

Housing, Wellbeing Leisure & Early Intervention Policy Committee

Wednesday 4 July 2018

*3:30pm, Colman Room
South Norfolk House, Cygnet Court,
Long Stratton, Norwich, NR15 2XE*

**If you have any special requirements in order to attend this meeting,
please let us know in advance**

Large print version can be made available



Contact Sue Elliott on 01508 533869 or democracy@s-norfolk.gov.uk

Members of the Housing, Wellbeing, Leisure & Early Intervention Policy Committee:

Cllr F Ellis (Chairman)

Cllr D Bills (Vice-Chairman)

Cllr S Blundell

Cllr J Hornby

Cllr N Legg

Cllr J Overton

Cllr A Pond

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Agenda

1. **To report apologies for absence and identify substitute voting members (if any);**
2. **To deal with any items of business the Chairman decides should be considered as matters of urgency pursuant to Section 100B (4) (b) of the Local Government Act, 1972.** Urgent business may only be taken if, "by reason of special circumstances" (which will be recorded in the minutes), the Chairman of the meeting is of the opinion that the item should be considered as a matter of urgency;
3. **To receive Declarations of Interest from Members;** (Please see guidance attached page 6)
4. **Minutes of the meeting of the Housing, Wellbeing, Leisure and Early Intervention Policy Committee held on 22 January 2018;** (copy attached – page 7)
5. **South Norfolk Health and Wellbeing Strategy;** (report attached – page 12)
6. **Future Work Programme;** (to be discussed)

Working Style of Cabinet Policy Committees

Member Leadership

Members of the Committees will take the lead in understanding the direction provided by Cabinet and delivering work to Cabinet requirements. Whilst recognising political allegiances, members will work in a collaborative manner with officers and cabinet portfolio holders to consider the relevant issues when developing Council policy.

Collaborative Working

All meetings of the Committees will be constructive and conducted in a spirit of mutual respect and trust. Officers will commit to supplying meetings with information relevant to making informed decisions on policies and matters. Members will commit to thoroughly reading and understanding papers, raising questions that are pertinent to the issues at stake. Members will, where feasible, agree definable actions to be taken forward by officers to develop policy, rather than having items for noting or simply to discuss.

Frequency and Nature of Meeting

Each Committee will have at least 3 formal, public meetings per year. In assessing items delegated by Cabinet for review, the Committee may decide that it wishes to meet on a more or less frequent basis.

The Committee may also hold informal meetings should it require in order to progress specific items in detail. However, if the Committee is meeting to determine whether to refer items for Cabinet approval, the meeting should follow the Council's Standing Orders and thus be subject to a formal agenda, be held in public and the meeting recorded.

Informal meetings may be held in any manner suitable for conducting business (e.g. via meeting, conference call, circulation of information via e-mail, or site visits); while relevant information will be supplied by officers where appropriate, these meetings will not be subject to a formal agenda or minutes. Where business of the Committee is undertaken through informal meeting, all members of the Committee will be provided opportunity to participate. Members will expect to be able to participate in a free and frank exchange of views when deliberating subjects.

Training

Members commit to undertaking development – for example, attending formal training sessions, or reading relevant background material, in order to properly equip themselves to deliver their expected role fully.

Accountability

The Policy Committees will be accountable to Cabinet. They will not be able to make decisions themselves, but can recommend decisions to Cabinet. Cabinet may review whether the Committees are discharging their duties effectively, and may receive progress reports on how the Policy Committee is working to discharge its duties.

Work Programmes

The Work Programmes for the Policy Committee will be established by Cabinet. Members of the Committee will not be able to raise items to be included in the work programme. Where topics have been identified for inclusion in the work programme, the Committee will work to identify how it will discharge its responsibilities, including the resources required to do so.

Managing Time

However the Committee is meeting, it will attempt to conclude the business of each meeting in reasonable time. The Chairman will be responsible for ensuring the meeting stays focused on pertinent issue, and does not become side-tracked on issues that are not relevant to the policy under consideration, or those that should be discussed by a separate committee.

Agenda Item: 3

DECLARATIONS OF INTEREST AT MEETINGS

Members are asked to declare any interests they have in the meeting. Members are required to identify the nature of the interest and the agenda item to which it relates.

- In the case of **other** interests, the member may speak and vote on the matter.
- If it is a **pecuniary** interest, the member must withdraw from the meeting when it is discussed.
- If it **affects or relates to a pecuniary interest** the member has, they have the right to make representations to the meeting as a member of the public but must then withdraw from the meeting.
- Members are also requested when appropriate to make any declarations under the Code of Practice on Planning and Judicial matters.
- In any case, members have the right to remove themselves from the meeting or the voting if they consider, in the circumstances, it is appropriate to do so.

Should Members have any concerns relating to interests they have, they are encouraged to contact the Monitoring Officer (or Deputy) or another member of the Democratic Services Team in advance of the meeting.



Housing, Wellbeing, Leisure and Early Intervention Policy Committee

Minutes of a meeting of the Housing, Wellbeing, Leisure and Early Intervention Policy Committee of South Norfolk Council held at South Norfolk House, Long Stratton on Monday 22 January 2018 at 2.00 pm.

Committee Members Present: Councillors: F Ellis (Chairman), D Bills (Vice-Chairman), J Hornby, N Legg and J Overton

Apologies: Councillors: S Blundell and A Pond

Officers in Attendance: The Director of Communities and Well-Being (J Sutterby), the Head of Health and Leisure Services (S Goddard), the Healthy Living Manager (S Cayford), the Housing and Benefits Manager (R Dunsire) and the Policy and Partnerships Delivery Manager (T Cooke)

13 MINUTES

The minutes of the meeting of the Housing, Wellbeing, Leisure and Early Intervention Policy Committee held on 13 November 2017 were agreed as a correct record and signed by the Chairman.

14 DISCRETIONARY PAYMENTS – DISTRICT DIRECT HOSPITAL DISCHARGE GRANT AND THE EARLY HELP FLEXIBLE FUND PAYMENTS

The Policy and Partnerships Delivery Manager reminded members that at a previous meeting, the Committee had considered the Housing Support and Regulation Strategy and Associated Policies, which were supplementary documents to the South Norfolk Housing Strategy. These documents included details of discretionary assistance and support provided by the Council, and were subsequently agreed by Cabinet. He explained that, following on from discussions at Cabinet, officers had been asked to consider an additional discretionary grant (the District Direct Hospital Discharge Grant), to assist residents when returning home from

hospital, and had also become aware of an additional grant already in place; the Early Help Flexible Fund. Members noted that Cabinet would be required to approve the inclusion of these grants in the Housing Support and Regulation Strategy.

The Policy and Partnerships Delivery Manager outlined details of both the District Direct Hospital Discharge Grant, and the Early Help Flexible Fund. Members noted that the Discharge Grant sought to speed up hospital discharge times for residents, by ensuring that their homes were fit to return to, for example, through the fitting of temporary wheelchair ramps, the provision of keys safes for carers, or temporary stair climbers. The Early Help Flexible Fund was able to provide emergency provisions for residents, such as food, electric or oil, or help maintain education, training or employment. Officers explained that the eligibility criteria for both grants, matched what was required for a Disabled Facilities Grant (DFG).

The Policy and Partnerships Delivery Manager explained that the Discharge Grant was not only beneficial to the patient, but also freed up hospital beds and cut down on NHS costs. He stressed that this grant was intended to complement, and not replace other support and assistance, and he outlined a number of case studies, which demonstrated how the grant would work in practice.

The Healthy Living Manager responded to various questions regarding the District Direct Hospital Discharge Scheme, a scheme set up to speed up hospital discharges. This involved officers from five different district councils, working in hospital wards, ensuring that the right questions were asked of the patients regarding their circumstances at home, at the time of admission. The results of this scheme had been impressive, and the Norfolk and Norwich University Hospital was hoping to secure funding for it continue for a further two years. The Healthy Living Manager informed members that she had delivered a detailed report regarding the scheme, at a recent Norfolk Health and Overview Scrutiny Committee meeting, and she agreed to share the report with members of the Committee. She also advised that NHS England had published some “real” case studies, which demonstrated how people had benefitted from the scheme.

In response to queries, officers explained that the Discharge Grant was to be funded from a proportion of the DFG allocation. The grant was intended to provide support short-term, however, should circumstances become more permanent, an application for a DFG would be made, in order to provide a more permanent solution.

Members indicated their support for the proposals, and it was then

RESOLVED **TO RECOMMEND THAT CABINET** approves the District Direct Hospital Discharge Grant and the Early Help Flexible Fund, to be included as an addendum to the South Norfolk Strategy 2016 -2019.

15 FUNDING SUPPORTED HOUSING

Members considered the report of the Housing and Benefits Manager, which summarised government proposals to introduce funding to supported housing, outlined in a Department for Communities and Local Government (DCLG) and Department for Work and Pensions (DWP) Policy Statement and Consultation.

The Housing and Benefits Manager outlined the background to his report and explained the consultation proposals. He advised that although it would have been more desirable for funding to have been made available earlier, he was proposing a positive response to the policy statement and consultation. Members noted that the consultation paper had indicated that the new funding regime would be in place by 2020.

Members referred to the removal of Supporting People Funding and how this had impacted upon partner agencies. It was noted that these agencies had been forced to make efficiency savings and to re-think their business structures. The Committee agreed that any increase in funding in this area was to be welcomed.

During discussion, members referred to the support to residents available from South Norfolk Council and it was noted that a restructuring of teams at the Council had resulted in a more seamless and holistic approach to housing and benefits. The Council's Early Help team and FIRST Officers were able to provide additional support; however, it was sometimes necessary to use partner agencies to ensure that the needs of the most vulnerable were met.

In response to queries, officers explained that sheltered housing provided housing with support, whilst still allowing people to live independently. Members noted that many residents of sheltered housing units were still of working age and that a full range of "sheltered living" was required, to assist both younger and older residents.

Members referred to the requirement for a joined-up approach between health organisations, and the Council, and the Director of Communities and Well-Being gave mention to a recently agreed engagement protocol between local planning authorities and public health and health sector organisations. The Policy and Partnerships Delivery Manager explained that discussions were currently taking place as to whether or not those working in the health sector should be given additional status on the housing register, but he stressed that these discussions were at a very early stage.

It was then

RESOLVED To note and support a positive response to the Funding Supported Housing, Policy Statement and Consultation.

16. COMMITTEE WORK PROGRAMME

The Director of Communities and Well-Being updated members with regard to future items on the work programme. Members noted that a meeting may be required at the end of March, and that a date would be circulated shortly.

17. EXCLUSION OF THE PUBLIC AND PRESS

It was

RESOLVED: To exclude the public and press from the meeting under Section 100A of the Local Government Act 1972 for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A to the Act (as amended)

18. LEISURE PRICING PROPOSALS FOR FUTURE DELIVERY

Members considered the *exempt* report of the Head of Health and Leisure Services, which proposed a new pricing structure for the Council's leisure facilities.

The Head of Health and Leisure presented his report, explaining that a review of pricing was required, to ensure that it remained relevant, competitive and commercially viable. He outlined in detail those areas that were affected by the review, and how proposed prices compared with current prices of competitors.

Members noted the reasons for the proposals and indicated their support for the recommendations.

It was

RESOLVED **TO RECOMMEND THAT CABINET** agrees to implement the proposed pricing structure for core prices as outlined in paragraph 4.1 of the report.

(The meeting concluded at 3.15 pm)

Chairman

South Norfolk Health & Wellbeing Strategy

Report of the Healthy Living Manager

Cabinet Member: Cllr Yvonne Bendle, Portfolio holder for Housing, Wellbeing, Leisure & Early Intervention

CONTACT

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Introduction

- 1.1** Improving the Health & Wellbeing of South Norfolk residents is a Council priority. The newly developed Health & Wellbeing strategy sets out our approach to reducing health inequalities and improving health outcomes for our residents. Key to our success is the way we work with our partners to reduce demand on services where they are under pressure and recognising the role we play in improving health outcomes collectively.

2. Background

- 2.1** The previous health & wellbeing strategy ran from 2014-2017, in 2017 policy committee members requested that an annual action plan be delivered rather than the creation of a new strategy.
- 2.2** The progress of the health & wellbeing agenda across Norfolk and the development of a Norfolk County Council Health & Wellbeing Strategy created an opportune moment to develop a new South Norfolk strategy.

3. Proposals

- 3.1** Generally, the South Norfolk population has low health inequalities and good health outcomes. The Health & Wellbeing strategy identifies 4 areas of priority: - frailty and falls; employment and aspirations; activity and healthy living and mental wellbeing. The evidence base is including within the strategy as well as geographical distribution of the issue across the district.
- 3.2** At times it will be necessary to adopt a place-based approach particularly around deprivation, levels of crime and activity.

4. Recommendation

- 4.1** Committee to agree to:
- Sign-off for submission to Cabinet on 23rd July 2018
 - Support ongoing implementation

Health & Wellbeing Strategy

Life is generally good in South Norfolk. The health of people in South Norfolk and life expectancy is generally better than the England average. We also have lower levels of crime and homelessness than the England average. We also have the lowest percentage of physically inactive adults in Norfolk.

However, South Norfolk does contain significant variations across the district at ward level, with areas of higher than average levels of adult and childhood obesity. We also have some unique demographic challenges, as it is more difficult to provide support for residents in isolated and rural areas. Our residents are also living longer, which presents challenges. By 2020, 3.4% of the population of South Norfolk will be 85 or over, a figure that will increase to 6% by 2035, significantly above the trend nationally. It is important that we consider how we continue adapt our services to meet the changing local needs of our communities.

Whilst South Norfolk Council is able to support our residents in taking steps to improve their health, improving health and wellbeing requires a partnership response. We recognise the combined and coordinated efforts of partners has the greatest impact on our residents. Supporting our partners in their aims and recognising our role as a district council in improving health and wellbeing is a key delivery workstream of our strategy.

Foreword

Prevention is key

At South Norfolk Council, we know that being in good health is a priority for each of our residents. Every day, we are reminded of the impact of leisure activities, our environment, being in employment or meaningful occupation and feeling part of a supportive community, can have on our residents' health and wellbeing.

Our role as a district council means we have direct and indirect influence over the environment our residents live in and their ability to lead healthy and fulfilling lives. As a planning authority we are actively involved in working with developers to design properties and communities that encourage healthy living and support our older and vulnerable residents to live independently.

Over recent years, we have shown that we are willing to back our commitment to Health and Wellbeing with investments of both time and money. The investment of over £6million in our leisure centres have provided the district with a set of first-class accessible facilities for our residents and have taught over 3500 children to swim since 2015. and our delivery of 368 affordable home and 546 Disabled Facilities Grants adaptations in people's homes within the last 3 years ensures both families and older people can have a safe and warm living environment. It is difficult to find a service within the district council that does not have an impact on health and wellbeing from creating job opportunities as we know people are healthier when in employment to managing open spaces to allow people to be more active on a day to day basis.

Partnership working is key to our delivery. South Norfolk Council has a track record of collaborating across the public and voluntary sector to achieve positive outcomes for our residents. The co-location of police, children's services and Norfolk Community Health and Care NHS Trust allows holistic support through our help hub; our partnership work with the

Norfolk & Norwich University Hospital Trust through District Direct supports our residents to return to independent living and collaboration with the Police and Crime Commissioner and Orwell Housing enables us to offer support to our residents who are experiencing all types of domestic abuse.

However, we are always looking forward to the next opportunity to improve our offering. This Health & Wellbeing Strategy will serve as a framework around which we can aim to maximise the impact of our services and partnerships to improve the lives of our residents and workforce.

We have used an evidence led approach to identify areas where we can make a real difference to the health and wellbeing of our district, using innovative approaches to find solutions to the challenges that will face us over the next few years. This includes making sure our young people have a bright future with opportunities, planning for our ageing population, enabling our residents to live well and independently for longer all whilst being aware of the financial challenges we face in the public sector, particularly our health and social care partners.

The multifaceted response required to improve health and wellbeing of our residents will see us continue to work closely with partners to achieve our shared goals. As such, we are proud to present our Health and Wellbeing Strategy, to cover the period 2018-2021, which will provide the basis for our efforts moving forward. We will bring together every service that we provide to put the Health and Wellbeing agenda at the heart of everything we do. This strategy enables us to have a joined-up, forward thinking strategy that puts our residents first.

Cllr Yvonne Bendle

The purpose of the South Norfolk Health and Wellbeing Strategy is to:

- Provide a vision and policy framework for South Norfolk Council in improving its resident's overall health and wellbeing
- Be evidence led in articulating the key sections of our communities and specific needs and issues which need support and intervention
- Provide evidence for where interventions are best targeted to address specific inequalities.
- Outline the contributions that all services within the district council can and do make towards achieving improved resident health and wellbeing

- Although a Council strategy, provide a framework for working in collaboration with partners which can provide the basis of work for South Norfolk Council to take forward through its key partnerships.



Our role in Health & Wellbeing

District councils were described by the Kings Fund as the ‘sleeping giants of public health’ reflecting the council’s role in the wider health and wellbeing system. In South Norfolk we are close to our residents and are attuned to the needs of the community in a way other levels of the public sector are not. Our members work on behalf of their wards to ensure the services meet the needs of the public and are the eyes and ears out in the community. The scale of South Norfolk Council enables us to efficiently and flexibly react to current need and demands on our services therefore stretching any financial investment.

In improving the health and wellbeing of our residents we can and do play a range of roles:

Advocacy – As a district council we are close to our communities and can offer insight into where there are health inequalities. Working with partners allows us to offer this information to shape how services are commissioned and delivered. At a regional and national level, we can help influence policy based upon our unique and rural locality perspective

For example, we raise the profile of district services through the District Council Network, LGA responses to consultation around Disabled Facilities Grant funding, planning policy; through partnership working with public health and sharing data to identify future funding needs around Excess Winter Death; development information to NHS England.

Enabling – As a council we can affect and shape how others deliver services and therefore the impact on health.

For example, building employment opportunities through inward investment and economic development, planning and engaging with communities and creating affordable housing opportunities through negotiations with developers.

Commissioning – Where SNC do not have the in-house expertise to provide services (e.g. mental health/domestic abuse support) we work with partners to commission services.

For example, our work with Orbit Housing where we jointly commission a worker within the help hub to offer domestic abuse support. We are also working with Norfolk County Council to commission low-level mental health support.

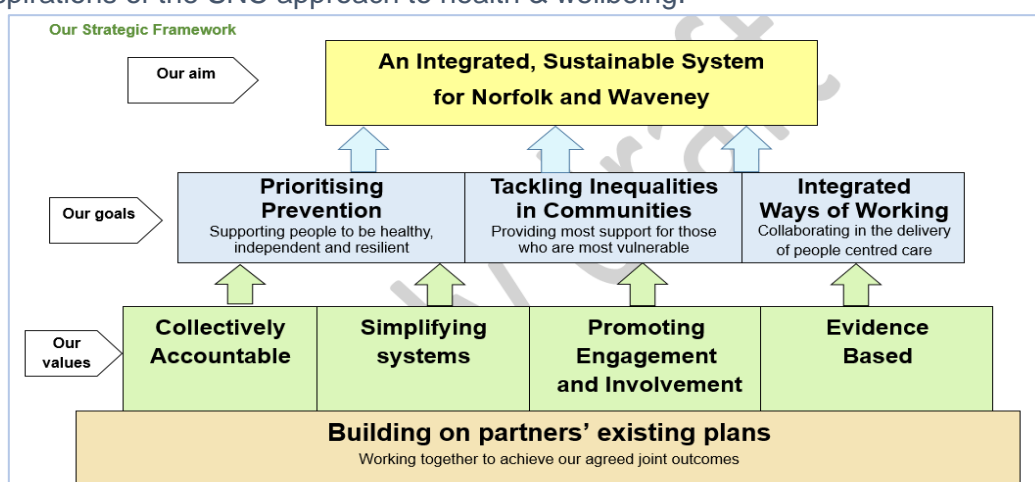
Providing – We can provide services (sometimes beyond our statutory responsibilities) for our residents where we have the expertise to do so or there is a gap in the market place to meet a defined need.

For example, SNC provide a community connector in every GP surgery in South Norfolk to support patients who are attending the GP surgery for non-medical needs or where a non-medical solution would resolve or alleviate a medical problem.

Delivering in partnership – a strategic context

Improving the health and wellbeing of SNC residents is a corporate priority and the links between the role of districts and the impact on the health and wellbeing of residents is well documented by The Kings Fund '[The district council contribution to health](#)'. The greatest benefit to residents is where SNC work in partnership and below sets out the health and wellbeing strategic context.

Norfolk Health and Wellbeing Board – All Districts including SNC are represented on the board itself and attend a sub-group of District Directors. SNC Health & Wellbeing Strategy will feed in progress to the Board. The Board has responsibility for delivering a Norfolk-wide Health & Wellbeing Strategy and completing a Joint Strategic Needs Assessment ([Norfolk JSNA](#)). With the current county wide strategy, owned and developed by Public Health, expiring at the end of 2017/18, a new county wide strategy is under development, via the members of the Health and Wellbeing Board – the diagram below sets out the Norfolk County Council strategic framework for their strategy. The aim, values and goals fit within the aspirations of the SNC approach to health & wellbeing.



Sustainability Transformation Partnership – NHS and local councils are developing and implementing agreed proposals to improve health and social care. Districts are represented on both the prevention and acute workstreams as well as the South Norfolk locality board.

Early Help Strategic Board – South Norfolk early help strategic board meets quarterly and is attended by a range of partners with a focus on prevention. A number of initiatives developed from the health & wellbeing strategy will be governed through the strategic board.

Our Key Health and Wellbeing Partners

South Norfolk Clinical Commissioning Group (SN CCG) – South Norfolk council is covered by South Norfolk CCG, which also includes part of Breckland Council.

Children's Services – Children's services are an integral part of the early help hub and are co-located within South Norfolk Council.

Police – Reducing crime in South Norfolk is a priority for all services and having the police team based within the early help hub encourages greater partnership working. Reducing domestic abuse and helping residents feel safer encourages healthier living.

Norfolk & Norwich University Hospital Trust – SNC work closely to prevent admissions and re-admissions to hospital as well as supporting those patients being discharged back to independent living in the community. A recent partnership project, District Direct, is a county-wide initiative that is being delivered in partnership with NNUH.

Norfolk Public Health Team – we work closely with the public health team to deliver preventative health messages and utilise the needs assessments they create to ensure we target our resources at the right population. Our community connectors are partly funded through public health funding to make sure the preventative health messages are communicated to our residents attending GP surgeries.

Active Norfolk – SNC have collaborated to create an activity plan to increase levels of activity across the district and beyond.

Adults Social Care - Norfolk County Council – SNC work closely with NCC to support our older population live independently through adult social care services and have co-located staff within the independent living services. Similarly, we have a good relationship with Public Health who part-fund the community connectors to deliver public health preventative messages through social prescribing. Combining public health information with our local information allows SNC to take a preventative and targeted approach to delivering services.

Voluntary and Community Sector (e.g. Voluntary Norfolk – Social Isolation) – SNC has a vibrant and varied voluntary and community sector, supported through our community capacity team. Creating resilience in our communities is paramount to keeping our residents in good health. We both commission and encourage voluntary groups to reduce health inequalities.

Housing Associations – Saffron Housing have the most affordable homes in South Norfolk. Supporting our residents living in social housing by maintaining an effective housing register and working in partnership to ensure tenants sustain tenancies and achieve good health outcomes leads to innovative partnerships with our housing associations, particularly Saffron Housing Association.

Town & Parish Councils – Regular meetings take place with town and parish councils, who are close to their communities and we work together where there are vulnerable residents identified within their communities.

Our Proposed Health Priorities & Intended Outcomes:

The population and demography of South Norfolk, like any area, is distinct in its make-up and the local issues which need supporting. Based upon the evidence based within this strategy, the following themes represent areas the council will focus on supporting over the duration of this strategy:

Frailty & Falls

We will work with partners to identify our older and frail residents, many of whom are at risk of a fall to make sure they have access to all available support. We will develop and deliver preventative supervised activities that will work to reduce the number of falls in the district and help our population maintain independence, reducing the need for health and social care services.

The cost of frailty is anywhere between £975 for a person aged over 65 years, who is classed as fit, up to £4,189 for someone who is not. Maintaining good strength and balance is recommended through NICE guidelines. SNC leisure centres offer Fit for Life classes and other support for older and vulnerable residents to prevent falls and the other ill-effects of frailty before they happen at a much-reduced cost.

Case Study

Mrs C is a 73-year-old pensioner living in South Norfolk. She recently returned home from hospital via our district direct service after undergoing hip replacement surgery and struggles with the stairs getting in and out of her home. As a result, she feels isolated as she struggles to get out and about as much as she used to. She received an assisted bin collection, and as she was receiving this mentioned that she was feeling isolated to one of the street team. This information was passed on to the Independent Living team. As a result, the stairs at the front of her property have been replaced by a ramp and rail, enabling her to get out more easily. She was also referred to community connectors, who made her aware of a backgammon group in the local area, which she now attends weekly. A friend made at the group lives close to Mrs C, and now visits every morning for a cup of tea and to check up on her.

Employment & Aspirations

Recognising the health and wellbeing benefits of being in employment, we will support our residents to sustain employment and aspire our young people to achieve. Encouraging and supporting businesses to offer opportunities in South Norfolk such as employment, apprenticeships and training which will encourage a strong labour market and workforce. We will lead by example and support our own employers by promoting health and wellbeing in our own workforce as well as working with partners such as Public Health and Active Norfolk in local and national workplace health initiatives.

Case Study

Mr T is a twenty-year-old living in Long Stratton. He struggled in formal education, and since being laid off from his job six months ago has been searching for work. He doesn't own his own transport and has found that the rural location has been a hindrance to his search for employment, and is unsure how to improve his prospects. He heard about an apprenticeship in IT services at South Norfolk Council, and thought that this would be a great way to improve his prospects. Whilst at the council, he took full advantage of the opportunities available to him, such as becoming a dementia friend and community volunteering, bolstering his CV. He was then made aware of an IT support role at a company expanding their footprint at the Norwich Research Park. They were impressed by his proactive attitude, and offered him a long-term contract.

Activity & Health Living

Using strategic and operational data to identify how active our population are and how well they are living will allow us to ensure all our residents are supported to be active in their communities. We will work within our own services and with our partners to create resilience within our communities so they are able to self-manage their health and wellbeing where possible and know where to escalate issues that require more support when necessary.

Case Study

Mr F is a middle-aged man living in Queens Hills in Costessey. He used to be a keen footballer, but currently commutes into Norwich by car every day and between work and family life is too busy to go to training regularly. He recently went for a check-up, where his doctor informed him he was at risk of diabetes and heart problems if he did not lose weight, eat healthier and exercise more. His GP referred him to the SNC social prescribing service, which gave him the number for a local walking group in Queen's Hills. Mr F now goes for walks before work around the local community land (which SNC maintains) with the group, enabling him to spend quality time with his family in the evening whilst improving his health. Having made some new local friends he also feels more engaged with his community through the walking group.

Mental Wellbeing

Mental wellbeing has a significant impact on our residents' wellbeing and demand on our services. As a council we see the impact poor mental wellbeing can have on our residents and how easily mental health issues can be exacerbated to reach crisis. Through our various services we are able to identify residents at risk of poor mental wellbeing, for example, residents in debt, victims of antisocial behaviour and noise complaints. Our strength is dealing with low-level mental health issues preventing escalation and signposting more clinical mental health issues to partners who specialise in this area of support.

Case Study

Ms S is a single mother of two living in Diss. She works part time during school hours to try and make ends meet, but is struggling with rent and other debts, and worries that she may not be able to provide a safe home for her children. The stress of the situation has led her to have difficulties sleeping and feels emotionally drained. On the recommendation of a friend, she contacted the Help Hub to seek help. She was provided with financial advice on how to deal with her situation, and it also emerged she was eligible for working tax credit, which proved a great help to her situation. Housing also got involved with her situation, and helped her resolve the situation and a payment plan with her landlord. Being able to plan for her future has eased her mind, and she now feels much more comfortable in her own home.

Our Approach

A Whole Organisation Long Term Approach

The Health and Wellbeing of our residents is everyone's business. Whilst the most immediate impacts are felt through our people-facing services such as housing and benefits teams, leisure centres and environment and communities' teams, the influences on our residents longer term lifestyles and inequalities across communities lie in how we plan, develop and place shape areas and communities. Ensuring we have good housing, employment opportunities and happy communities takes the collective effort of services across the council.

This strategy will sit alongside our:

Partnership working - We will work collaboratively with our partners to identify and pursue opportunities that improve the health and wellbeing of our residents. Our communities are also a key partnership and where possible we will engage and create resilience within them to improve health and wellbeing outcomes.

Business as Usual – Where possible, we will embed activities that improve health and wellbeing throughout.

Early Help Agenda – Prevention is central to our delivery at South Norfolk, recognising the positive outcomes preventing issues escalating has both for our residents and for managing demand on our public-sector partners. We will continue to build upon our Early Help model and partnerships to continue to try and identify problems and issues in our communities and with residents at the earliest possible opportunity, and to focus on the root cause of the issue, not just the presenting factors.

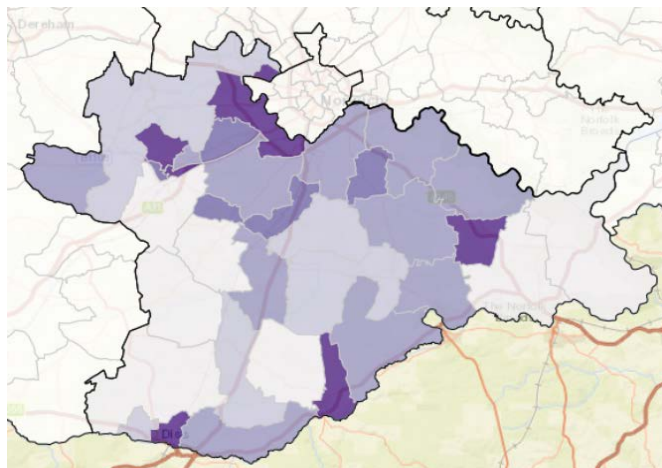
Evaluation base– Before we embark on any initiatives or programmes of work we will identify methods of evaluation and what success looks like. We will not shy away from trialling new and innovative ways of working but will clearly identify what success will look like so we will know when this has been achieved. We will continue to share learning of what worked and what did not.



Frailty and Falls

South Norfolk has an increasingly older population. 8,400 people living in South Norfolk aged 65 years and over with a limiting long-term illness whose day-to-day activities are limited a little and 6,170 are limited a lot.

Having an older population increases the likelihood of frailty, frailty defines the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care. Falls, dementia, deafness, stroke etc. are some of the conditions associated with frailty. Supporting residents to live in warm, adapted and safe homes can prevent issues arising. Preventing social isolation is also a key indicator in reducing poor health outcomes as a result of frailty.



People Aged 65 And Over Estimated to Have a Fall (2016)

Falls are the most frequent type of accident for residents aged 65 and over and can have very serious implications. They can lead to a loss of confidence, reduced independence, increased isolation and long-term health problems. Amongst people aged over 75, falls are the leading cause of death. Dealing with the demand for support for frailty and falls is putting additional pressure on the system, which as a district we can be instrumental in keeping our older population fallen.

We will follow [NICE guidelines](#) recommendations to promote healthy lifestyles in our older population to help manage frailty and prevent falls. Keeping our older population healthier for longer will encourage better outcomes for residents and reduced demands on services.

- By 2021 the number of people aged 80+ will increase by **17%**, **7%** of the total population, which is well above the England average
- **754** residents aged over 65 have a longstanding health condition caused by a stroke
- **737** older people in SN are predicted to be admitted to hospital after a fall in 2020
- **12,250** residents fall at least once a year in the SN CCG area
- **20%** of people die within four months of a fall and **30%** within a year
- Responding to older people who have fallen makes up **15%** of ambulance call outs

How we support our residents



Older & Vulnerable people:

- Using the disabled Facilities Grant our Care and Repair team providing housing adaptations such as walk-in showers and stairlifts, and look for other innovative solutions to enable residents to live independently in their own homes
- Supporting frail patients who attend their GP surgery for non-medical needs or where issues are exacerbated by their living situation via social prescribing, who will help look for community support and solutions.
- Supporting residents to return home quickly and safely to independent living through District Direct after a hospital stay

- Ensuring residents' homes are energy efficient, safe and free from Category 1 hazards
- Using our Leisure Service GP referral scheme to enable access of suitable leisure activities to maintain health and mobility
- Working with developers (Including Big Sky, the SNC development company), social and private sector landlords to create and maintain housing environments which is suitable for an increasingly ageing population



Working Age:

- Use our leisure services, communities teams and community spaces to keep adults of a working age healthy and active to help prevent ill health in later life
- Raising awareness of ours and partners' support and services available for carers



How will we know we have been successful?

- Number of successful DFG applications delivered which maintain independence at home
- Minimising the numbers of excess winter deaths
- Injuries due to falls in people aged 65+ (**1,472 per 100,000**, 2016/17)
- Hip fractures in people aged 65+ (**576 per 100,000**, 2016/17)
- Number of residents living independently 91 days after intervention

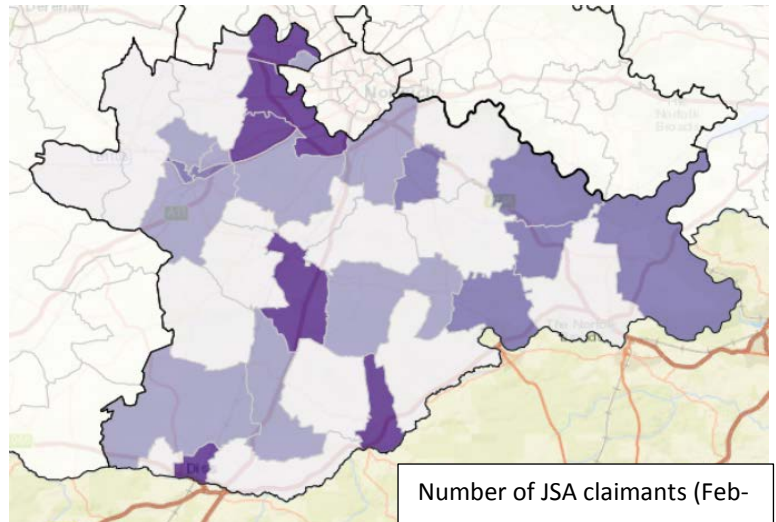
Employment & Aspirations

Being employed is good for our health. We know that people who are unemployed for more than 12 weeks are between four and ten times more likely to suffer from depression and anxiety and have poorer physical health as well including more attendances at their GP. Some studies show that the risk of being out of work, in the longer term, is greater than the risk of other killer diseases such as heart disease.

Volunteering and other meaningful occupations offer similar health and wellbeing benefits and which we seek to encourage, particularly to our older population. As well as the implications to physical health being in a workplace or other opportunities enables residents to use skills and have social contact, reducing the likelihood of social isolation and monetary issues.

As a council, we have a real opportunity to encourage as many of our residents to be employed as possible; for our young people to aspire to a wide range of careers and to ensure there are a diverse range of employment and training opportunities to ensure a sustainable future

- **122** young people are 'Not in Education, Employment or Training' (NEET)
- **1,004** families in workless households
- **610** residents claim Job Seeker's Allowance (JSA)
- **3.7%** of residents are long-term unemployed



How we support our residents



Younger Residents:

- Working with partners to deliver the Princes Trust programme, job clubs and other initiatives to provide opportunities for younger people to enter education, employment and training
- Increasing employment opportunities and apprenticeships by increasing economic activity across South Norfolk



Working Age:

- Supporting employers to engage with healthy workforce initiatives including mental health support for employees to reduce sickness levels and increase productivity
-
- Continue to develop job and career opportunities through our Economic Development team by attracting business into the South Norfolk area
- Working in partnership with the DWP and other organisations to move residents from benefits into sustainable employment
- Through our Housing Solutions Teams, supporting residents into to sustainable tenancies in a suitable location
- Reducing homelessness and providing temporary accommodation
- Reducing levels of sickness by supporting residents to remain healthy and independent in their own home



How will we know we have been successful?

- Reduce the gap in the employment rate between those with a long-term health condition and the overall employment rate
- Reduce % unemployed in South Norfolk (**3.0%**, Jan-Dec 2017)
- Reduce the number of young people not in education, employment or training.
- Increase the number of apprenticeships advertised
- Reduce the % long-term JSA claimants (1 year+)

Activity and Healthy Living

Healthy and active residents are key in meeting the council's aspirations and vision. Promoting a healthy lifestyle, including a healthy weight and physical activity is beneficial to the population.

A healthy population provides the basis for economic growth, as a healthy and well workforce are more productive, can be creative in its outlook and attract businesses to the district. With increasing pressures on funding available to support residents, tackling inactivity and poor health behaviours now will reduce the burden on public funds in the future.

This priority is specifically supported by the South Norfolk leisure strategy ([link](#)) which focusses on increasing levels of activity via our leisure centres and activity opportunities across the district.

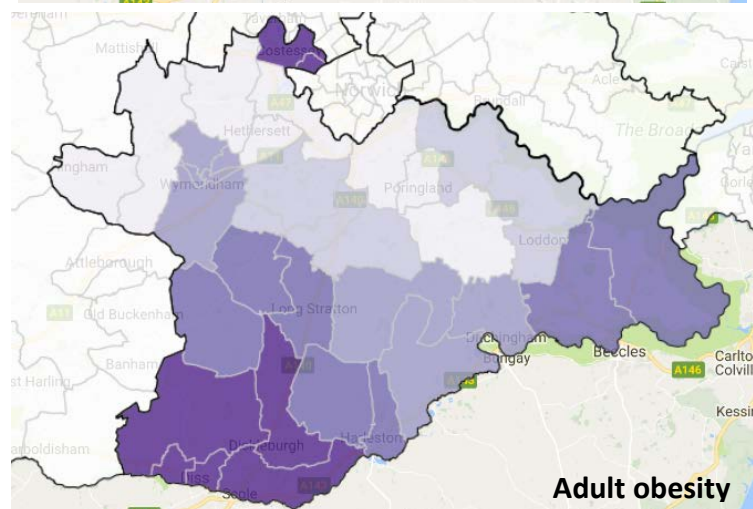
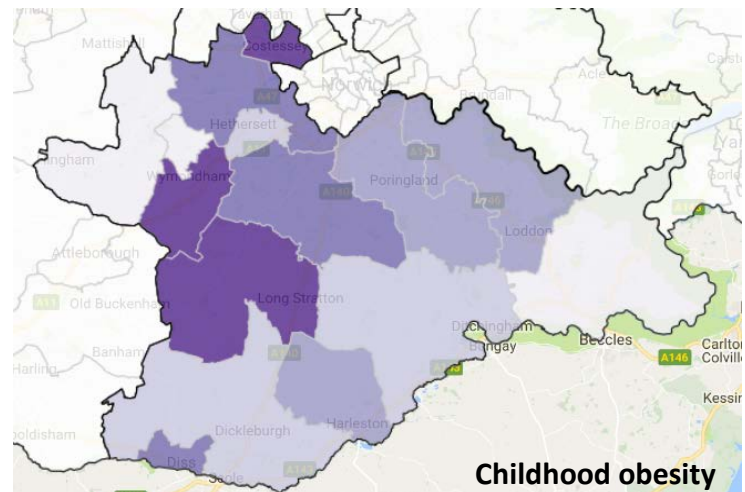
- **15.8%** of the population of South Norfolk suffer from hypertension and **3.5%** from chronic heart disease
- **32%** of South Norfolk residents are physically inactive
- **17%** of South Norfolk residents smoke
- **69** people die each year of circulatory conditions including heart disease and stroke
- **24.4%** over 16s are obese in South Norfolk
- **20%** of children measured in reception year are overweight in South Norfolk

How can we support our residents?



Younger Residents:

- Close working between the early help hub and leisure services to identify opportunities to identify and encourage children and families to increase their levels of activity in the community



- Working in partnership with public health to promote local and national 'nudge' initiatives for healthier lifestyles and food choices
- Increasing use of open spaces to develop community activities for younger people and families.
- Continuing and building upon our Leisure services targeted at younger people such as Kids Camp and Swim school to encourage younger people into activity.
- Increasing the levels of community provision through both informal and formal methods of activity including roaming leisure classes, active trails and playground equipment



Working Age:

- Ensuring the environment in South Norfolk encourages activity through working with developers and maintaining open spaces either as a council or through volunteers
- Supporting the Active Norfolk locality plan to encourage walking, cycling and active travel throughout South Norfolk
- Improving access to leisure services, in line with the SNC Leisure Strategy
- Work with our town and parish councils to increase opportunities for community use of across South Norfolk's open spaces



How will we know we have been successful?

- Increase the percentage of 'active' adults aged 16+ (**63.8%**, 2016/17)
- Reduce the percentage of adults classified as overweight or obese (**60.3%**, 2016/17)
- Reduce the prevalence of overweight and obese children in Reception (**20.9%**, 2016/17)
- Increase the prevalence of Year 6 children in healthy weight range (**71.6%**, 2016/17)
- Increase the number of leisure memberships, particularly those who would otherwise have been inactive
- Increase the numbers of children attending Kids Camps and Swim School

Mental Wellbeing

Mental wellbeing affects people of all ages and across communities. It can impact on finding and staying in employment, education, leisure pursuits, home life, social life and retirement amongst other things. As identified through the recent Kings Fund report '[Housing and health](#)' for people with mental health problems, good-quality housing can support independent living in the community.

SNC focus will be on low-level mental wellbeing, predominantly depression, anxiety and their causes, and dementia. However, reducing environments and situations which cause stress, supporting residents with addictions and preventing social isolation are all issues which have an impact on mental health where as districts we can play our part in alleviating. We will support residents with conditions which require clinical interventions in terms of ensuring as much stability in the other areas of their lives but our role is mainly preventative. The severity, duration and impact of mental illness varies hugely, and as such prevalence data is difficult to establish and can be inaccurate. However, we are able to make some assumptions based on estimates.

- **11.7%** of South Norfolk CCG residents have been diagnosed with depression
- In February 2012, there were **1,175** people claiming incapacity benefit across South Norfolk due to mental ill health, **44.8%** of all claimants
- **2590** South Norfolk residents are estimated to be living with dementia – **1,393** are diagnosed on the GP practice register

How can we support our residents?



Younger Residents

- Reducing fuel poverty and homelessness during pregnancy and in early years both of which are associated with developmental delays and social isolation.
- Supporting partners through the early help hub to create opportunities to increase resilience in our younger residents e.g. carers support, Youth Advisory Board etc.
- Work in partnership with public health to create easily accessible referral routes for young people to access support



Working Age:

- Supporting people with poor mental health to maintain tenancies early can reduce demands on services later. Overcrowding and poor mental health are fundamentally linked. – housing is more than a roof.
- Encouraging financial resilience and encouraging residents into employment to support this. Where this is not possible ensuring there is access and navigation to where help is available.
- Supporting and encouraging employers to support employees to remain in employment who are suffering from mental ill health
- Providing agreed alternatives to medication for professionals to refer into e.g. leisure classes, walking groups etc.
- Leading and developing on a complex case management project with partners
- Increasing the number of social prescribing interventions relating to mental health



Older People:

- Working in partnership to reduce social isolation and hoarding by identifying the issue early and working with partners, including Voluntary Norfolk, to help develop sustainable community responses
- Developing the dementia referral pathway with partners to ensure South Norfolk is a district where people living with dementia and their carers can prosper
- Ensuring that we are a dementia friendly organisation, and encourage partners and local businesses to follow suit. Specifically ensuring our Leisure Centres and more user friendly to those living with dementia and their carers.



How will we know we have been successful?

- Reducing or helping to better manage depression and Anxiety Prevalence (GP Patient Survey), % of respondents aged 18+ (12.3%, 2016/17)
- % SNC staff trained as dementia friends
- Reduction in the number of people receiving incapacity benefit payment for mental health reasons
- Number of social prescribing interventions and referrals to the early help hub where mental health is a presenting issue

A Place-based approach

In order to ensure our resources are being delivered at the most appropriate target audience we will use SNC data and data our partners hold to identify those areas most in need. The data and maps below give an indication where parts of our district face health and wellbeing inequalities.

Deprivation

Life expectancy is 4.2 years lower for men and 5.2 years lower for women in the most deprived areas of South Norfolk than in the least deprived areas.

Five most deprived areas

- Diss
- Bressingham & Burston
- Old Costessey
- Cromwells, Wymondham
- Hingham and Deopham

Type of deprivation our residents experience;

Income Deprivation (**22.5%**)

Employment Deprivation (**22.5%**)

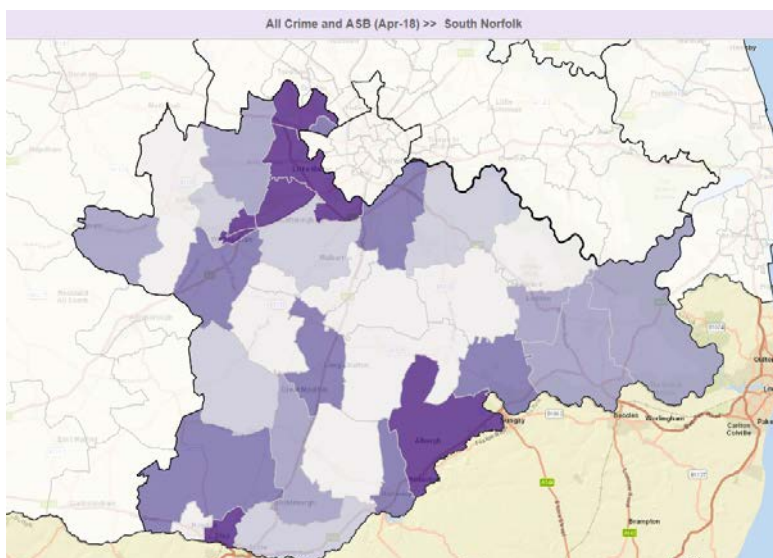
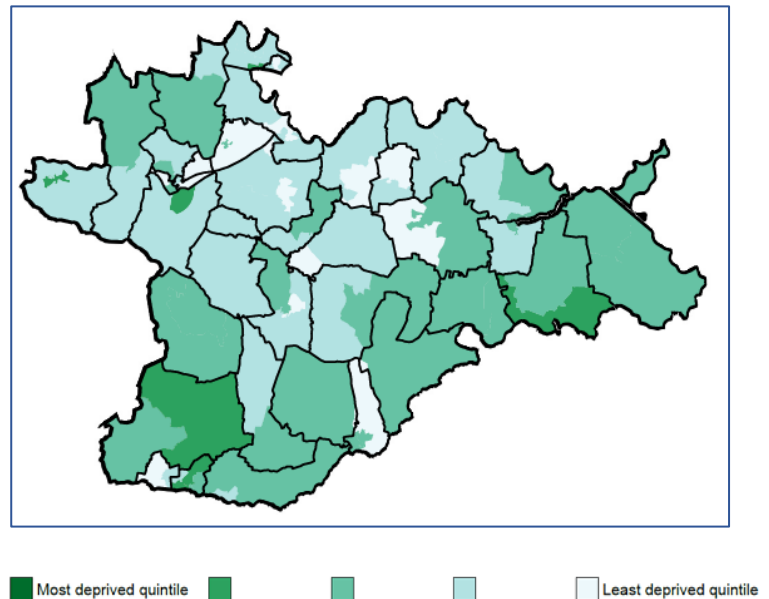
Education, Skills and Training Deprivation (**13.5%**)

Health Deprivation and Disability (**13.5%**)

Crime (**9.3%**)

Barriers to Housing and Services (**9.3%**)

Living Environment Deprivation (**9.3%**)



Five Wards with the Largest Number of Incidents of Crime and ASB (April 2018)

Diss – 58
Old Costessey – 54
Cringleford - 38
Hethersett - 32
Rustens – 31

Five Wards with highest percentage of people whose day-to-day activities are limited a lot

New Costessey – **10.4%**
Northfields – **9.8%**
Ditchingham and Broome – **9.7%**
Hingham and Deopham – **9.3%**
Abbey – **8.9%**

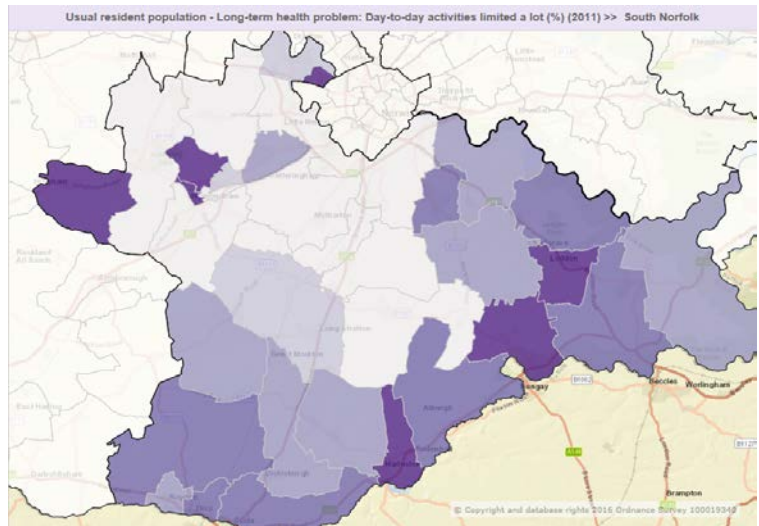


Chart showing the contribution our services will make towards improving our target areas

