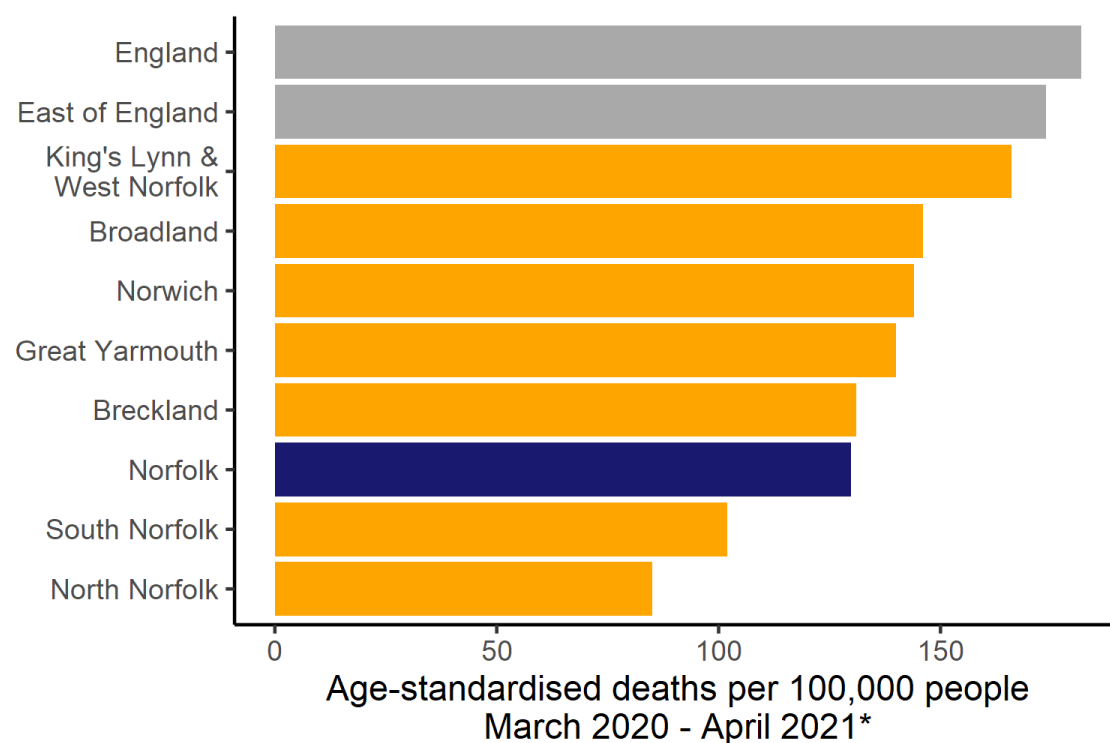


Figure 8: Covid-19 rates in Norfolk's local authority areas, East of England and England, March 2020-April 2021.

Source: Office for National Statistics

*Age-standardised death data only available to April 2021⁶

⁶This accounts for 89% of all Covid-19 deaths in Norfolk up to January 2022. Source: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathsduetocovid19bylocalareaanddeprivation>

Local areas⁷ within Norfolk – Cases

- Urban parts of the county – including Norwich, King's Lynn and Great Yarmouth – tended to have **higher rates of cases than rural areas**

Total cases (% of population)



15 20 25



Figure 9:

Covid-19 case rates in Norfolk's small areas. Source: gov.uk Covid-19 dashboard

⁷ Throughout this report 'local areas' refer to middle super output areas (MSOAs; small areas with an average of around 8,000 residents), with MSOA-level data obtained from <https://coronavirus.data.gov.uk/>

Local areas – vaccination uptake

- **Vaccination uptake** was lowest in parts of Norwich, Great Yarmouth, King's Lynn and Thetford
- **Low vaccine uptake** and high case rates often occurred in the same areas.

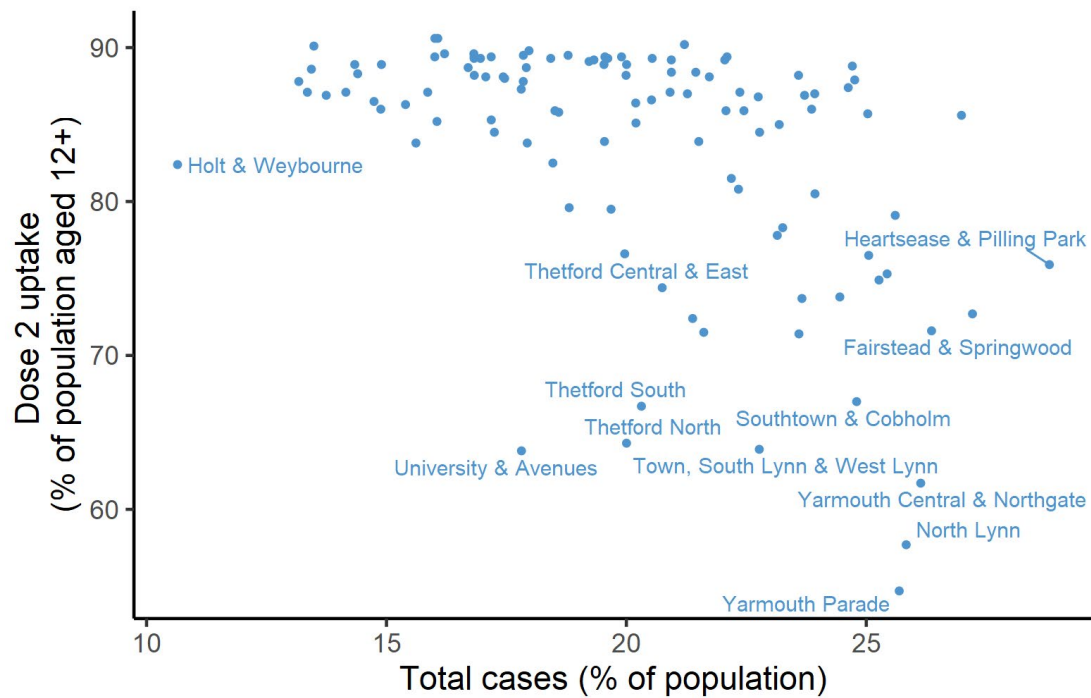


Figure 10:

Case rates and vaccination uptake in Norfolk's local areas. Source: gov.uk Covid-19 dashboard

Local areas – deaths⁸

- In general, the highest death rates were in areas with the oldest populations

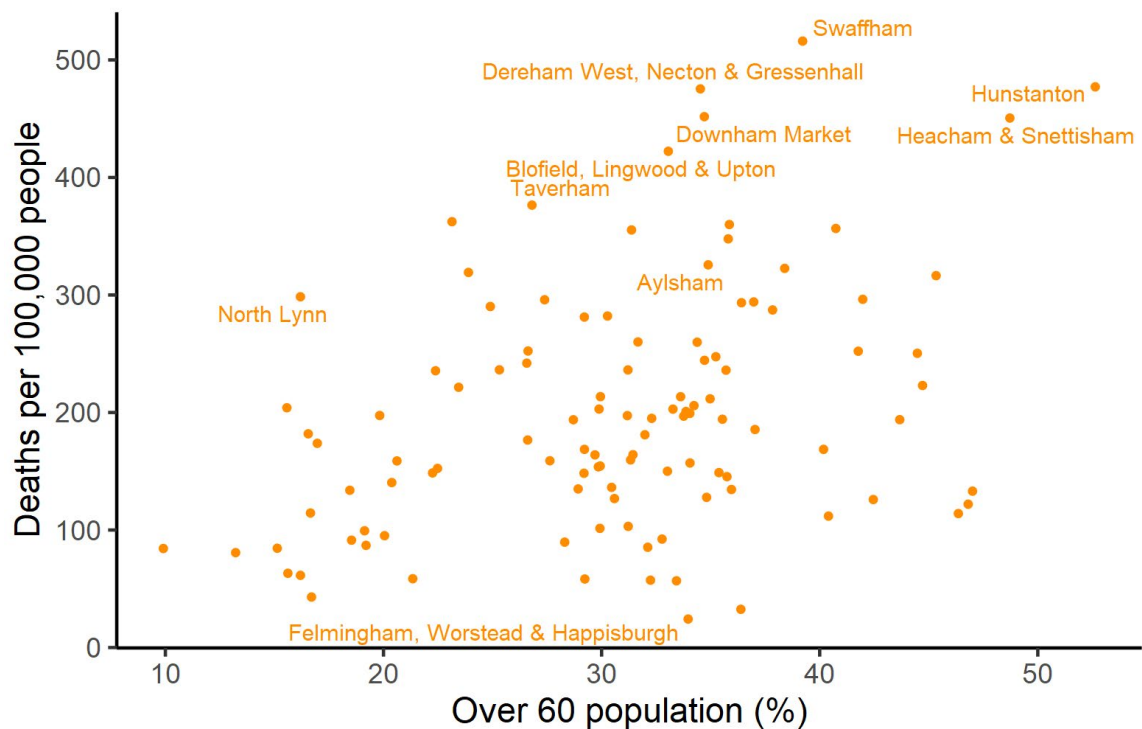
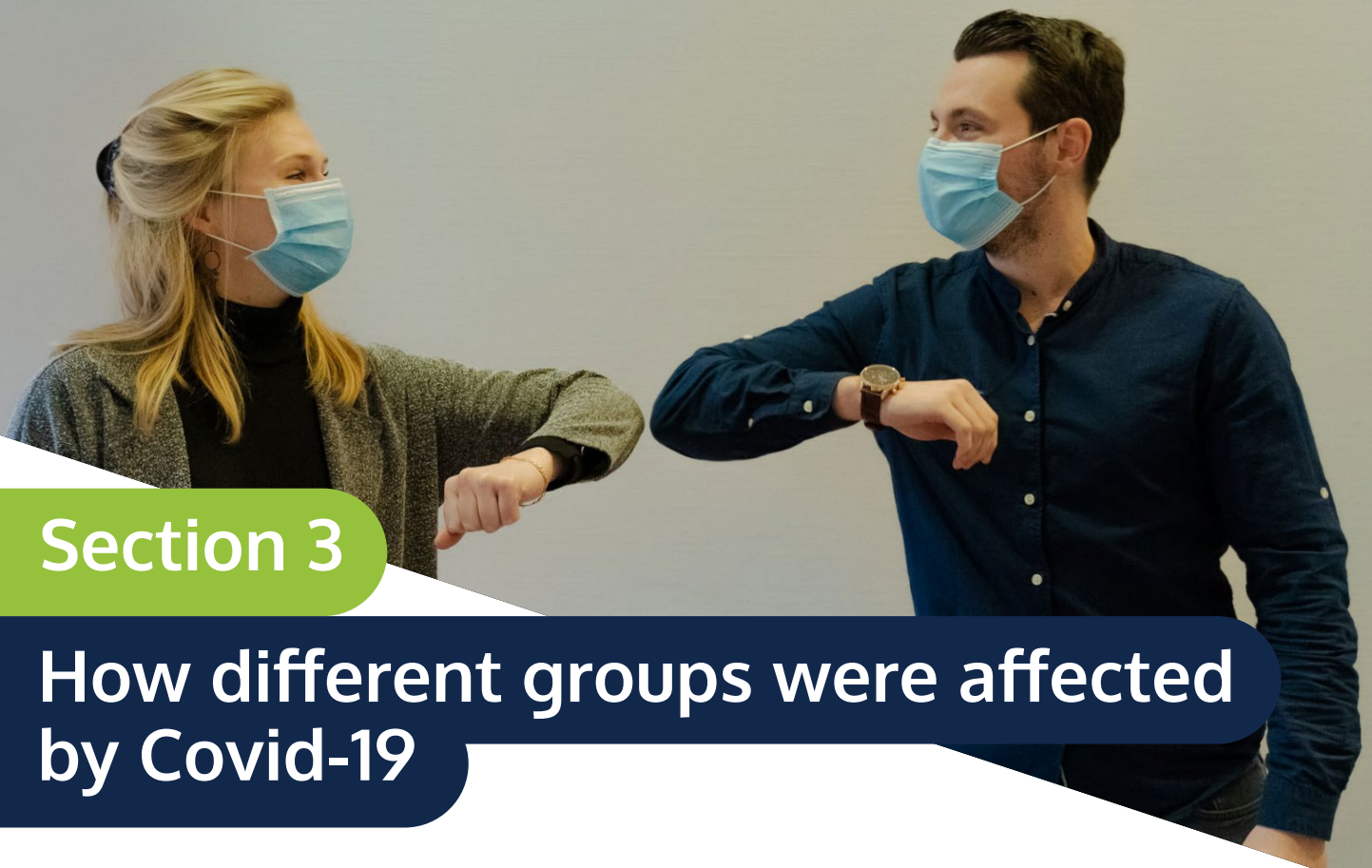


Figure 11:

Death rates and over 60 population proportions in Norfolk's local areas. Source: Office for National Statistics

⁸Numbers of Covid-19 deaths by local area are only available to April 2021 – most Covid-19 deaths in Norfolk occurred before April 2021, so this gives a reasonable picture of the variation between areas



Section 3

How different groups were affected by Covid-19

Covid-19 affected different groups of people differently, with some more likely to get Covid-19 or to die from it. This section looks at some of those differences.

Key messages

- There were **more cases in females than males**
- The highest case rates were in **older children and adults of working age**
- **Around 1 in 8** of all deaths in care homes were linked to Covid-19 – a little lower than the national average
- Some **ethnic groups** were affected more than others, with higher case rates
- The most deprived areas had the highest case rates, the lowest vaccination rates and the highest death rates
- **Around 1 in 40 people** are experiencing long Covid – around 22,000 people in Norfolk

Research into Covid-19

Research has been done nationally on the groups of people who may be more likely to be affected by Covid-19. Some of the key points are in the box below:

Summary of research on groups affected by Covid-19⁹

- **Females are more likely to test positive** for Covid-19; males are more likely to die
- **People over 80** are 70 times more likely to die from Covid-19 than those under 40
- There are **more cases and deaths in urban areas** compared to rural areas
- There are more cases and deaths in **more deprived areas**
- There are **more deaths** in people working as security guards, drivers, chefs and in retail, construction, social care and nursing
- **Care homes** have double the deaths compared to previous years
- People with long term health conditions are at **greater risk**

⁹Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk)

Age and sex

- In Norfolk there were **more cases in females** than males
- The highest case rates were in **older children and adults of working age**
- Some age groups – like **older children or people living in care homes** – were more likely to get tested, which may have increased the number of cases found



Figure 12:

Covid-19 case rates in Norfolk by age and sex. Source: UK Health Security Agency



Care homes

- There were **8,127 cases** among care home staff, residents and visitors¹⁰
- **Most cases** occurred in winter 2021 and winter 2022.
- There were **699 deaths** in care homes linked to Covid-19¹¹ – around 3 in 10 Covid-19 deaths in Norfolk
- Most of these occurred in the first two waves of the pandemic
- Around 1 in 8 of all deaths in care homes were linked to Covid-19 – this was a little lower than the national average.

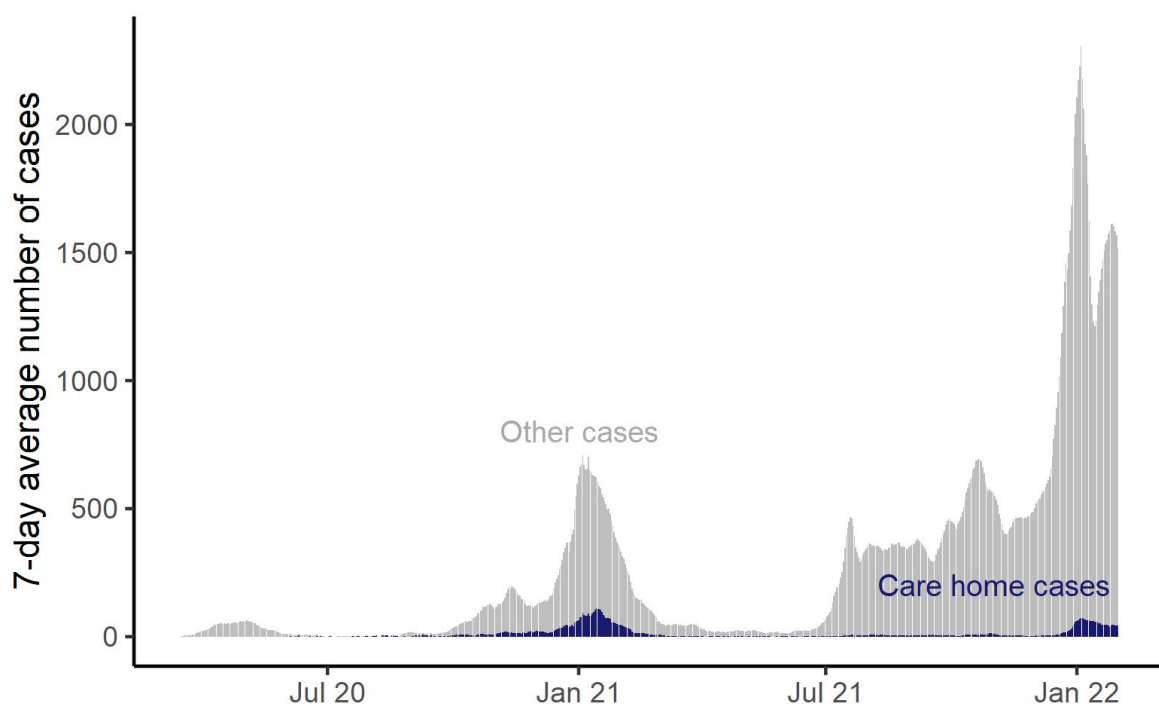


Figure 13:
Covid-19 cases in Norfolk linked to care homes compared to non-care home linked cases. Source: UK HealthSecurity Agency

¹⁰Estimate from UKHSA Second Generation Surveillance System (SGSS) record-level data of Covid-19 cases, based on self-reported recording of care home associations from residents, staff, and visitors

¹¹Number of deaths in care homes notified to the Care Quality Commission, England - Office for National Statistics (ons.gov.uk)

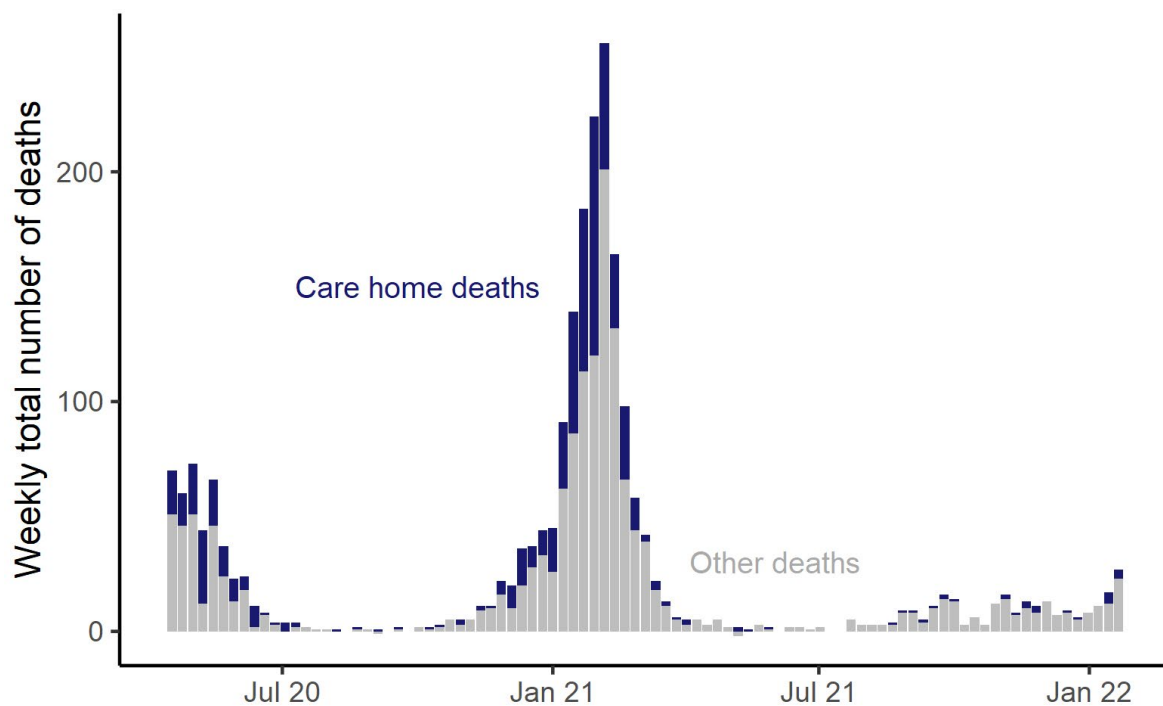


Figure 14:
Deaths of residents in care homes in Norfolk. Source: Office for National Statistics

Ethnicity

- Some **ethnic groups** were affected more than others ^{12 13}
- Three **ethnic groups** had **higher case rates** than the Norfolk average:
 - Groups that aren't White, Black, Asian or of mixed ethnic background
 - White groups that aren't from a British or Irish background
 - Groups that are of Black, African, Caribbean or Black British ethnicity
- All other ethnic groups had case rates **below the Norfolk average**.

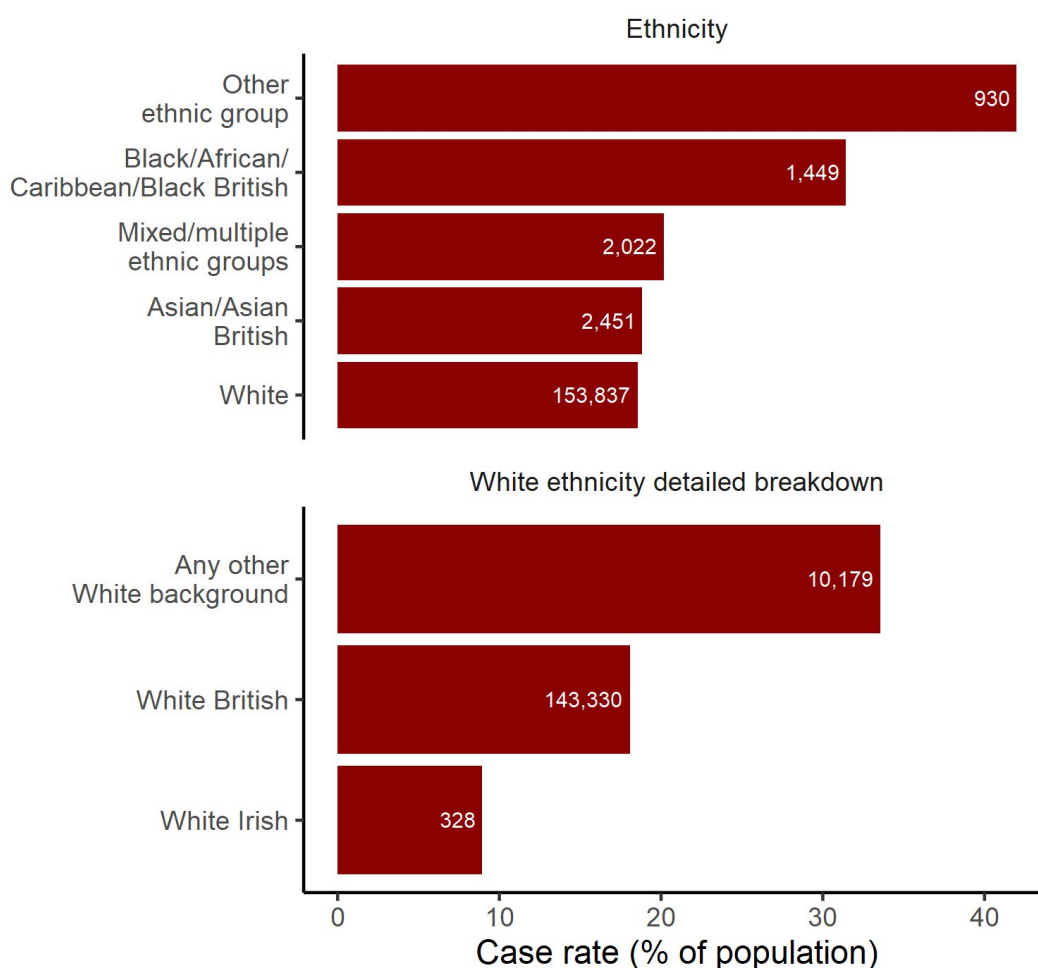


Figure 15: Covid-19 case rates by ethnicity, and detailed breakdown for white ethnicities. Source: UK Health Security Agency

¹² Source UKHSA record-level Covid-19 case data

¹³ Detailed ethnicities for other groups not shown due to small sample size

Deprived Areas

- The areas that are the most deprived had the highest case rates and **the lowest vaccination uptake**.
- The most deprived areas also had the **highest death rates** once age was taken into account.

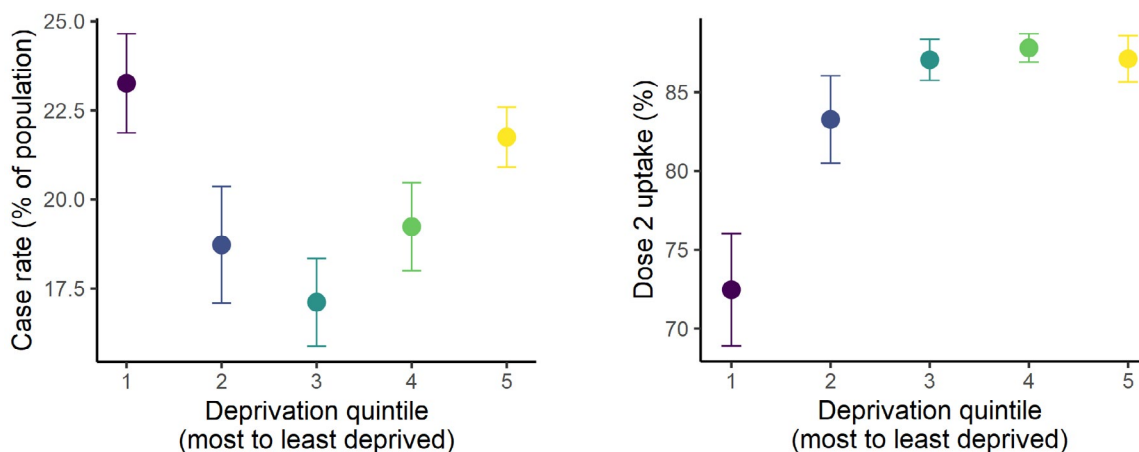


Figure 16:

Covid-19 cases and vaccine uptake and deprivation in Norfolk. Points and error bars show the average and 95% confidence limits for each deprivation quintile. Source: gov.uk Covid-19 dashboard (cases and vaccinations) and Office for National Statistics (deprivation data)

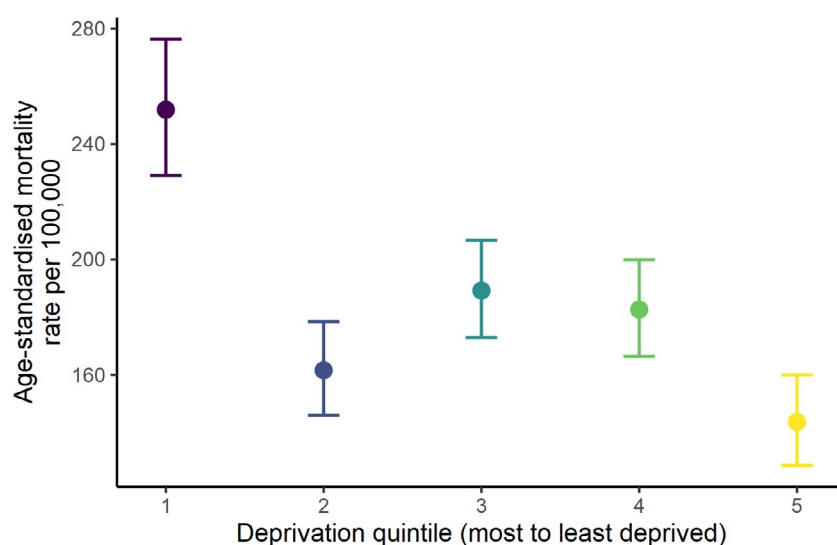


Figure 17:

Covid-19 deaths and deprivation in Norfolk. Source: Primary Care Mortality Database

Long Covid¹⁴

- Nationally, **around 1 in 40 people have long Covid** – this can affect them for weeks or months after their infection is gone
- That would mean **around 22,000 people in Norfolk** could have long Covid
- **Around 14,000** would have moderate symptoms
- **Around 4,000** would have more severe symptoms
- The highest long Covid rates are in females, **people aged 35-49** and those living in more deprived areas.



¹⁴ Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK - Office for National Statistics (ons.gov.uk)



Section 4

Tackling Covid-19 in Norfolk

Key messages

- Organisations and individuals pulled together to tackle the pandemic in Norfolk, taking on new roles based on tried and tested methods for **tackling contagious diseases**
- Testing was rolled out across the county, including via **mobile teams, libraries and workplaces**
- Norfolk was one of the earliest areas to take on contact tracing from **NHS Test and Trace**
- The **vaccination programme** reached out in many different ways to ensure anyone in Norfolk and Waveney who wanted a vaccination could get one
- **Community support** was provided to help people to self-isolate and to reduce the unequal impacts of Covid-19
- A dedicated **Outbreak Management Centre** was set up to manage outbreaks in workplaces, schools, care homes and other settings
- **Many different methods** were used to keep the public updated on Covid-19 and how to prevent its spread

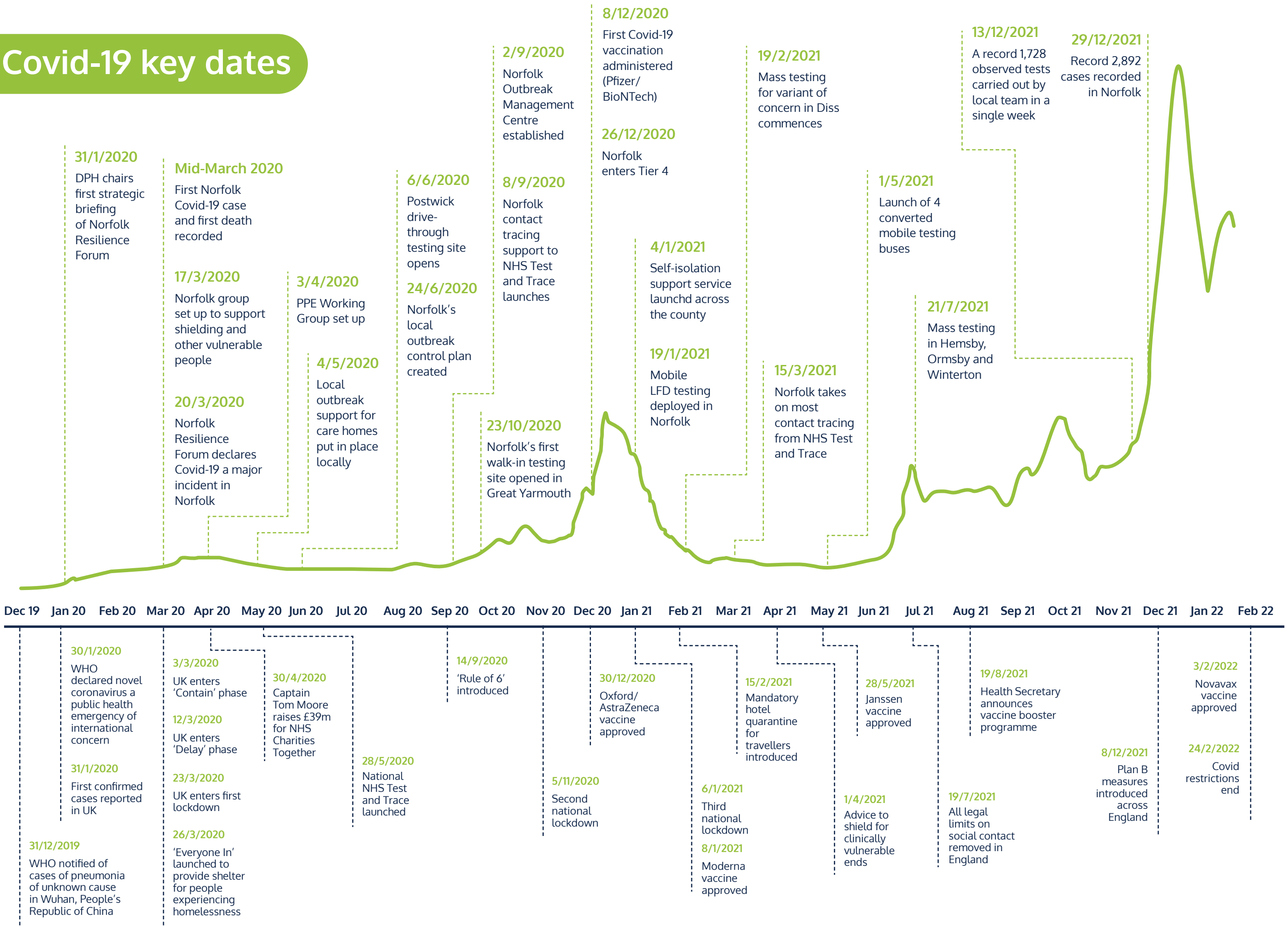
Norfolk pulled together to tackle Covid-19. There was unprecedented working between different organisations and individuals. This included:

- County, district, city and borough councils
- Volunteers and local charities
- Representatives of national government and organisations such as Public Health England (now the UK Health Security Agency)
- Health and social care
- Care homes, schools and workplaces
- Other public and private sector institutions, such as the fire service and police.

Measures to protect health – built on years of research and experience – were implemented on a large scale to reduce the spread of the virus and to protect the most vulnerable. Norfolk was among the earliest areas to take on some of these new roles. This work was overseen by senior officers from key organisations, with the support and guidance of local councillors.



Covid-19 key dates



Testing

Testing was critical in tackling Covid-19. It showed when someone had the virus so that they could self-isolate. It also showed how the virus was spreading and where there were outbreaks. Working with national government and district, borough and city councils, Norfolk County Council and Norse rolled out testing across the county. This included:

- **Mobile testing** teams
- **Mass testing** to find cases of new variants
- Supporting testing in **workplaces and other organisations**
- Providing tests for members of the public through **local libraries**.



In focus:

Norfolk's mobile testing teams

Norfolk's mobile teams ensured testing was available widely. Residents could have their testing observed by trained staff to give reassurance that they were doing their tests correctly. Buses were converted into mobile testing units which made testing available in even more places.

In 2021 alone, the teams:

- Carried out over **35,000 observed tests**
- Tested at over **150 sites and venues**
- Operated from **10 mobile units**.



Contact tracing

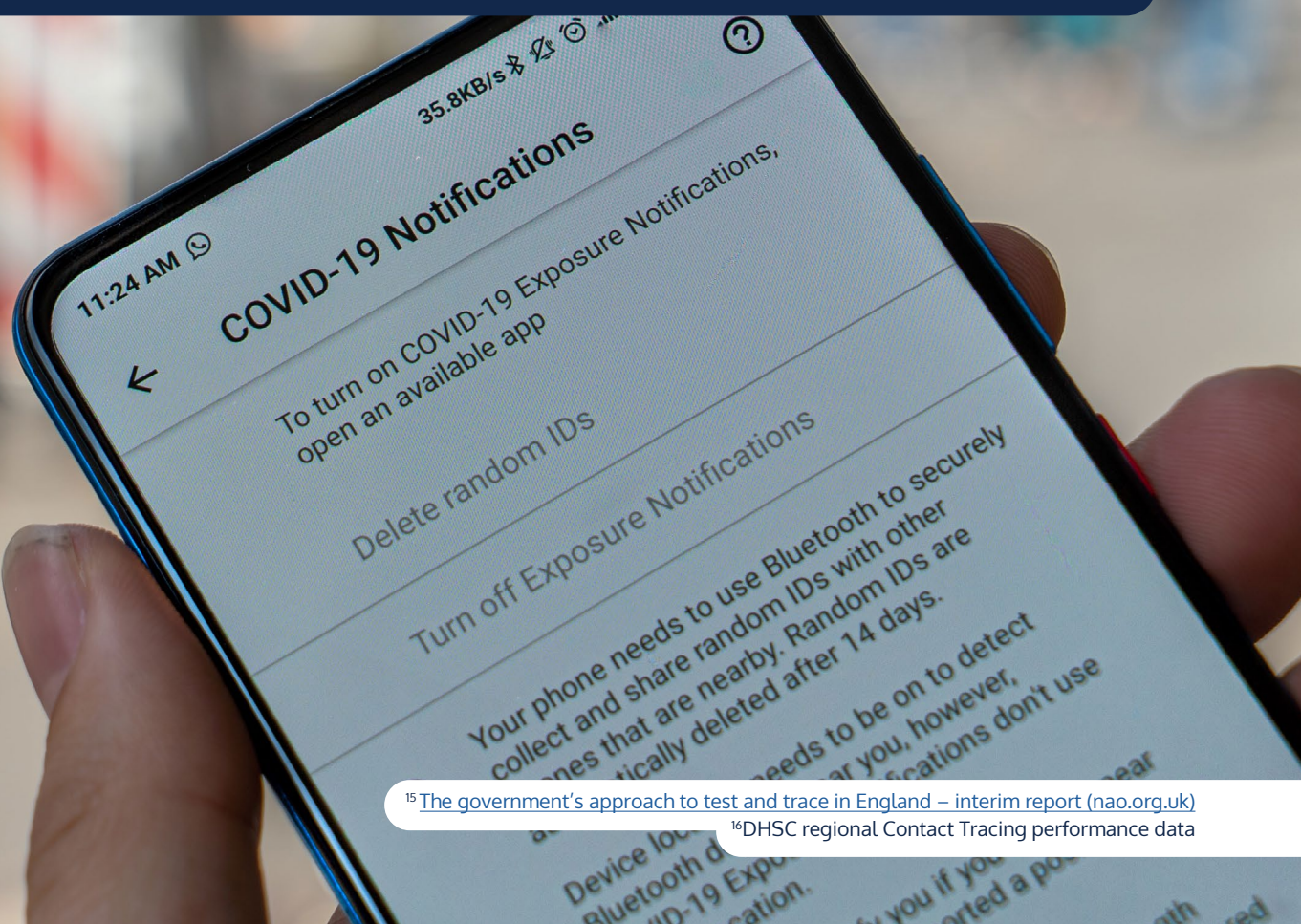
Contact tracing is a tried and tested way to reduce the spread of contagious diseases. Norfolk was one of five areas to pilot local contact tracing and was among the first areas to take on all contact tracing from NHS Test and Trace.

Local knowledge and the ability to speak to people face to face meant that Norfolk was one of the most successful areas in the country¹⁵¹⁶. During peaks, the local service was able to focus on areas that needed it most.

In focus:

Contact tracing and the Delta variant

The new, more contagious Delta variant first appeared in the UK in Spring of 2021, and Norfolk was prepared to act rapidly. Local monitoring detected the variant early. The local team did more in-depth contact tracing to find cases and reduce further spread. This may have played a part in delaying the Delta wave in Norfolk and in keeping case rates among the lowest in the country in the summer of 2021.



¹⁵ [The government's approach to test and trace in England – interim report \(nao.org.uk\)](https://nao.org.uk/publications/the-government-s-approach-to-test-and-trace-in-england)

¹⁶ DHSC regional Contact Tracing performance data

Vaccinations

The pandemic saw the largest vaccination roll-out in the NHS's history. Vaccines will have saved countless lives and prevented even more people from going into hospital.

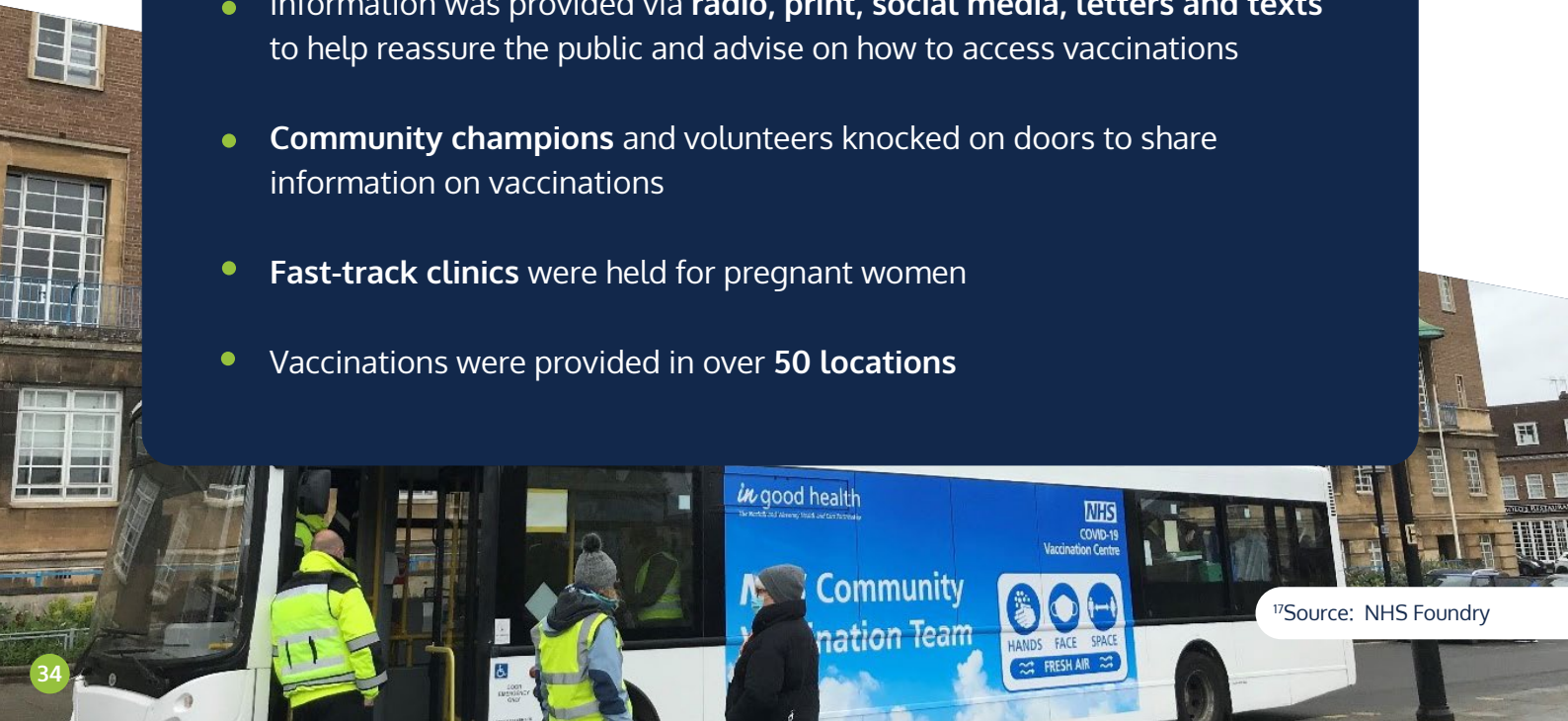
Led by the NHS in Norfolk and Waveney, the effort involved NHS staff, volunteers, fire service, the military, pharmacists, local authorities, businesses, charities and many others. And the people of Norfolk rolled up their sleeves in large numbers to protect themselves and others.

In focus:

Reaching out to Norfolk

By early May 2022, almost 2.5 million vaccinations¹⁷ were given in Norfolk and Waveney. Norfolk reached out in different ways to ensure anyone wanting a vaccine could get it, for example:

- **Jab cabs** provided free taxi rides to vaccination sites
- The Roving Vaccination Bus delivered **10,000 vaccinations**
- **The Worry Bus** offered a quiet space and time with clinicians to talk through concerns about getting the jabs
- A special website made it easy for residents to find their **nearest walk-in sites**
- Information was provided via **radio, print, social media, letters and texts** to help reassure the public and advise on how to access vaccinations
- **Community champions** and volunteers knocked on doors to share information on vaccinations
- **Fast-track clinics** were held for pregnant women
- Vaccinations were provided in over **50 locations**



¹⁷Source: NHS Foundry

Community support

Many agencies worked together to provide support to Norfolk residents, especially to help them to self-isolate and to help reduce unequal impacts of Covid-19.

People who were most likely to need help were identified and contacted, including those who were clinically vulnerable and shielding at home. Residents could also ask for help via Norfolk County Council's Customer Services Centre or by speaking to Covid-19 support officers.

Activities included:

- Over **600 contacts** made to provide befriending and loneliness support
- Over **13,000 prescription collections**, over 7,000 shopping/food parcel collections
- Over **2,000 referrals** to the Norfolk Assistance Scheme
- Referrals into **local help hubs** and raising awareness of support available
- **Providing PCR tests** to contacts of cases to enable faster self-isolation
- **Providing information** – for example on self-isolation for tourists, how to prevent the spread of the virus, and vaccination – translated into multiple languages.

District, city and borough councils contacted nearly 188,000 people between January 2021 and February 2022.



Managing outbreaks

Local authorities were given a new role in managing outbreaks, working with Public Health England (now the UK Health Protection Agency). In Norfolk, a dedicated Outbreak Management Centre (OMC) was set up. This drew on experts from many agencies including public health staff, infection control nurses, environmental health officers, children's services and adult social care staff, data analysts, health and safety officers and others. The team worked with government departments on serious outbreaks, for example at ports and large food processing businesses.

The OMC team was shortlisted for a 'Team of the Year' award by the Local Government Association.

In focus:

Working with businesses

Throughout the pandemic, working with local businesses was critical to reducing the impact of Covid-19. Working closely together meant never having to take legal steps to shut down a business during an outbreak. Guidance for businesses was produced to help them keep their staff and customers safe.

Feedback from one business said:

“ The OMC helped us enormously to ensure that as a business we have been able to continue operating throughout the pandemic. ”



Keeping Norfolk residents informed

Throughout the pandemic, information and guidance was provided to help the public understand the situation in Norfolk and how to prevent the spread of the virus. People were encouraged to protect themselves, protect others and protect Norfolk. Local communications on Covid-19 won a national award.

In focus:

Keeping Norfolk people and organisations informed

Many different methods were used to reach as many local people as possible in ways that fit with their lives, including:

- **Weekly briefings** to the local media
- Producing **business and tourism toolkits**
- Putting **safety messages** on takeaway bags
- **Covid-19 kits** for people experiencing homelessness
- Direct mail to **400,000 households** with accurate information on testing and isolating
- Translating materials into the most commonly used languages in Norfolk and reproducing information in **Easy Read, British Sign Language and Braille**
- Using **digital advertising** to reach specific groups for example young people or those speaking in different languages in a particular area
- Providing continually updated information on the **Norfolk County Council website**



“ **I GOT MINE!**”

Hayley Allen, Horsham St Faith

Covid-19 may
affect you more
seriously if you
have a learning
disability

**Reduce your risk
too – have your
vaccination**

#Ihadmine



Norfolk County Council
Public Health



Summary and conclusions

Covid-19 had wide-ranging impacts on the county. Though Norfolk had fewer cases and deaths than many other places, everyone will have been affected in some way. Some parts of the county were impacted more than others and there were differences between sexes, age groups and ethnicities.

Tried and tested methods – such as testing, contact tracing and vaccinating – were used to reduce the impact of Covid-19. While these will have helped lessen the impact of the disease, sadly lives continue to be lost and many people will be living with long Covid for some time yet.

At the time of writing this report, cases and hospitalisations are still occurring. Norfolk residents are still advised to protect themselves and others by taking steps to reduce the risk of passing on the virus.

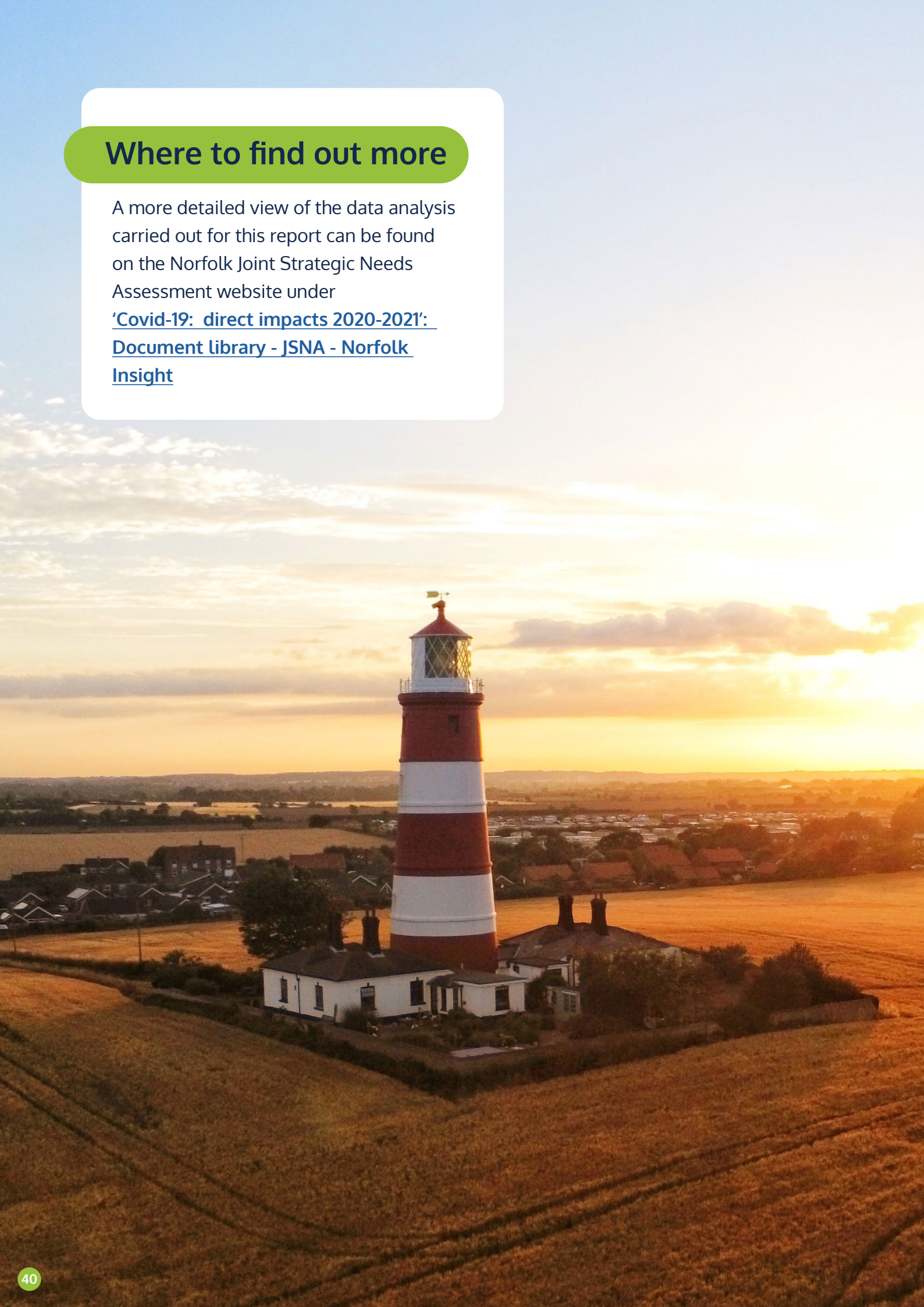
The evolution of variants is still very unpredictable. New variants could be more or less severe and could evade some of the immunity that has been built up through vaccination and previous infection. The disease will continue to be monitored locally in case further action is needed.

Alongside the direct impacts of Covid-19, there have been many indirect impacts on the lives of Norfolk people that have not been covered here. Grappling with these will pose challenges for some time to come.

On a more positive note, the pandemic has seen an astounding coming together of local organisations, businesses and individuals to help combat this extraordinary threat to the health and wellbeing of Norfolk people. This provides a sound basis for working together on future challenges.

Where to find out more

A more detailed view of the data analysis carried out for this report can be found on the Norfolk Joint Strategic Needs Assessment website under ['Covid-19: direct impacts 2020-2021': Document library - JSNA - Norfolk Insight](#)





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