

Minutes of a meeting of the **Wellbeing Panel** held at Thorpe Lodge, 1 Yarmouth Road, Thorpe St Andrew, Norwich on **Wednesday 26 June 2019** at **6pm** when there were present:

Mr F Whymark – Chairman

Mr R R Foulger
Mr N C Shaw

Mr M L Murrell
Mrs L A Starling

Mrs S M Prutton
Mr D M Thomas

Also in attendance were the Director of People and Communities, the Interim Head of Housing and Environmental Services, the Assistant Director of Individuals and Families, the Housing, Health and Partnership Officer and the Committee Officer (DM).

The Chairman welcomed new Members to their first meeting of the Panel and invited all present to introduce themselves.

1 APOLOGIES FOR ABSENCE

Apologies for absence were received from Mr A D Crotch and Miss S Lawn.

2 MINUTES

Minutes of the meeting held on 8 October 2018 were confirmed as a correct record and signed by the Chairman.

3 THE ROLE OF THE PANEL

Members received a presentation from the Director of People and Communities (a copy of which is attached at Appendix 1 to the signed copy of these Minutes and was circulated to all Members of the Committee) about wellbeing of residents of the District and the main issues and challenges in supporting wellbeing. Despite a general pattern of relative good health, wealth and stability, key challenges included:

- an increasingly high level of residents over 65 years of age compared to the national average and people living longer in poor health
- a lower than average working age population
- high cost of renting / purchasing housing
- lower salaries than the national average
- 52% of Broadland residents living in the urban areas of the district creating a challenge for the delivery of services to rural and urban areas

- poor access to key services in rural areas
- 12% of households had no cars – in response to a question, officers undertook to seek to establish if this related to those in rural areas who would therefore struggle to access services or if it related to those in urban areas where alternative transport was more likely to be available.

The four key areas of attention to support wellbeing were:

- Frailty and Falls
- Employment and Aspirations
- Activity and Healthy Living
- Mental Wellbeing.

A wide range of services were already in place / being developed in these areas although the area of mental wellbeing had historically been under-resourced. Particular recognition had been given to the Council's role in prevention of homelessness. Reference was made to the challenge of securing affordable housing – the actual levels of provision tended to fluctuate with recent provision achieving approximately 30%.

The general approach and ethos relating to wellbeing centred on working with partners and communities to identify issues as early as possible and work collaboratively to support customers to help address their needs at the root cause.

4 DOMESTIC ABUSE CONSULTATION RESPONSE

Members had received a copy of the Ministry of Housing, Communities and Local Government consultation document on the future delivery of support to domestic abuse victims and their children in accommodation based domestic abuse services. The Interim Head of Housing and Environmental Services commented that domestic abuse was one of the most frequent reasons for people presenting themselves as homeless and placed a high demand on the housing options service. A number of measures had been developed county-wide as part of supporting people, and other initiatives, to support victims of domestic abuse and the Council had been instrumental in the development of the Norfolk Strategy. More locally, the Council had commissioned the services of Leeway who provided services through the Council's Help Hub.

The consultation document was seeking a response to proposal and examples of good practice. The main thrust of the proposal was the establishment of Multi Agency Local Partnership Boards. Having regard to the range of different needs in various areas of the Country and rationalising this, it was essential for the creation of a nationally recognised methodology and standard needs assessment for all areas to assess the needs for

domestic abuse support services. It had been difficult to achieve this in the past and it would help identify what was being provided and where the gaps existed. Members welcomed these proposals which would enable cross-county working and welcomed the move to strengthen the role of local authorities by providing statutory guidance and a legal duty to deliver support to domestic abuse survivors. To ensure district councils were fully represented on any partnership boards, consideration could be given to creating a mechanism (perhaps via sub-committees) to feed into the Boards as was the case with the current Health and Wellbeing Board which helped to secure District Council involvement.

Members were keen to ensure that existing support mechanisms were not lost in the development of the new proposals with the risk of vulnerable people being without a continuity of support.

The question was also raised about the consultation document's focus on victims of domestic abuse and their children in accommodation based services and if this needed to be extended to include victims not in accommodation based services. There was a need for enhanced support for men and LGBT victims as well as females and for the development of perpetrator schemes to help get to the root of problems and support prevention. Raising awareness and publicity for men and minority groups was essential in encouraging all victims to come forward for help.

5 SUSTAINABILITY AND TRANSFORMATION PARTNERHSIP (STP) – UPDATE

Members received a briefing note on the latest position on Sustainability and Transformation (a copy of which is attached at Appendix 2 to the signed copy of these Minutes).

The Sustainability and Transformation Plans for health and social care between health and local authority services had led to the evolution of Sustainability and Transformation Partnerships to oversee their implementation. The Partnerships were currently developing plans for the next 5 years, aligning with the NHS long-term plan and would see the establishment of an Integrated Care System by April 2021. There would be three main levels of partnership working in the Norfolk and Waveney STP/ICS: the Norfolk and Waveney footprint, the Clinical Commissioning Group (CCG) level and the Primary Care Network level.

Members commented on the complicated relationship between District boundaries, the CCGs and Primary Care Networks and the difficulties of working across non-coterminous boundaries which highlighted the need for partnership working.

A number of recommendations had been considered and supported by the Corporate Management Leadership Team (CMLT) as follows:

- Endorse our involvement within the STP and wider health and social care agenda; and identify where we need to develop, if we do not already have a presence.
- Support our involvement and planned opportunities with Local Delivery Groups (LDG) and Primary Care Networks.
- Agree our level of involvement with the Health & Wellbeing Board.
- Agree focus and opportunities to develop the health and wellbeing agenda across Broadland and South Norfolk.

Members confirmed their support for the recommendations.

6 WORK PROGRAMME

The following matters were agreed as areas of work for inclusion in the Panel's work programme:

Temporary Accommodation

Our Locality Offer

Inclusive Growth Strategy

Norfolk & Waveney Sustainability and Transformation Partnership

Health and Wellbeing Priorities

A concern was raised about a perceived change in allocations by housing associations and if the Panel could examine this. It was felt this was more a matter for individual exploration or for Scrutiny rather than a Policy Development matter. Officers undertook to try to identify if there were any emerging issues which needed attention.

The meeting closed at 7:20pm