Housing, Wellbeing
Leisure & Early Intervention
Policy Committee

Thursday 30 August 2018

2:00pm, 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

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South Norfolk COUNCIL

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 4 July 2018;** (copy attached – page7)

5. **South Norfolk Council's approach to Air Quality Management;** (report attached – page 10)
(Appendix 1, the Annual Status Report 2018 is attached at page 15)
(Appendix 2 – Draft Response to Clean Air Strategy consultation is attached at page 81)

6. **Norfolk Health and Wellbeing Strategy;** (report attached – page 91)
(Appendix A, the Joint Health and Wellbeing Strategy 2018-2022 is attached at page 95)
(Appendix B, Early Help, Homeless Prevention and Emotional Resilience is attached at page 119)

7. **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 Wednesday 4 July 2018 at 3.30pm

Committee Members Present:	Councillors:	F Ellis (Chairman), D Bills (Vice-Chairman), J Hornby and N Legg
Apologies:	Councillors:	S Blundell, J Overton and A Pond
Cabinet Member in Attendance:	Councillor:	Y Bendle
Officers in Attendance:		The Director of Communities and Wellbeing (J Sutterby), the Healthy Living Manager (S Cayford) and the Evaluation and Monitoring Project Officer (T Thomas)

19 MINUTES

The minutes of the meeting of the Housing, Wellbeing, Leisure and Early Intervention Policy Committee held on 22 January 2018 were agreed as a correct record and signed by the Chairman.

20 SOUTH NORFOLK HEALTH AND WELLBEING STRATEGY

Cllr Bendle introduced the report, reminding members that the objective of the South Norfolk Health and Wellbeing Strategy was to set a framework for officers over the next three years. She advised that the detail contained in the Strategy was not “set in stone” and would be evolved and adapted to incorporate any internal or external changes over the period. Members were asked for their comments and encouraged to highlight any relevant points they felt should be included.

The Healthy Living Manager presented her report, advising members that the Strategy had looked to harness the opportunities of collaborative working amongst the Council's staff and partners to improve health and wellbeing and had engaged services often overlooked in its discussions to develop innovative ways to address wellbeing issues throughout the district. The Committee noted that four key areas of focus were covered in the Strategy; Activity and Healthy Living, Employment and Aspirations, Falls and Frailty, and Mental Health, recognising that there were many factors which affected the quality of life. Members were pleased to note that officers from many services had responded positively, engaging with the process and suggesting ideas.

The Director of Communities and Wellbeing explained that the Strategy explored a different approach to health and wellbeing and assessed the needs of residents and how best to serve them as opposed to being more 'place' focussed. He advised that the South Norfolk Health and Wellbeing Strategy provided a good framework, working well alongside the Leisure Strategy. Members acknowledged that the Strategy was an important 'safety buffer' for all who might need assistance in the future.

The Committee discussed issues such as the wellbeing of residents in areas of deprivation, the re-training of people who lose employment, the prospects for university graduates to achieve 'good' jobs within the district, and the shortage of single-storey dwellings. Members stressed the importance of the Council working in partnership with others and agreed that SNC should strive to support areas within its control and to ascertain where best value could be added.

Members considered the work of the Council and noted the difficulties in calculating, in monetary terms, the savings and benefits delivered by its health and wellbeing achievements. Officers advised that the newly appointed Evaluation and Monitoring Project Officer was starting to look at ways in which the service could be costed. The Committee commended the work of the Community Connectors and agreed that they were reaching people who might have otherwise not been helped. It was suggested that Councillors and officers should try to raise the profile of the Community Connectors within the district.

Following a brief discussion, during which officers agreed that the South Norfolk Health and Wellbeing Strategy should be forwarded to all parish councils in the district, it was:

RESOLVED **TO RECOMMEND THAT CABINET** approves the South Norfolk Health and Wellbeing Strategy and to support its ongoing implementation.

21. COMMITTEE WORK PROGRAMME

The Committee noted that the date for the next meeting would be communicated to members shortly.

(The meeting concluded at 4.35pm)

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Chairman

Housing, Wellbeing, Leisure & Early Intervention Policy Committee

30th August 2018

Agenda Item No. 5

South Norfolk Council's approach to Air Quality management

Report of the Environmental Management Officer

Cabinet Members: **Cllr Yvonne Bendle (Wellbeing and Early Intervention)**
Cllr Lisa Neal (Regulation and Public Safety)

CONTACT
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1. Introduction

1.1 Poor air quality is linked to approximately 40,000 early deaths in the UK as it can exacerbate existing respiratory and cardiovascular health problems. Evidence suggests that the health and social care costs of this nationally could reach £18.6 billion per year by 2035.

1.2 As part of its statutory duties the Council is tasked, along with all others in the UK, with reviewing and assessing air quality and taking action where health based standards and objectives are being breached. There are nine air pollutants that have to be considered as part of this responsibility. The Local Air Quality Management regime is the statutory framework that local authorities work under. The Council has to carry out an assessment report (including monitoring where appropriate) on an annual basis given the national objectives and submit it to the Department for Environment, Food & Rural Affairs (DEFRA) for approval.

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2. Air Quality in South Norfolk

2.1 The current position in the Council's area is that our reviews and assessments have identified that the only pollutant of concern was Nitrogen Dioxide (NO_2) associated with vehicle emissions. Accordingly, we have been monitoring NO_2 at various locations across the district for a number of years now.

2.2 Nitrogen dioxide is used as the indicator for a larger group of nitrogen oxides - NO_x this includes NO_2 and Nitric Oxide (NO). When nitrogen is released during fuel combustion it combines with oxygen atoms to create nitric oxide (NO). This further combines with oxygen to create nitrogen dioxide (NO_2). NOx gases react to form smog and acid rain as well as being central to the formation of fine particles (PM) and ground level ozone, both of which are associated with adverse health effects.

2.3 The target level for NO_2 is 40ug/m^3 and if this level is exceeded then the local authority is required to designate an Air Quality Management Area (AQMA) and produce an action plan to reduce levels in those areas. We generally have good air quality across the district. There are currently no exceedances and therefore no AQMAs in South Norfolk but there are a couple of areas of that we are closely monitoring – Long Stratton, around the junction of the A140 with Swan Lane and also the one-way system in Harleston centre.

3. The National Picture

3.1 Although air quality has generally improved it still poses an urgent health problem and the UK is currently not meeting current EU limits with regard to NO_2 in a number of areas.

3.2 More recently the evidence regarding the health impact of particulates (everything in the air that isn't a gas), specifically fine particles known as PM2.5 (these are particles with diameters of 2.5 micrometres or less) , has been refined and is now better understood by Government and this is an area it is being targeted through the Clean Air Strategy and the Road to Zero Strategy which are both currently out for consultation and with new guidance. There is no recognised safe health based level for this pollutant and at this point in time no statutory requirement for us to monitor – however this could well change.

4. What we are doing

4.1 We have submitted and had approved our latest annual air quality submission to DEFRA – Annual Status Report 2018 which is attached as **Appendix 1** and our draft response to the Clean Air strategy consultation - **Appendix 2.** Members of the HWLEI committee are invited to consider this and help us shape the SNC approach to these issues in the future.

4.2 We will continue to provide guidance to planners on the impact of proposed developments on Air Quality in the district. In some cases, developers are required to assess the impact of their development and identify any mitigation that is required to protect residents. This again is a statutory responsibility as air quality is a material consideration in planning decision making.

4.3 In terms of industrial emissions, we have duties to regulate 39 businesses in the district who emit potential air pollutants and therefore fall under the Environmental Permitting Regulations to safeguard the local environment and public health in relation to defined standards. These include concrete batching plants, vehicle resprayers and petrol stations. The permit requirements often also help the companies to make efficiency savings, improve efficiency and save money.

4.4 In addition to our current statutory duties, we have been working with colleagues in Public Health and Planning Policy regarding air quality in South Norfolk but also in the Greater Norwich Growth Area. Working collaboratively with Broadland, Norwich City and Norfolk County Council to investigate methods of dealing with the effects of vehicle tail pipe emissions. This opens up additional options for funding and gives us more influence when negotiating with partners i.e. bus companies. This joint working is likely to

involve specific projects and initiatives with the aim of improving education on the health and environmental impacts of poor air quality and the simple steps people can take to reduce their impact and exposure.

5. What does the future hold?

5.1 The key actions in the draft Clean Air Strategy the final version of which is due to be published in March are:

- Stronger regulation of agriculture to reduce ammonia emissions.
- End of the sale of petrol and diesel cars and vans by 2040.
- New challenging target for PM2.5
- Research into non-exhaust vehicle emissions, tyre wear, road wear, brake wear etc.
- Phase out of diesel trains
- Labelling of solvents in consumer products to manage indoor air quality. I.e. furnishing, carpets, and upholstery, products for cleaning and polishing, air fresheners, and personal care products, for example fragrance, deodorants, and hair styling products.
- Controls on domestic burning (38% of UK's emission of particulate matter are produced by burning solid fuels. (New powers for local authorities)
- Creation of a new 'Environmental Watchdog'
- Restrictions on emissions from non-road mobile machinery i.e. construction equipment (New powers for local authority)
- Consider exclusion of biomass from the renewable heat incentive
- Cycling/walking investment
- Requirement to report and achieve reduction of air pollutant emissions from government departments
- Improved statutory planning guidance

6. Summary

6.1 We are proactively working to improve and maintain good air quality across South Norfolk by working in partnership. We are disseminating information enabling our businesses and residents to reduce their environmental impact and protect health.

7. Recommendations

7.1 Members of the committee are invited to note the contents of this report and the work that the Council is doing, offer comment and support the approach outlined whereby officers continue to seek improvements in line with statutory obligations, recommendations from the Clean air strategy and current best practice.

Appendix 1- Annual Status Report

2018 Air Quality Annual Status Report (ASR)

In fulfilment of Part IV of the
Environment Act 1995
Local Air Quality Management

June, 2018

Local Authority Officer	Alison Old
Department	Environmental Quality Team
Address	aold@s-norfolk.gov.uk
Telephone	01508 533723
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Report Reference number	S-N2018v1
Date	22nd June 2018

Executive Summary: Air Quality in Our Area

Air Quality in South Norfolk

Air pollution is associated with a number of adverse health impacts. It is recognised as a contributing factor in the onset of heart disease and cancer. Additionally, air pollution particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions. There is also often a strong correlation with equalities issues, because areas with poor air quality are also often the less affluent areas[1,2].

The annual health cost to society of the impacts of particulate matter alone in the UK is estimated to be around £16 billion[3].

Air Quality in South Norfolk is generally good with no recorded exceedance of air quality objectives. There are no declared Air Quality Management Areas (AQMA's) within the district.

The main pollutant of local concern is nitrogen dioxide (NO_2) arising from road traffic and stationary combustion sources. This is typical of a primarily rural area such as South Norfolk. Monitoring for NO_2 takes place at 29 locations across the district.

We have a couple of monitoring locations in Long Stratton where the annual mean concentration of NO_2 are close to, but not breaching, the objective. As highlighted in previous years, a by-pass is proposed for Long Stratton and the planning application for this is currently being processed by our planning team.

We work closely with colleagues in Public Health and the Norfolk Environmental Protection Air Quality sub group. We consider the impact of existing local industrial processes. We also consider new developments to ensure that local air quality is protected and monitored via the planning process.

A detailed assessment is not required for any pollutants and the Council will progress to the next Annual Status report for 2018.

[1] Environmental equity, air quality, socioeconomic status and respiratory health, 2010
[2] Air quality and social deprivation in the UK: an environmental inequalities analysis, 2006
[3] Defra. Abatement cost guidance for valuing changes in air quality, May 2013

Actions to Improve Air Quality

The District does not have any AQMA's and as such has no formal action plan to improve air quality. However, we work closely with a range of partners across the county as air pollution is a transboundary issue. The Norfolk Environmental Protection Group is the principal body across the County coordinating and seeking consistency in the management of air quality.

Additionally, a group of representatives from local authorities within the Greater Norwich Growth Area has been set up to develop a multi-authority approach to improving air quality with regard to impact from transport sources. These representatives comprise officers from Norfolk County Council, Broadland District Council, Norwich City Council and South Norfolk District Council.

The aims of the group are:

- To produce a positive change to air quality by reducing transport related emissions.
- To develop better education of all road users to the effect of transport emissions on human health and the wider environment.
- Commit to working as a team to consider air quality as a cross boundary issue.
- Commit to working with stakeholders to develop and implement projects that improve air quality.
- Identify joint funding opportunities for delivering air quality projects.
- Collate data on air quality before, during and after projects.
- Evaluate the impact of air quality improvement projects and determine if they have been effective and appropriate to be adopted elsewhere.
- Share findings of projects with interested third parties.

Local Authorities regulate a range of industries that may cause emissions to air, this work also forms part of our response to protection air quality in the district. We work closely with businesses to ensure that no adverse impacts arise from industrial processed as part of the Local Authority Pollution Control regime

We also work closely with our Development Management colleagues to ensure that local air quality is protected by the planning process.

Conclusions and Priorities

All monitoring results are below the Air Quality objectives and as such there is no requirement for further detailed assessment.

The focus of our work will continue to be air quality impacts associated with road traffic. We will continue to monitor NO_2 using non-automatic diffusion tubes and work towards completion of our Annual Status Report for 2018 data.

The location of the diffusion tubes is constantly under review to ensure they remain relevant.

We will continue supporting work on the Long Stratton by-pass and associated residential development plans and will continue our collaborative work with our partners to educate and seek air quality improvements where possible.

Local Engagement and How to get Involved

Residents and businesses can discuss any concerns or questions in relation to air quality with the Environmental Quality team.

If people would like to find out more about air quality, and how they can contribute to improving it in their area, these links can provide further information:

- DEFRA UK AIR - https://uk-air.defra.gov.uk/
- Sustrans' 'CleanSpace' sustainable transport and air quality movement: http://www.sustrans.org.uk/what-you-can-do/use-your-car-less/join-air-quality-movement
- 'Air Pollution' website – college/university level: http://www.air-quality.org.uk/index.php
- BBC 'Bitesize' – GCSE air quality http://www.bbc.co.uk/schools/gcsebitesize/science/21c/air_quality/
- 'Clean Air Kids' – air quality website for children aged 5-11: http://www.clean-air-kids.org.uk/index.html
- Evolution of WHO air quality guidelines: past, present and future (2017) – report on the World Health Organisation's evolving advice: http://www.euro.who.int/en/health-topics/environment-and-health/air-quality/publications/2017/evolution-of-who-air-quality-guidelines-past,-present-and-future-2017

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1 Local Air Quality Management

This report provides an overview of air quality in South Norfolk during 2017. It fulfils the requirements of Local Air Quality Management (LAQM) as set out in Part IV of the Environment Act (1995) and the relevant Policy and Technical Guidance documents.

The LAQM process places an obligation on all local authorities to regularly review and assess air quality in their areas, and to determine whether or not the air quality objectives are likely to be achieved. Where an exceedance is considered likely the local authority must declare an Air Quality Management Area (AQMA) and prepare an Air Quality Action Plan (AQAP) setting out the measures it intends to put in place in pursuit of the objectives. This Annual Status Report (ASR) is an annual requirement showing the strategies employed by South Norfolk Council to improve air quality and any progress that has been made.

The statutory air quality objectives applicable to LAQM in England can be found in Table E.1 in Appendix E.

2 Actions to Improve Air Quality

2.1 Air Quality Management Areas

Air Quality Management Areas (AQMAs) are declared when there is an exceedance or likely exceedance of an air quality objective. After declaration, the authority must prepare an Air Quality Action Plan (AQAP) within 12-18 months setting out measures it intends to put in place in pursuit of compliance with the objectives.

South Norfolk Council currently does not have any AQMAs. For reference, a map of our monitoring locations is available in Appendix D.

2.2 Progress and Impact of Measures to address Air Quality in South Norfolk

Defra's appraisal of last year's ASR concluded that on the basis of the evidence provided the conclusions reached were acceptable for all sources and pollutants and that the next step for South Norfolk Council was to submit this report in 2018

As such no measures to address air quality were required.

2.3 $PM_{2.5}$ – Local Authority Approach to Reducing Emissions and/or Concentrations

As detailed in Policy Guidance LAQM.PG16 (Chapter 7), local authorities are expected to work towards reducing emissions and/or concentrations of $PM_{2.5}$ (particulate matter with an aerodynamic diameter of 2.5µm or less). There is clear evidence that $PM_{2.5}$ has a significant impact on human health, including premature mortality, allergic reactions, and cardiovascular diseases.

South Norfolk Council is taking the following measures to address $PM_{2.5}$:

- The Council is working to ensure regular two-way engagement with representatives of Public Health England, and the Director of Public Health at Norfolk County Council;
- The Council is looking to work directly with Public Health England including working to encourage active travel resulting in improvements to air quality;
- We have also been working with local industrial processes to ensure local air quality is safeguarded

- We review planning applications for new developments to ensure local air quality is safeguarded via the planning regime.

South Norfolk Council is not required to monitor for PM2.5 as there is no statutory requirement to do so. Instead the UK government has a network of air quality monitoring stations across the UK which monitors levels of PM2.5 The results show that the UK currently complies with the 25µg/m3 limit value set by the EU air quality directive.

3 Air Quality Monitoring Data and Comparison with Air Quality Objectives and National Compliance

3.1 Summary of Monitoring Undertaken

3.1.1 Automatic Monitoring Sites

South Norfolk Council does not undertake any continuous monitoring

3.1.2 Non-Automatic Monitoring Sites

South Norfolk Council undertook non- automatic (passive) monitoring of NO_2 at 29 sites during 2017. Table A.2 in Appendix A shows the details of the sites.

Maps showing the location of the monitoring sites are provided in Appendix D. Further details on Quality Assurance/Quality Control (QA/QC) for the diffusion tubes, including bias adjustments and any other adjustments applied (e.g. “annualisation” and/or distance correction), are included in Appendix C.

3.2 Individual Pollutants

The air quality monitoring results presented in this section are, where relevant, adjusted for bias, “annualisation” and distance correction. Further details on adjustments are provided in Appendix C.

3.2.1 Nitrogen Dioxide (NO_2)

Table A.3 in Appendix A compares the ratified and adjusted monitored NO_2 annual mean concentrations for the past 5 years with the air quality objective of 40µg/m^3.

For diffusion tubes, the full 2017 dataset of monthly mean values is provided in Appendix B.

Table A.4 in Appendix A compares the ratified continuous monitored NO_2 hourly mean concentrations for the past 5 years with the air quality objective of 200µg/m^3, not to be exceeded more than 18 times per year.

Table A.1 – Details of Non-Automatic Monitoring Sites

Site ID	Site Name	Site Type	X OS Grid Ref	Y OS Grid Ref	Pollutants Monitored	In AQMA?	Distance to Relevant Exposure (m) (1)	Distance to kerb of nearest road (m) (2)	Tube collocated with a Continuous Analyser?	Height (m)
DT1	46a Old Newmarket Road, Cringleford	Suburban	619208	304645	NO_2	NO	0	15	NO	1.5
DT2	131 Longwater Lane, Costessey	Suburban	616797	310477	NO_2	NO	0	15	NO	1.5
DT3	90 The Street, Poringland	Suburban	626803	302092	NO_2	NO	0	5	NO	1.5
DT4	87 Denmark Street, Diss	Suburban	611223	279637	NO_2	NO	0	3	NO	1.5
DT5	131 Victoria Road, Diss	Suburban	611945	279572	NO_2	NO	0	3	NO	1.8
DT6	21 Church Plain, Loddon	Suburban	636192	298751	NO_2	NO	0	3	NO	1.5
DT7	A140 Long Stratton	Roadside	619722	292745	NO_2	NO	3	1	NO	2.1
DT8	Fairland Street, Wymondham	Kerbside	611129	301425	NO_2	NO	0	3	NO	2.1
DT9	Kirby Bedon Road, Bixley	Kerbside	625439	305944	NO_2	NO	20	2	NO	2.1

DT10	209 Norwich Road, Wymondham	Suburban	612515	302652	NO_2	NO	0	15	NO	1.5
DT11	2 Thickthorn Cottages	Rural	618137	305678	NO_2	NO	0	10	NO	1.5
DT12	Rightup Lane, Wymondham	Suburban	611528	300987	NO_2	NO	20	3	NO	2.1
DT13	233 Norwich Road, Wymondham	Suburban	612663	302751	NO_2	NO	0	12	NO	1.5
DT14	28 Norwich Road, Wymondham	Suburban	611380	302751	NO_2	NO	0	8	NO	1.5
DT15	Harleston, Hotel	Roadside	624484	283276	NO_2	NO	5	2	NO	2.1
DT16	Diss Road, Scole	Roadside	614895	283276	NO_2	NO	8	1	NO	1.8
DT17	84 West End, Costessey	Roadside	616652	311650	NO_2	NO	4	1	NO	2.1
DT18	Long Stratton Chinese	Roadside	619710	292730	NO_2	NO	1	1	NO	2.1
DT19	Long Stratton Traffic Light East	Roadside	619732	292740	NO_2	NO	7	1	NO	2.1
DT20	Long Stratton Funeral Directors	Suburban	619642	292346	NO_2	NO	0	5	NO	1.5
DT21	Long Stratton Southbound 60m	Suburban	619694	292653	NO_2	NO	0	2	NO	2.1

DT22	Long Stratton Swan Lane Co-op chemist	Roadside	619710	292722	NO_2	NO	5	2	NO	2.1
DT23	3 Norwich Road, Costessey	Suburban	618991	309796	NO_2	NO	0	15	NO	1.5
DT24	14 Station Road, Wymondham	Suburban	618823	293032	NO_2	NO	0	5	NO	1.5
DT25	Long Stratton Bus Stop Norwich Road	Roadside	619823	293032	NO_2	NO	5	4	NO	2.1
DT26	Newmarket Road, Cringleford	Roadside	619801	305859	NO_2	NO	20	2	NO	2.1
DT27	Lord Nelson Drive, Costessey	Roadside	616348	310585	NO_2	NO	100	1	NO	2.1
DT28	Riverside Court, Costessey	Suburban	616797	311225	NO_2	NO	0	15	NO	1.5
DT29	25 Broad St, Harleston	Suburban	619131	305633	NO_2	NO	8	0	NO	1.5

Notes:

(1) 0m if the monitoring site is at a location of exposure (e.g. installed on/adjacent to the façade of a residential property).

(2) N/A if not applicable.

Appendix A: Monitoring Results

Table A.2 – Annual Mean NO_2 Monitoring Results

Site ID	Site Type	Monitoring Type	Valid Data Capture for Monitoring Period (%) (1)	Valid Data Capture 2017 (%) (2)	NO_2 Annual Mean Concentration (µg/m^3) (3)				
					2013	2014	2015	2016	2017
DT1	Suburban	Diffusion Tube	100	100	19.5	21.5	17.1	20.2	21.21
DT2	Suburban	Diffusion Tube	100	100	18.7	20.3	18.1	21.2	21.66
DT3	Suburban	Diffusion Tube	100	100	17.3	18	15.4	19.3	19.95
DT4	Suburban	Diffusion Tube	100	100	24.1	24.1	20.9	29.2	26.70
DT5	Suburban	Diffusion Tube	100	100	25.3	33	25.9	29.9	28.18
DT6	Suburban	Diffusion Tube	97	83	13	12	10.4	13.5	20.20
DT7	Roadside	Diffusion Tube	100	100	36.1	37.8	31.9	33.5	37.23
DT8	Kerbside	Diffusion Tube	100	100	23.5	23.4	18.4	23.3	21.95
DT9	Kerbside	Diffusion Tube	100	100	22.8	26.7	21.4	25.4	24.85
DT10	Suburban	Diffusion Tube	100	100	17.1	16.7	12	18	16.47

DT11	Rural	Diffusion Tube	100	100	15	15.9	12.8	15.8	14.91
DT12	Suburban	Diffusion Tube	98	92	18	21.4	16.3	21.9	21.20
DT13	Suburban	Diffusion Tube	100	100	13.7	14.2	11.9	15.9	16.09
DT14	Suburban	Diffusion Tube	100	100	17.7	18.1	13.3	17	16.17
DT15	Roadside	Diffusion Tube	100	100	25.3	28.1	25.1	27.6	26.18
DT16	Roadside	Diffusion Tube	100	100	21	20.5	18.1	21.4	19.28
DT17	Roadside	Diffusion Tube	100	100		13.1	10.8	19.4	20.54
DT18	Roadside	Diffusion Tube	100	100	28.4	27.4	25.9	29.8	26.63
DT19	Roadside	Diffusion Tube	98	92	34.2	36.3	30.6	36.9	34.31
DT20	Suburban	Diffusion Tube	18	92					30.99
DT21	Suburban	Diffusion Tube	100	100	36.6	35.1	26.9	31.1	28.48
DT22	Roadside	Diffusion Tube	100	100	23.3	26.4	23.2	25.2	20.54
DT23	Suburban	Diffusion Tube	100	100	15.9	16.2	13	16.7	15.58
DT24	Suburban	Diffusion Tube	100	100	16.9	17.1	13.9	17.4	16.09
DT25	Roadside	Diffusion Tube	100	100	33	31.7	29.3	30.1	29.00

DT26	Roadside	Diffusion Tube	100	100	33	24.4	21.4	25.5	24.10
DT27	Roadside	Diffusion Tube	100	100	29	28.3	23.1	28.4	25.44
DT28	Suburban	Diffusion Tube	100	100			16.3	14.1	13.87
DT29	Suburban	Diffusion Tube	95	75	38.9	38.6	31.8	38.2	30.35
CM2	Select	Select	100	50	27	28.2	31.5	27.8	24.2

☒ **Diffusion tube data has been bias corrected**

☒ **Annualisation has been conducted where data capture is <75%**

Notes:

Exceedances of the NO_2 annual mean objective of 40µg/m^3 are shown in **bold**.

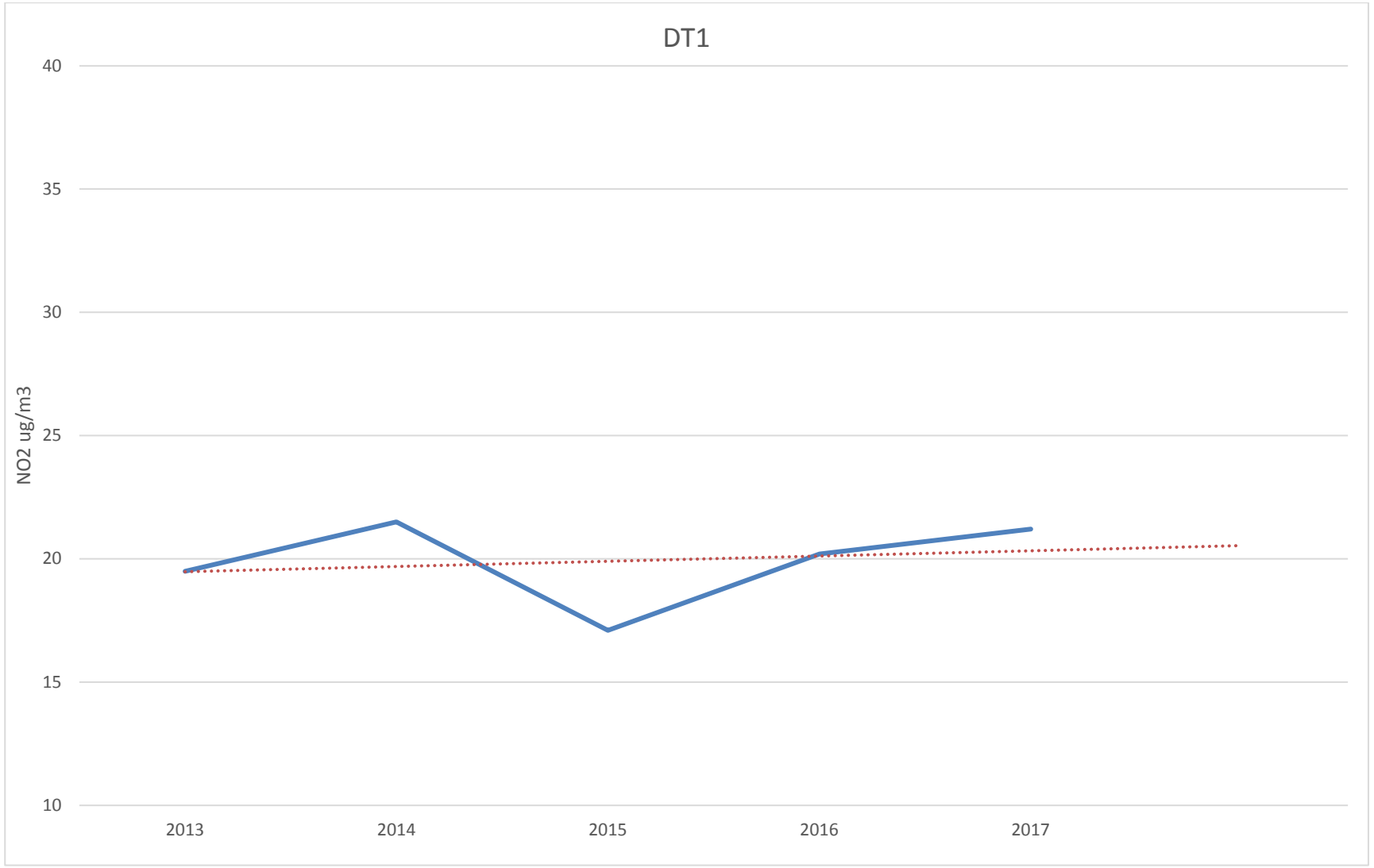
NO_2 annual means exceeding 60µg/m^3, indicating a potential exceedance of the NO_2 1-hour mean objective are shown in **bold and underlined.**

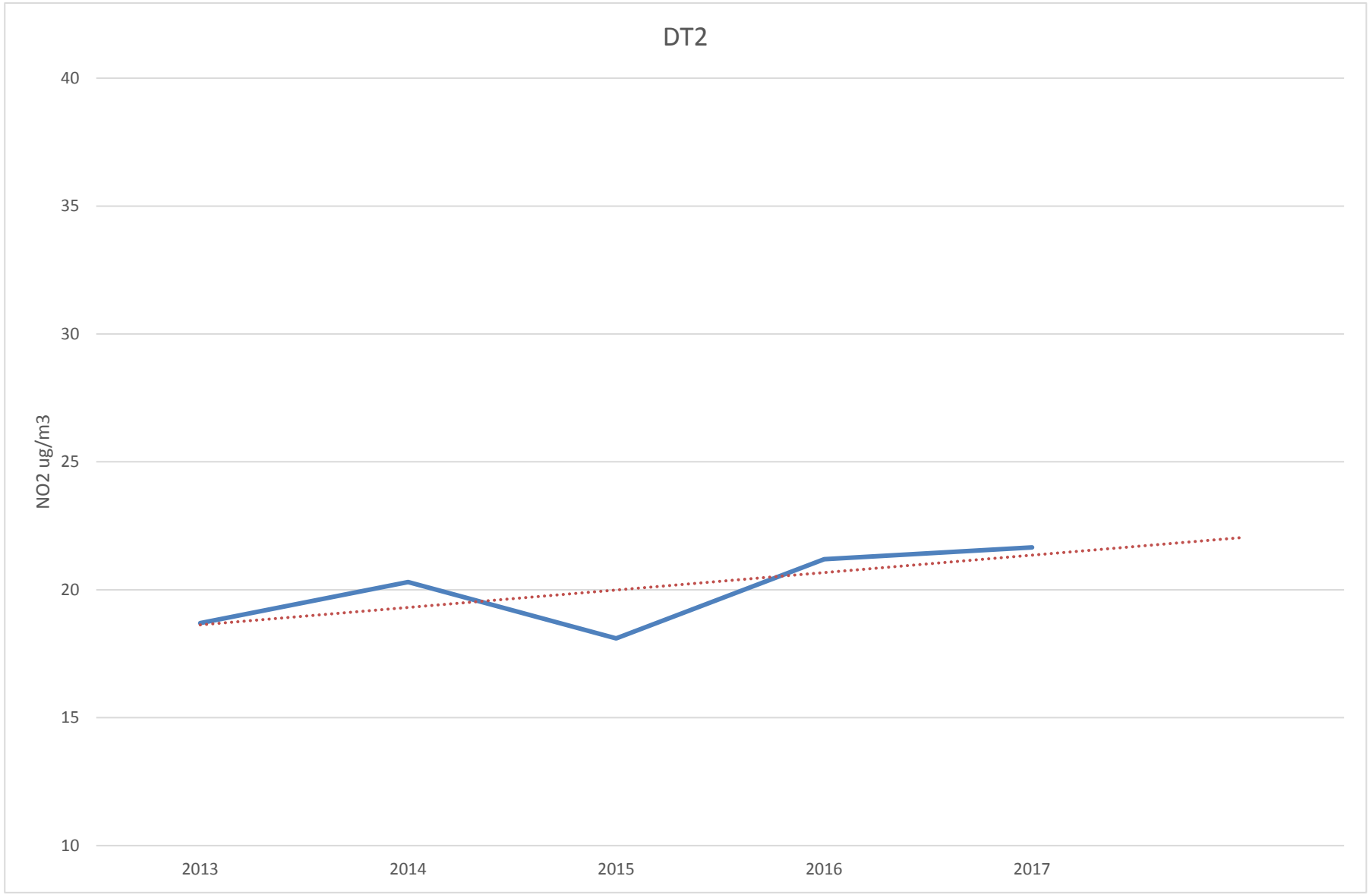
(1) Data capture for the monitoring period, in cases where monitoring was only carried out for part of the year.

(2) Data capture for the full calendar year (e.g. if monitoring was carried out for 6 months, the maximum data capture for the full calendar year is 50%).

(3) Means for diffusion tubes have been corrected for bias. All means have been “annualised” as per Boxes 7.9 and 7.10 in LAQM.TG16 if valid data capture for the full calendar year is less than 75%. See Appendix C for details.

Figure A.1 – Trends in Annual Mean NO_2 Concentrations




DT2
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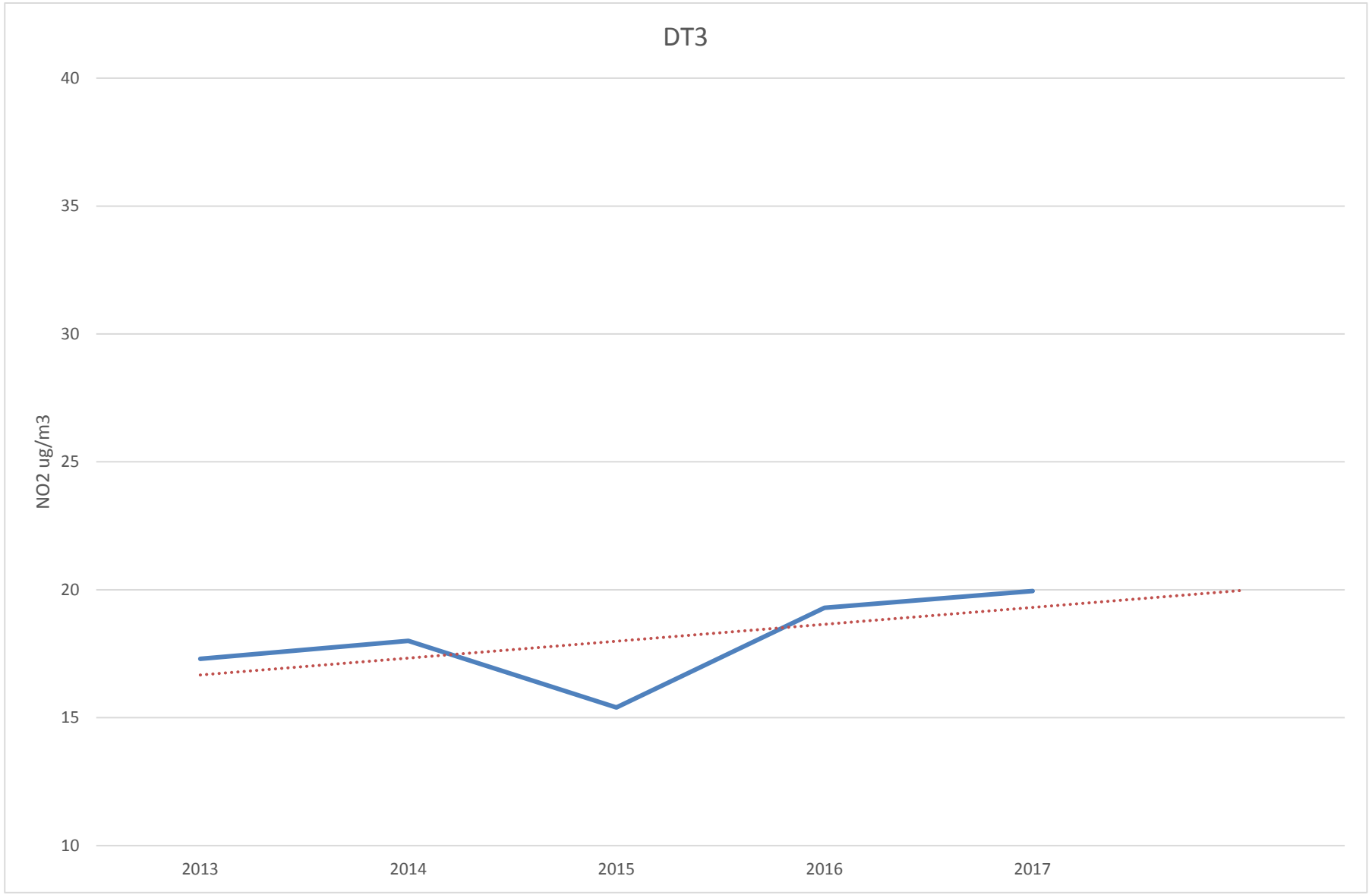
35
30
25
20
15
10
NO2 ug/m3
2013
2014
2015
2016
2017


DT3
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25
20
15
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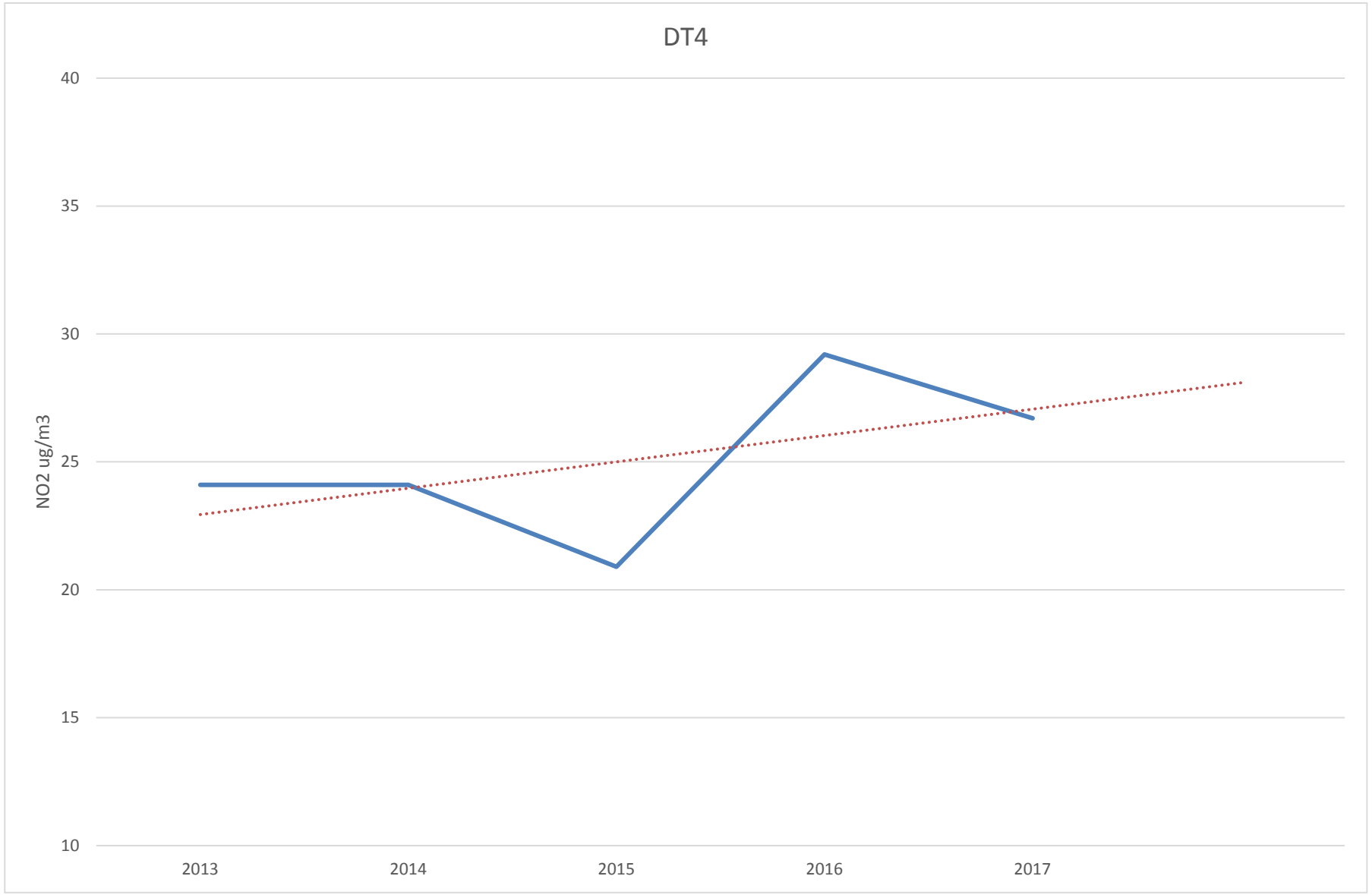
NO2 ug/m3
2013
2014
2015
2016
2017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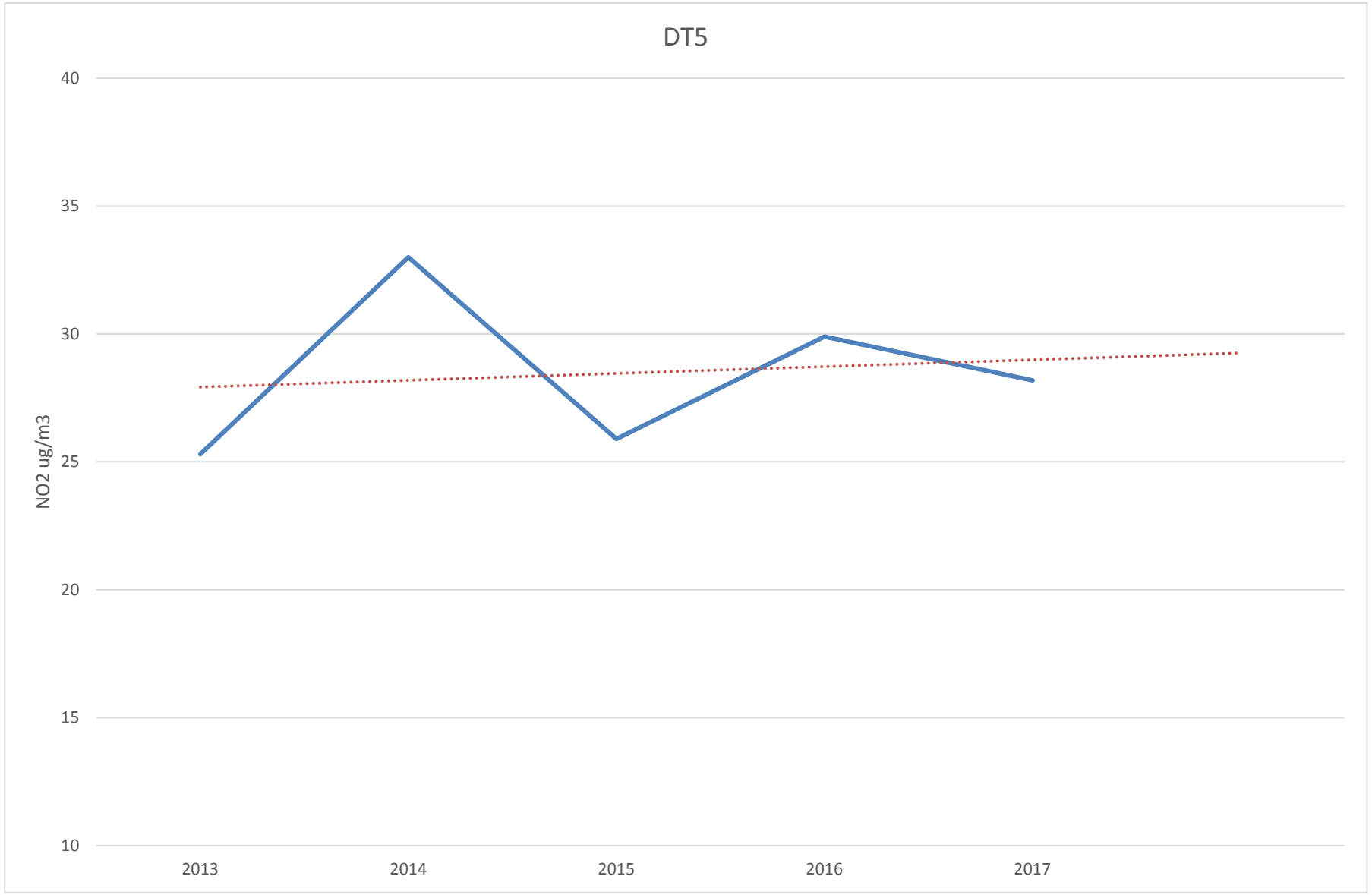
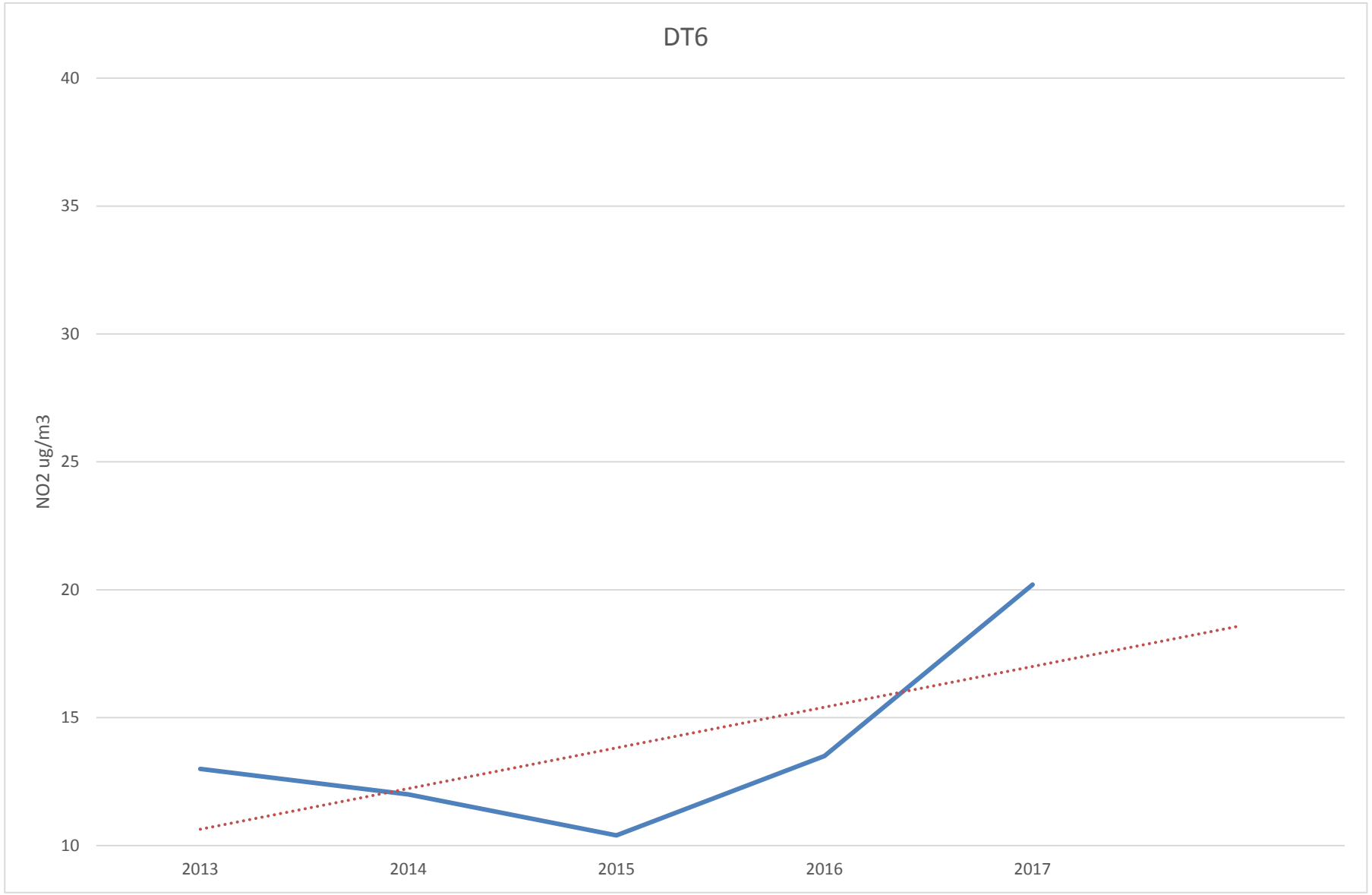
30
25
20
15
10
NO2 ug/m3
2013
2014
2015
2016
2017


DT5
40
35
30
25
20
15
10
NO2 ug/m3
2013
2014
2015
2016
2017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40
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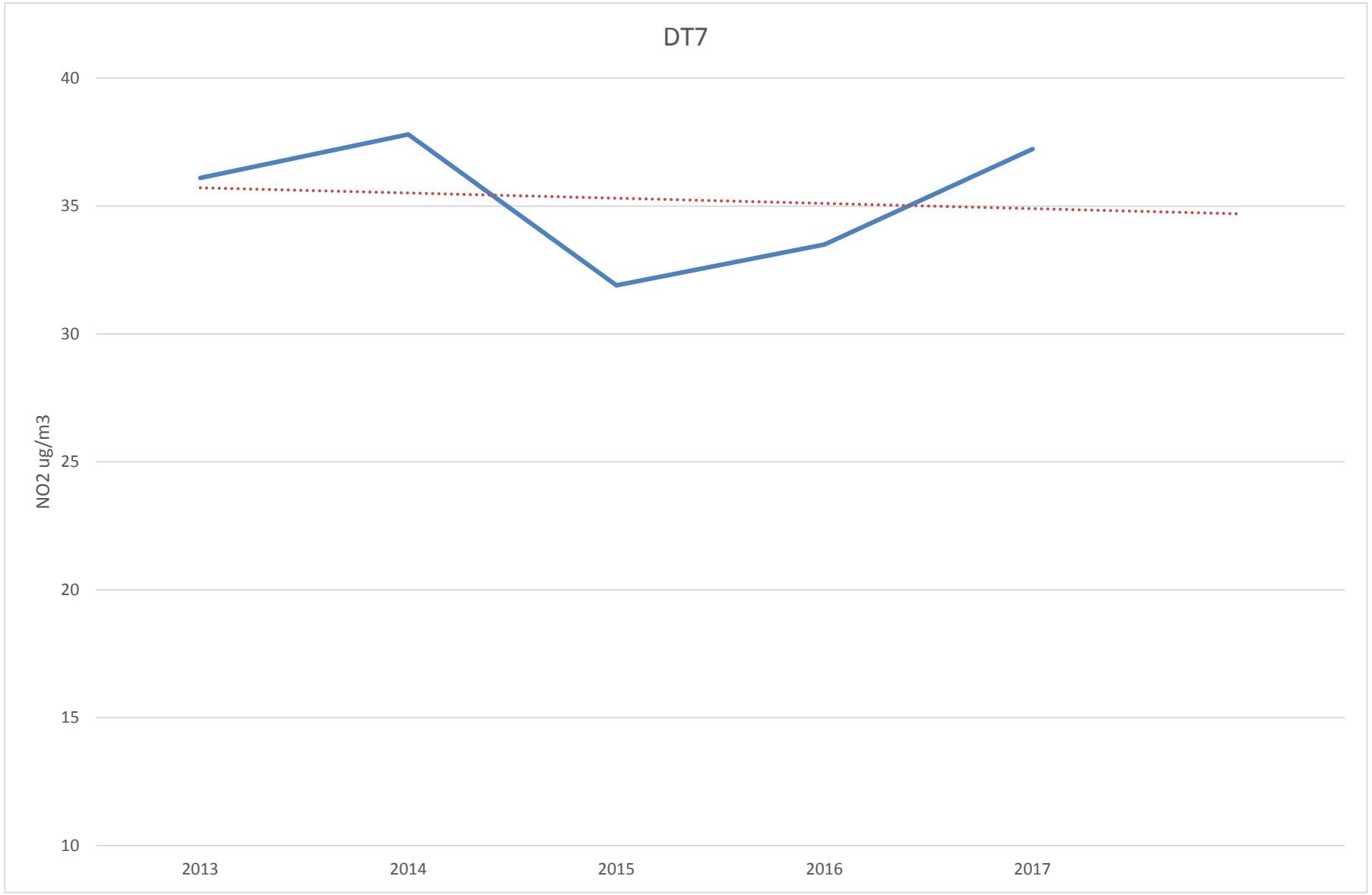
NO2 ug/m3
2013
2014
2015
2016
2017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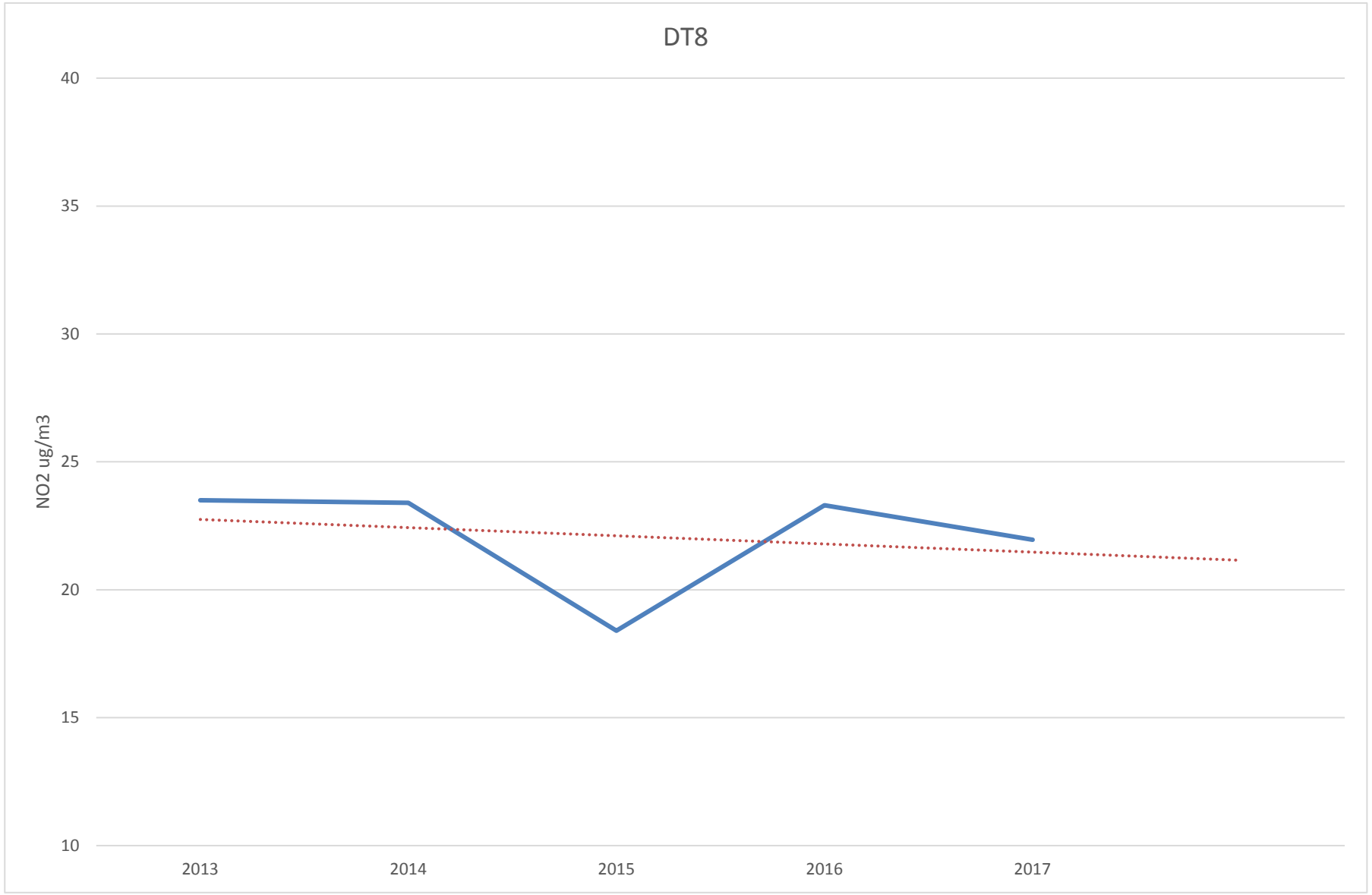
NO2 ug/m3
2013
2014
2015
2016
2017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15
10
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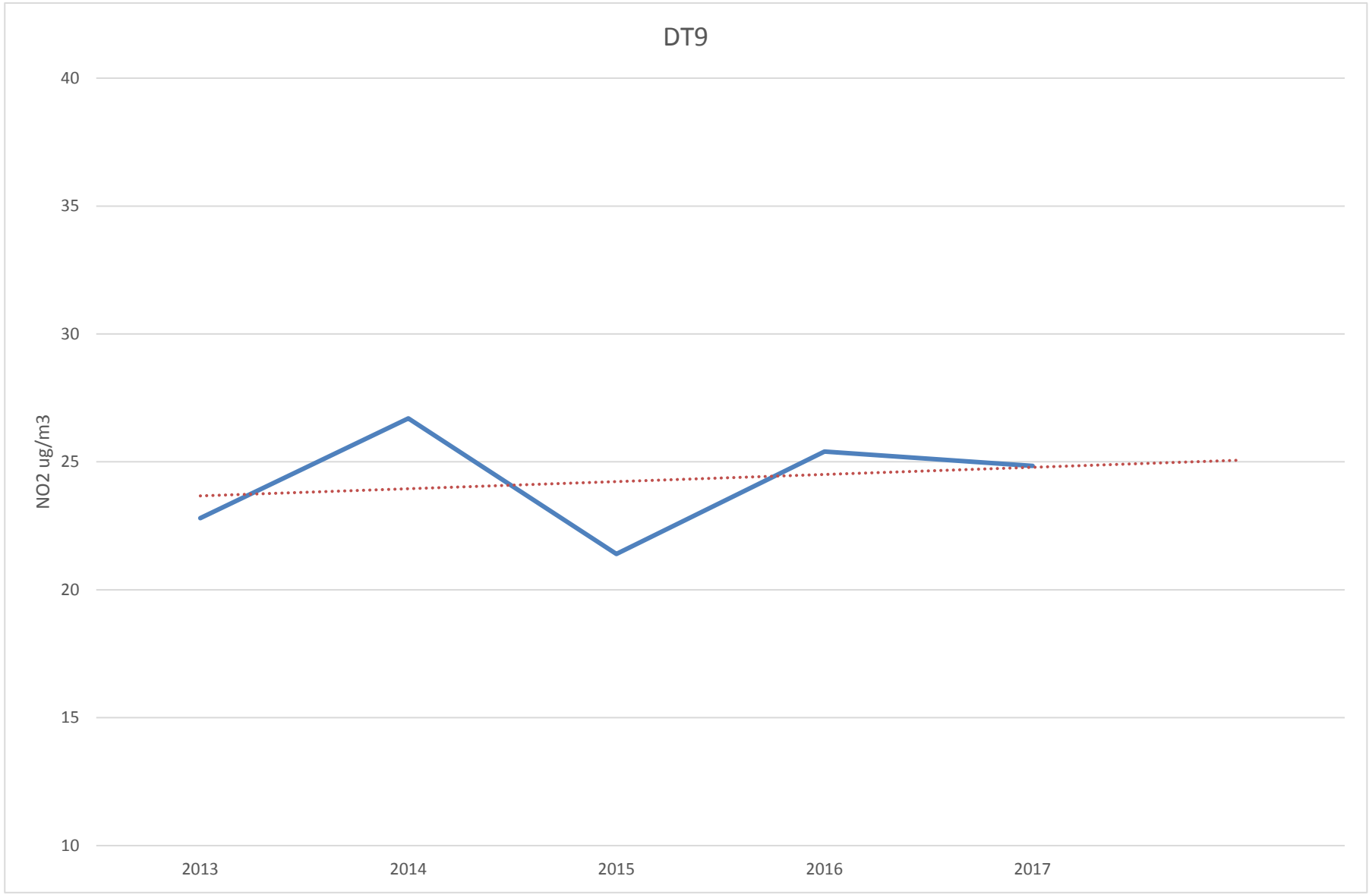
2013
2014
2015
2016
2017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40
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15
10
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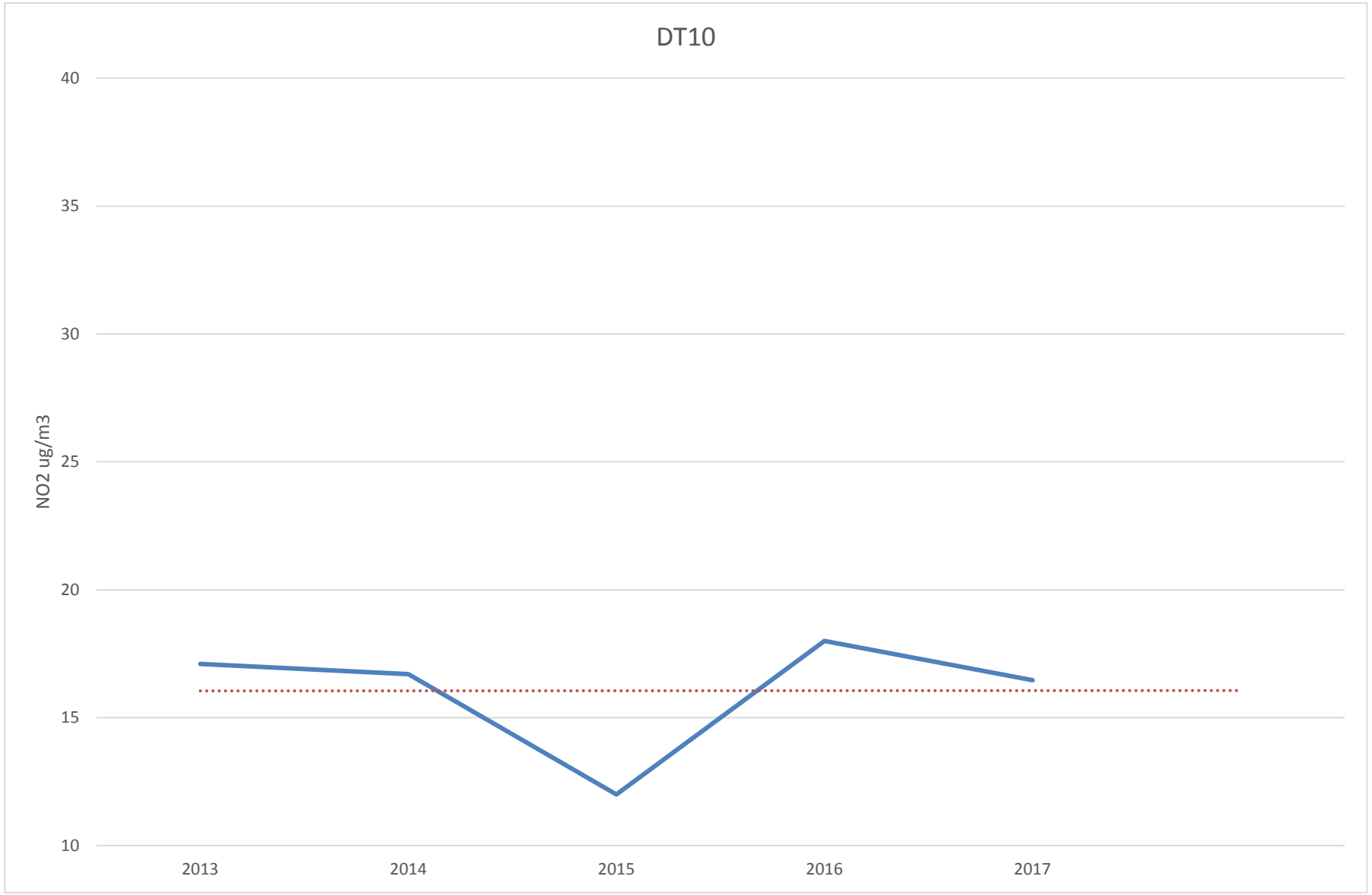
2013
2014
2015
2016
2017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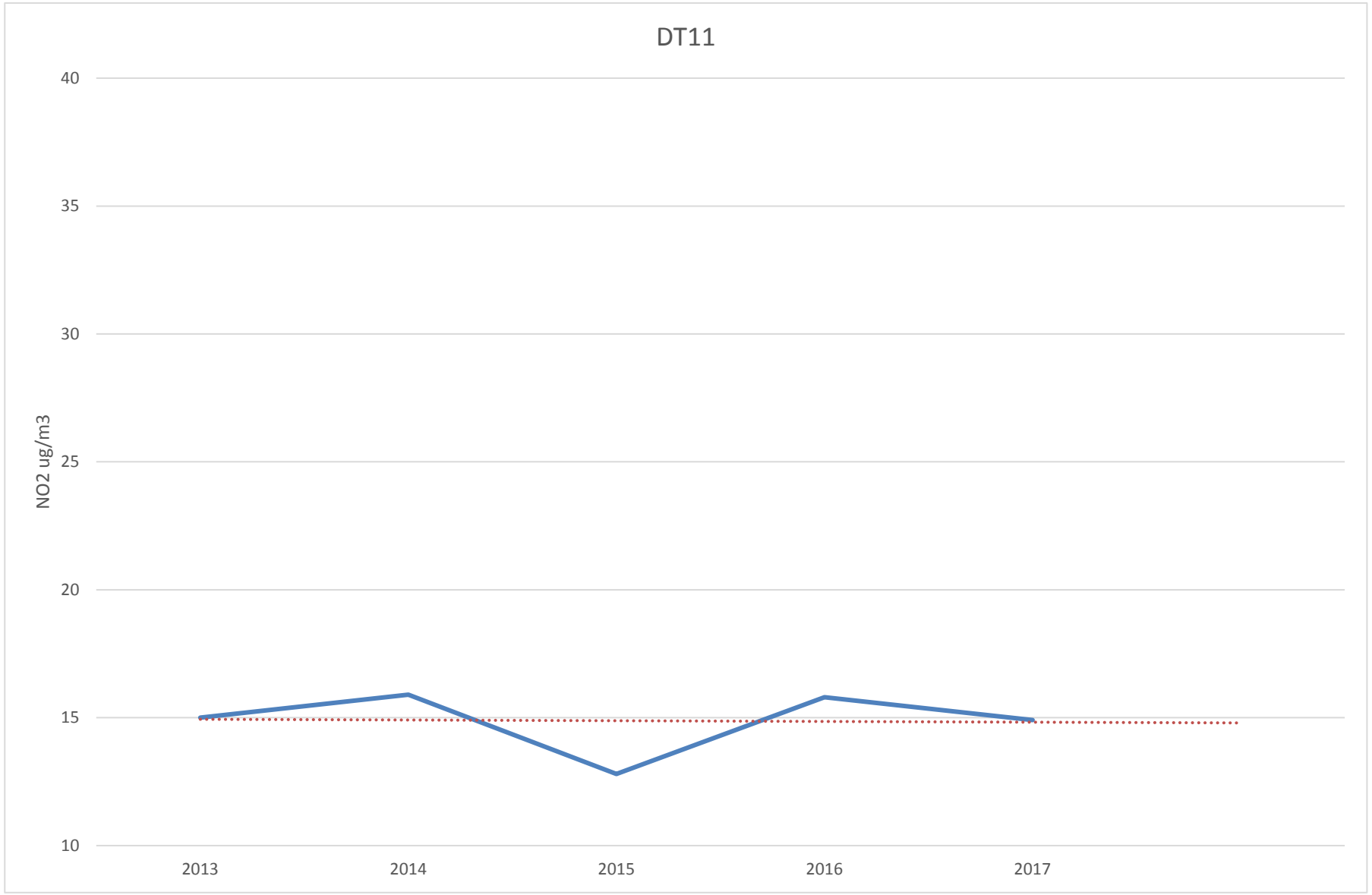
2014
2015
2016
2017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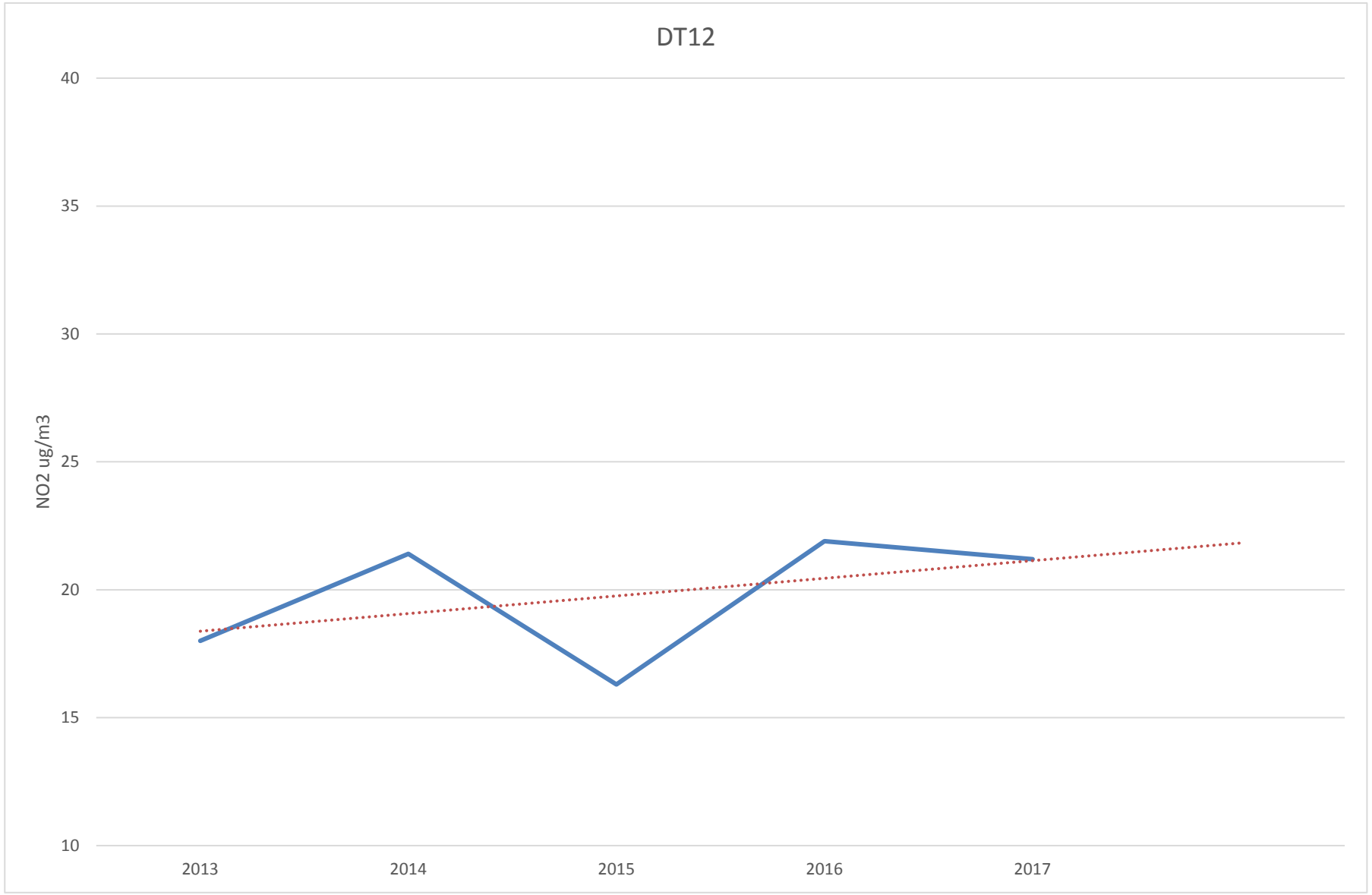
2013
2014
2015
2016
2017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15
10
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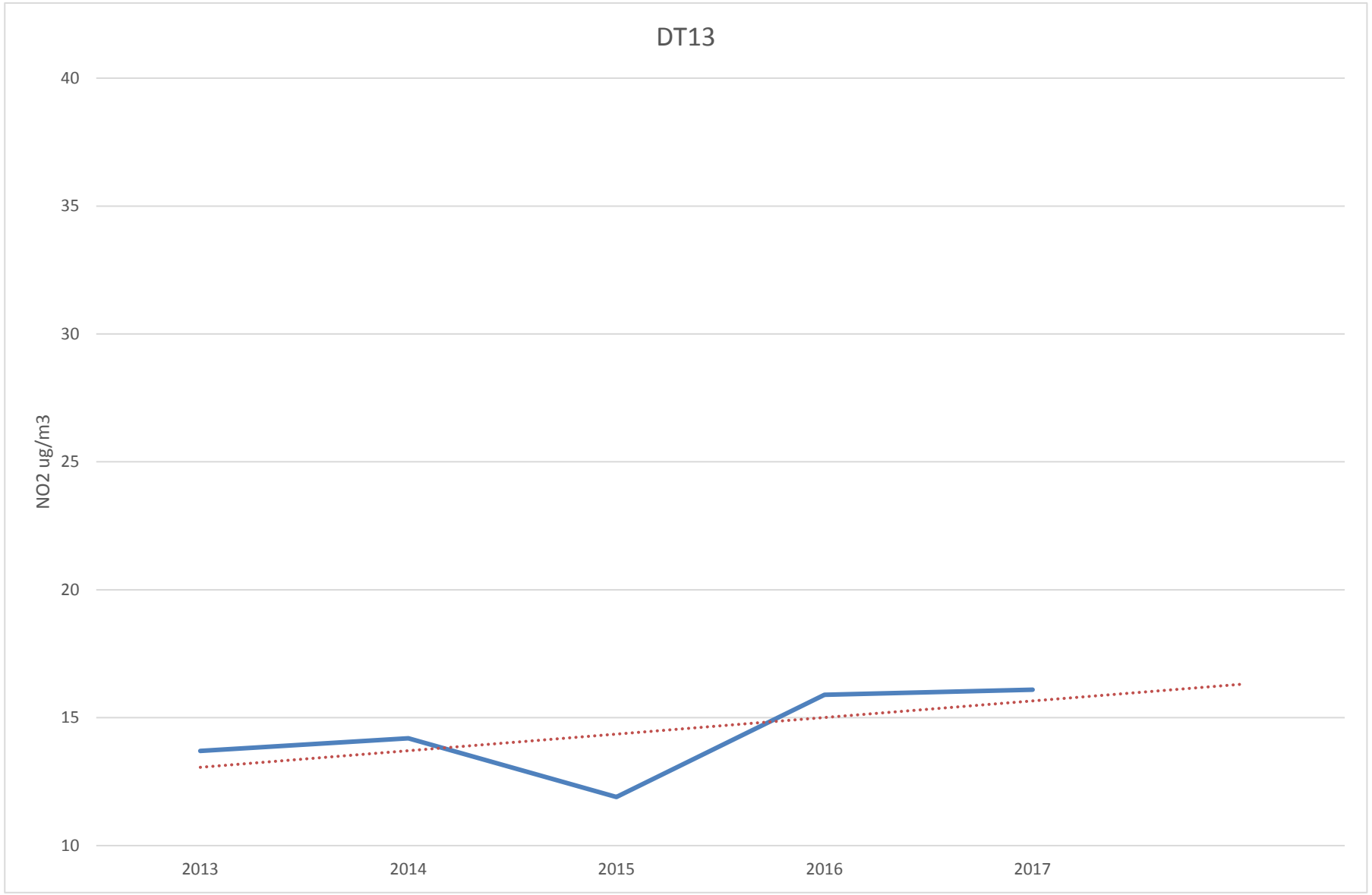
2014
2015
2016
2017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10
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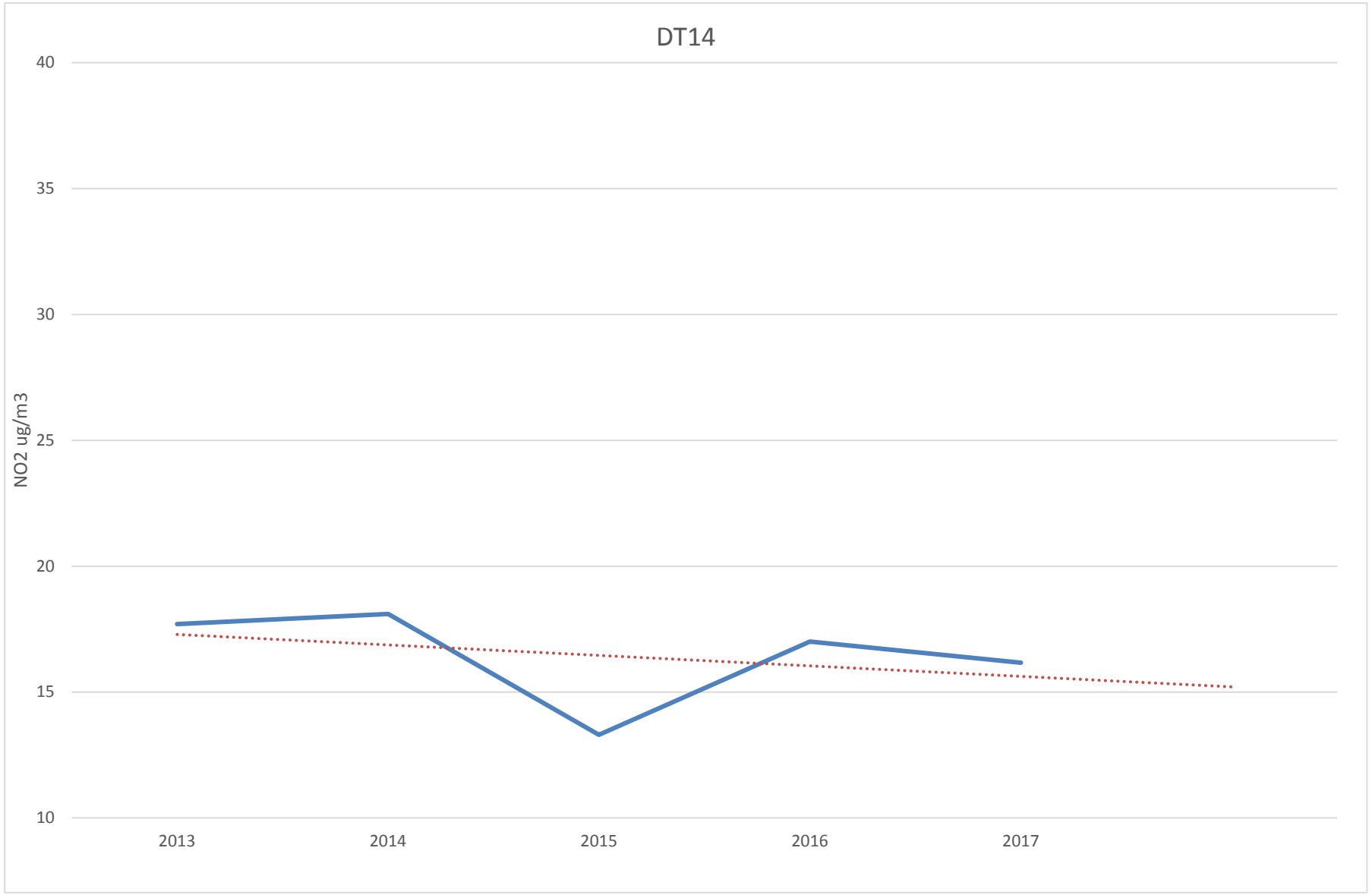
2013
2014
2015
2016
2017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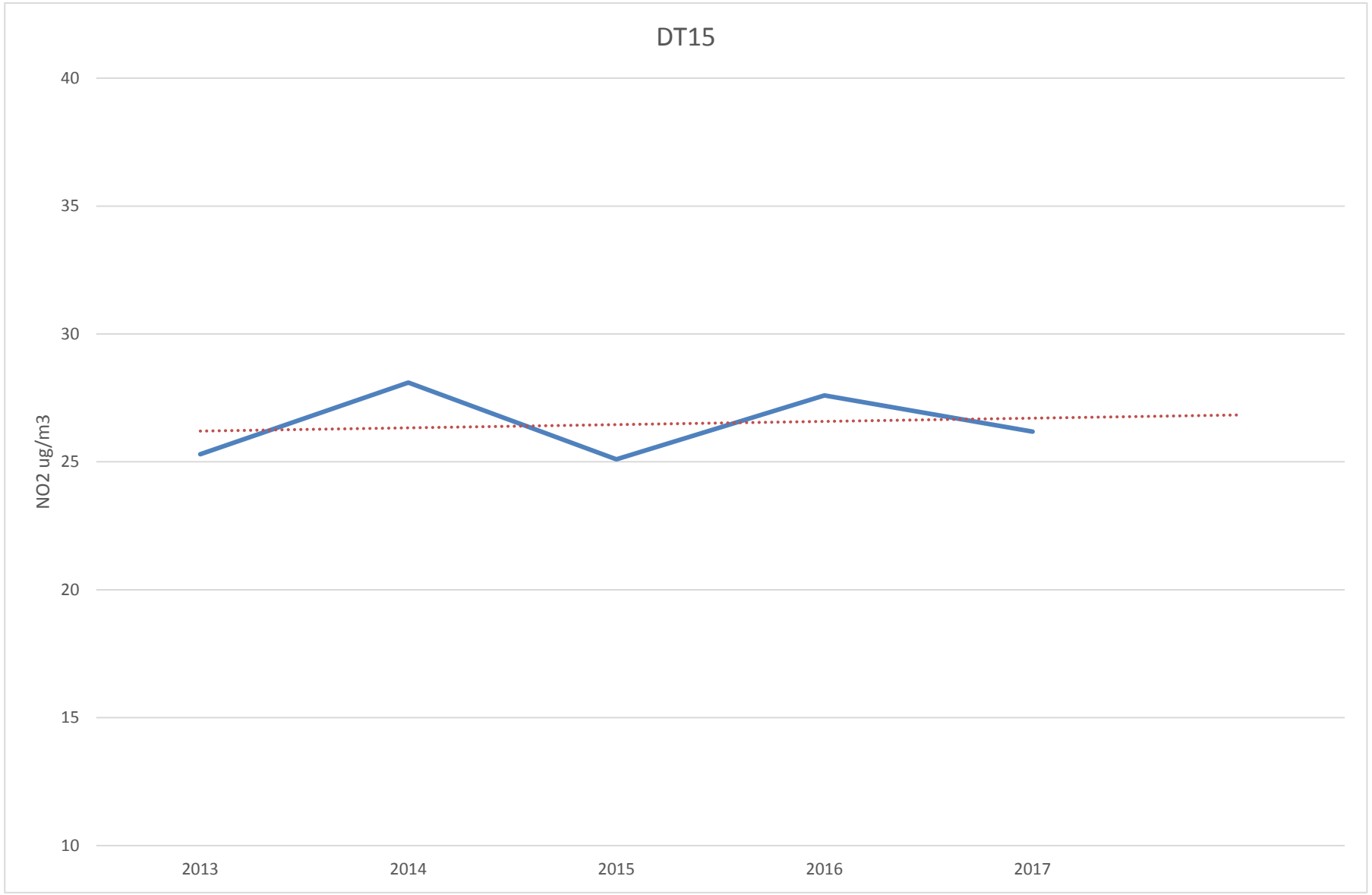
NO2 ug/m3
2013
2014
2015
2016
2017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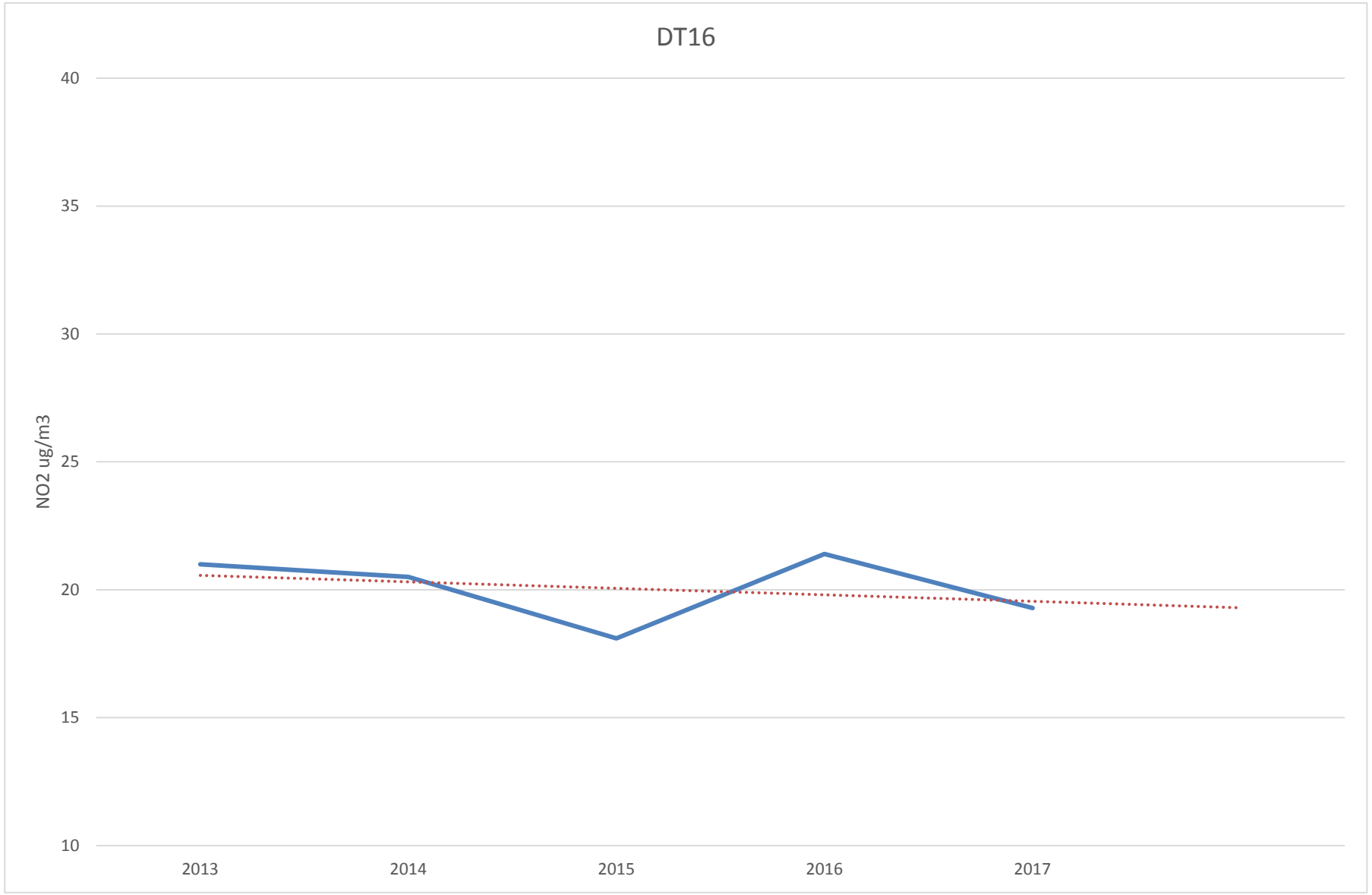
25
20
15
10
NO2 ug/m3
2013
2014
2015
2016
2017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20
15
10
NO2 ug/m3
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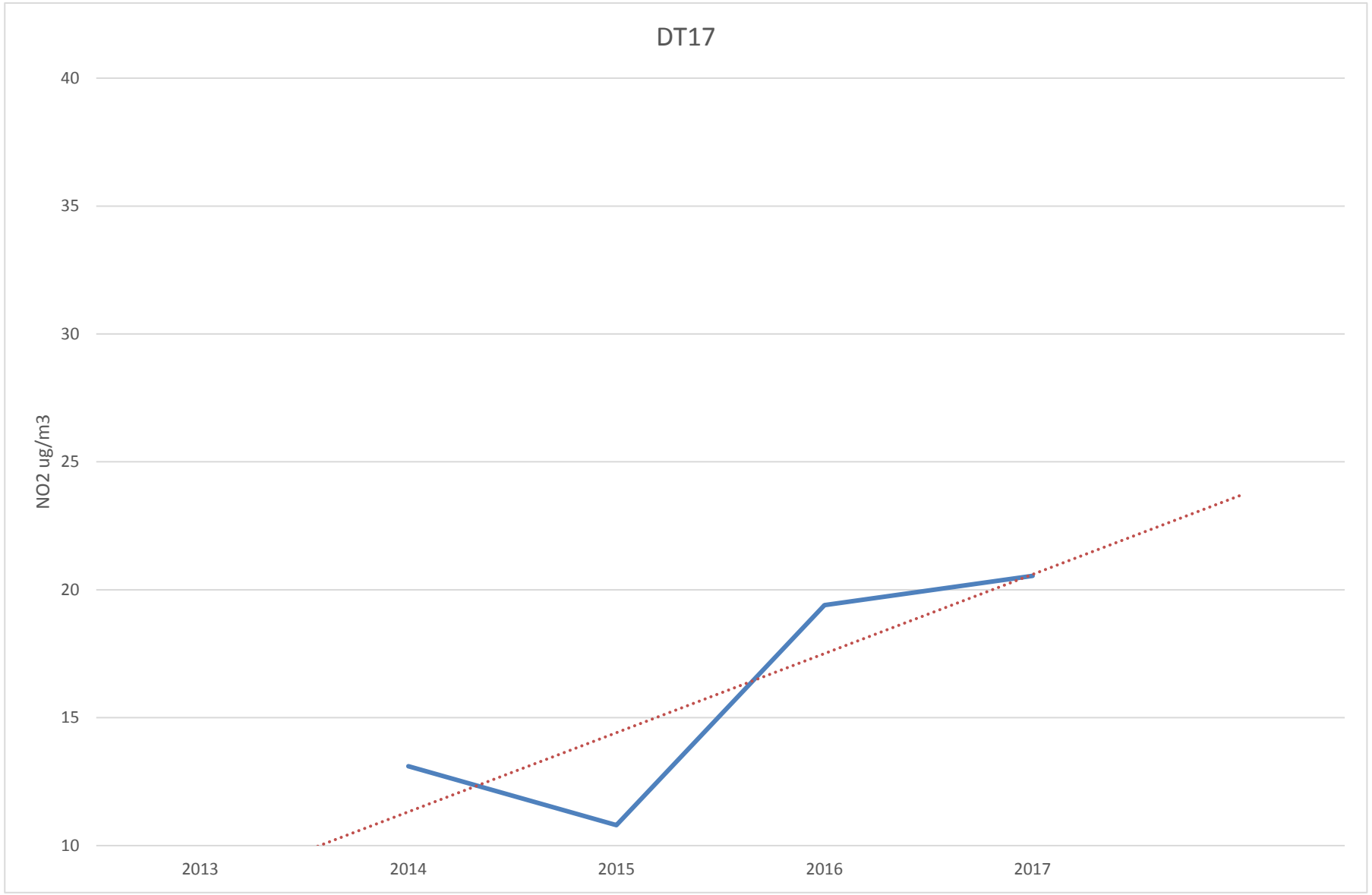
2014
2015
2016
2017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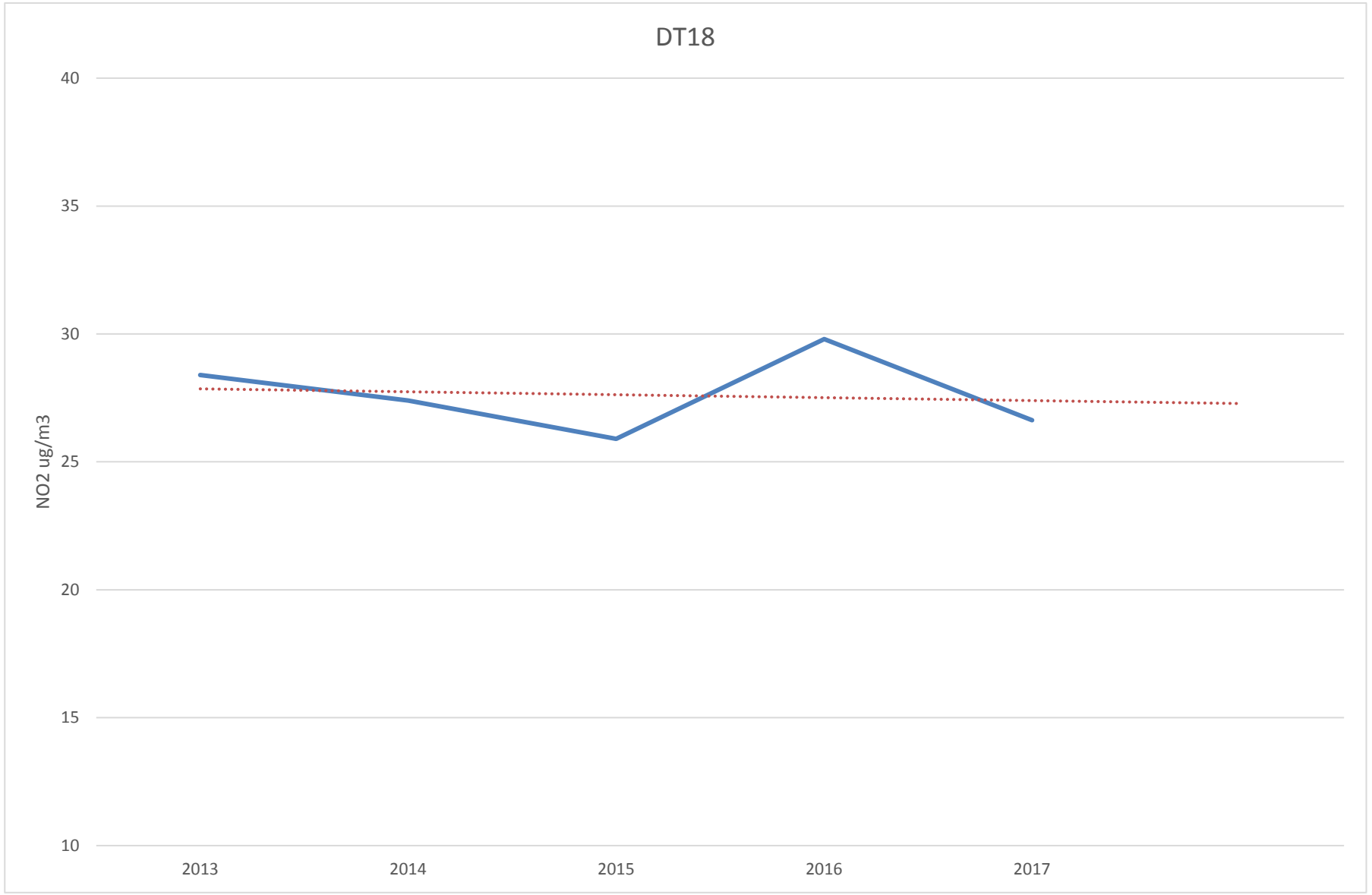
2013
2014
2015
2016
2017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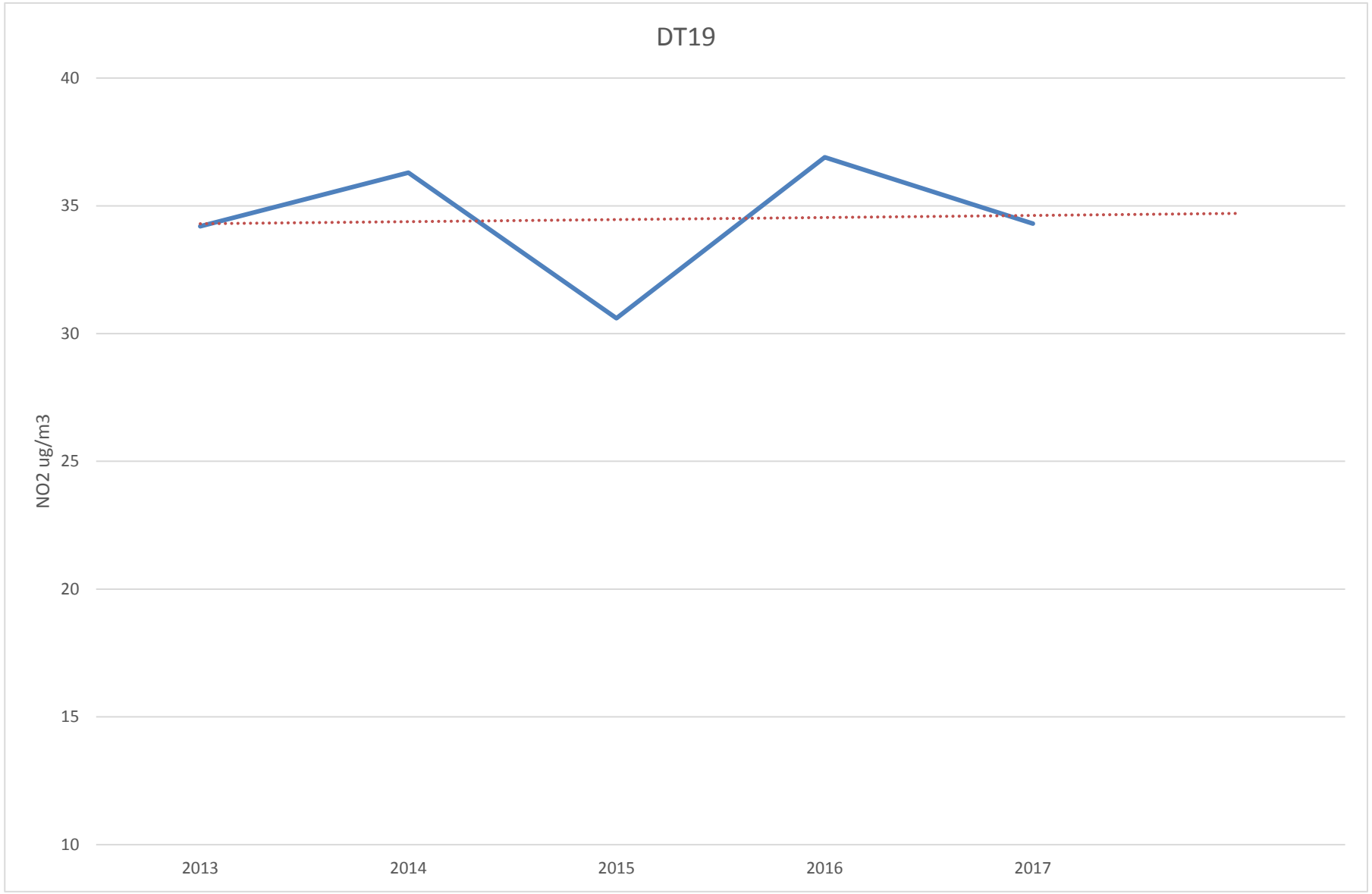
15
10
NO2 ug/m3
2013
2014
2015
2016
2017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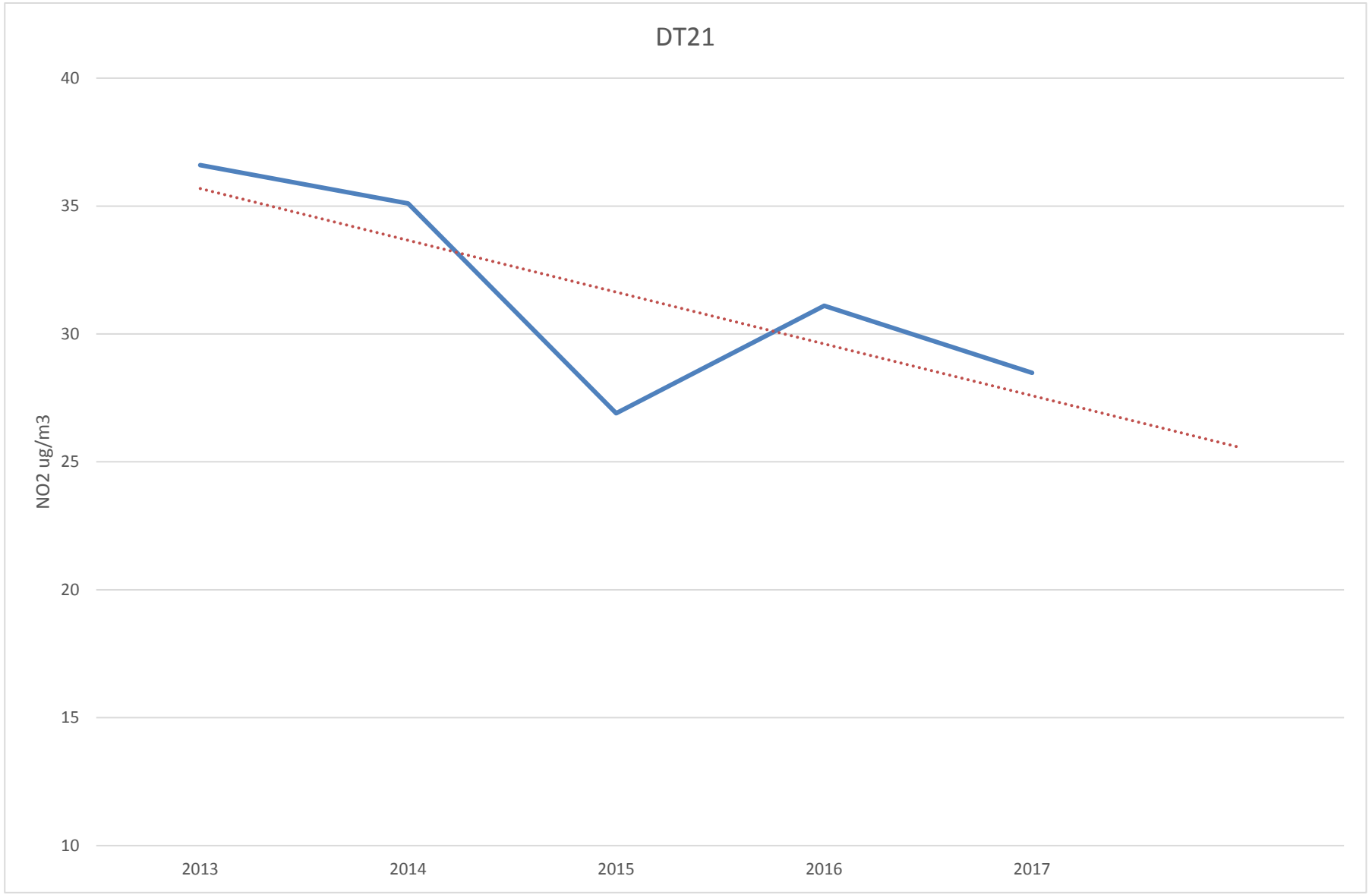
2013
2014
2015
2016
2017


DT21
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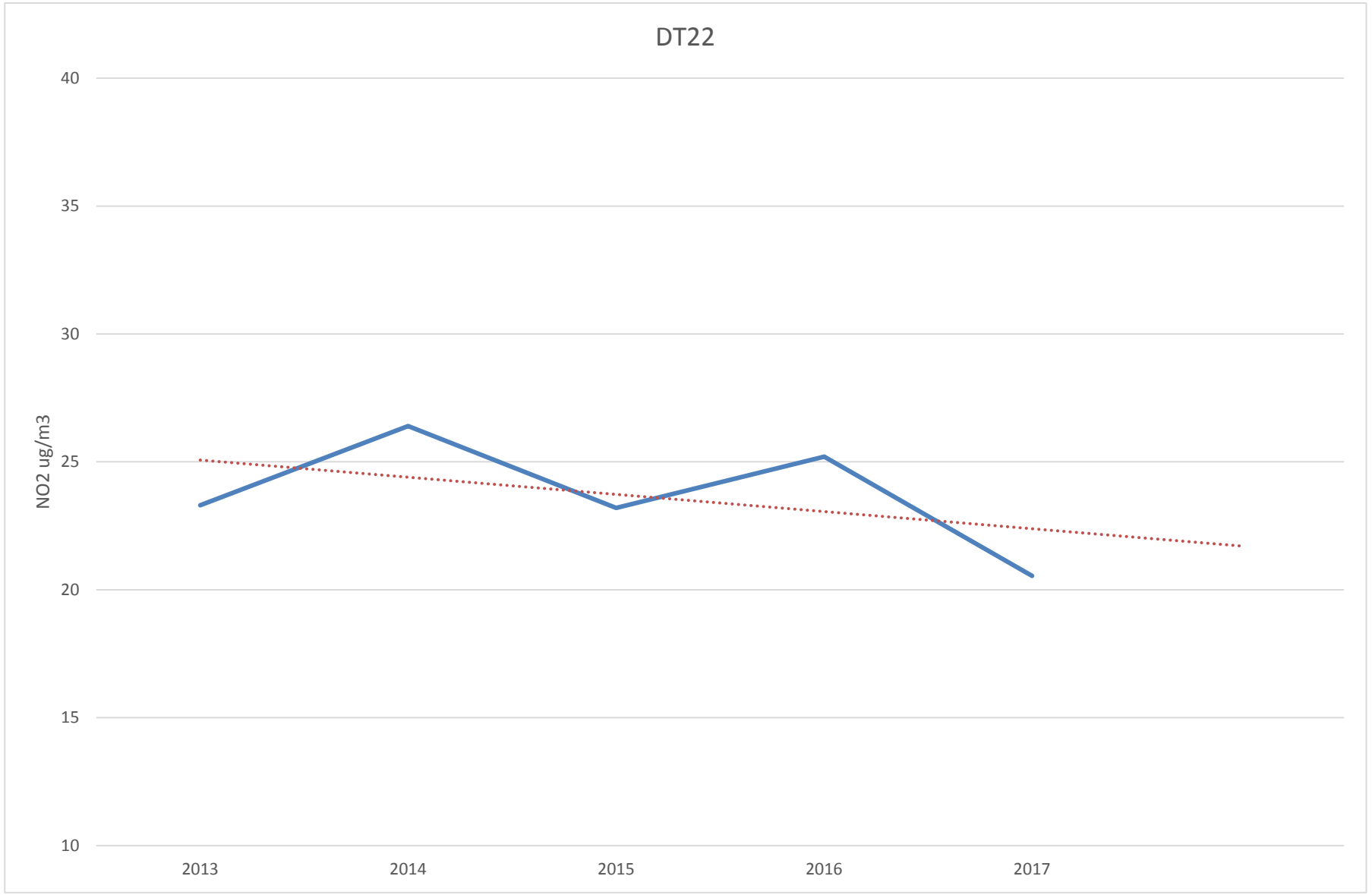
NO2 ug/m3
2013
2014
2015
2016
2017


DT22
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30
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20
15
10
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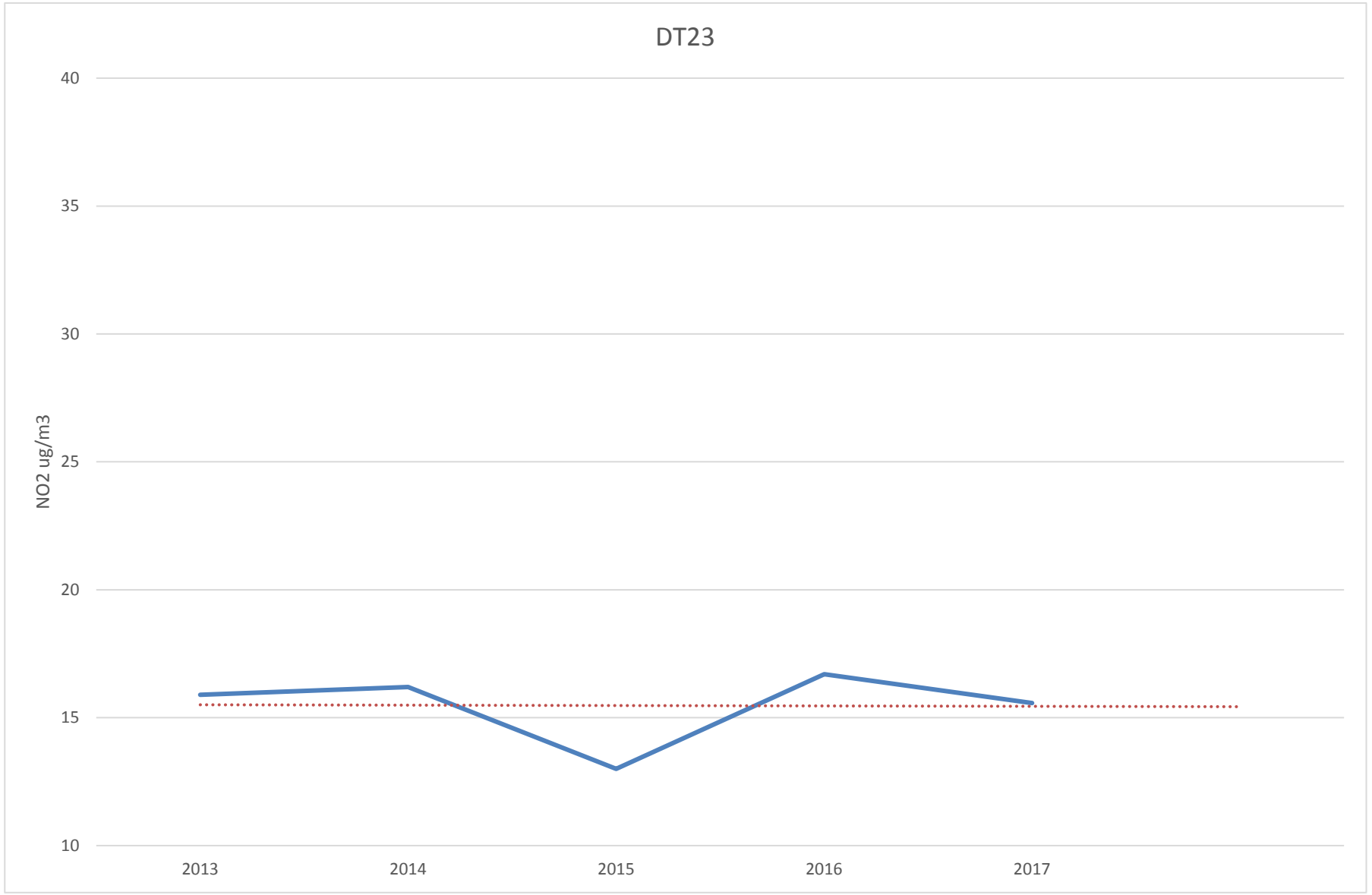
2013
2014
2015
2016
2017


DT23
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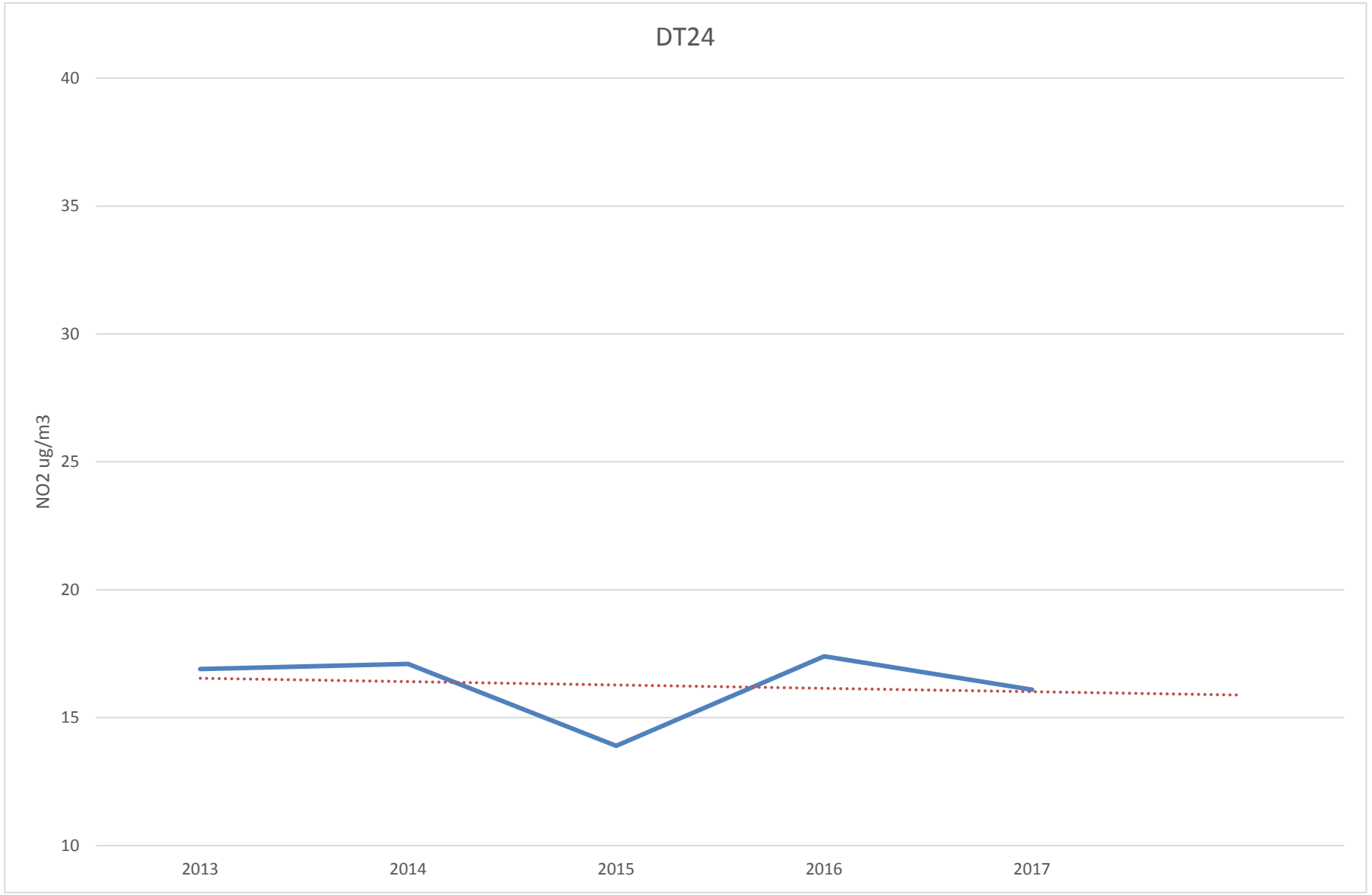
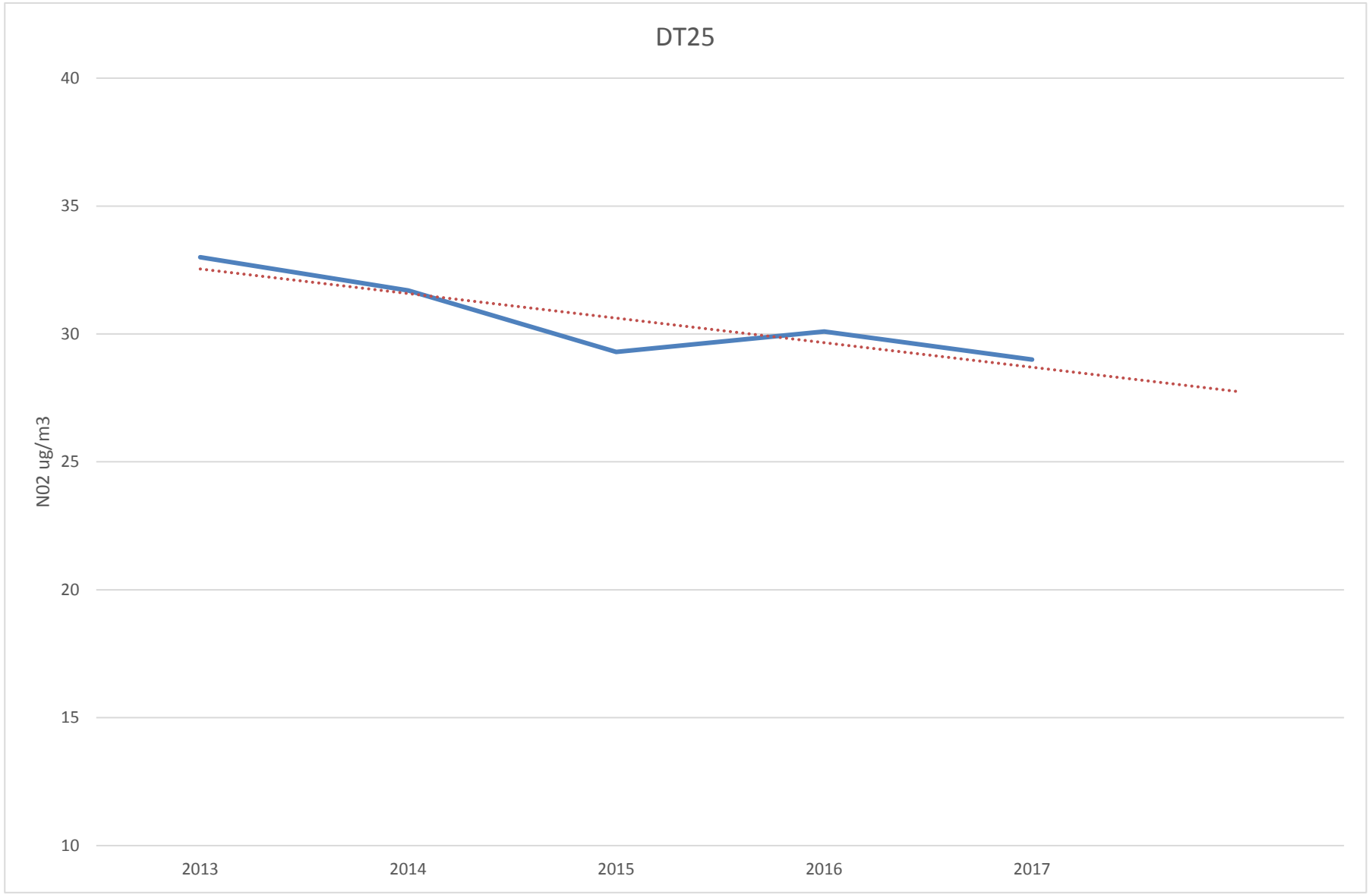
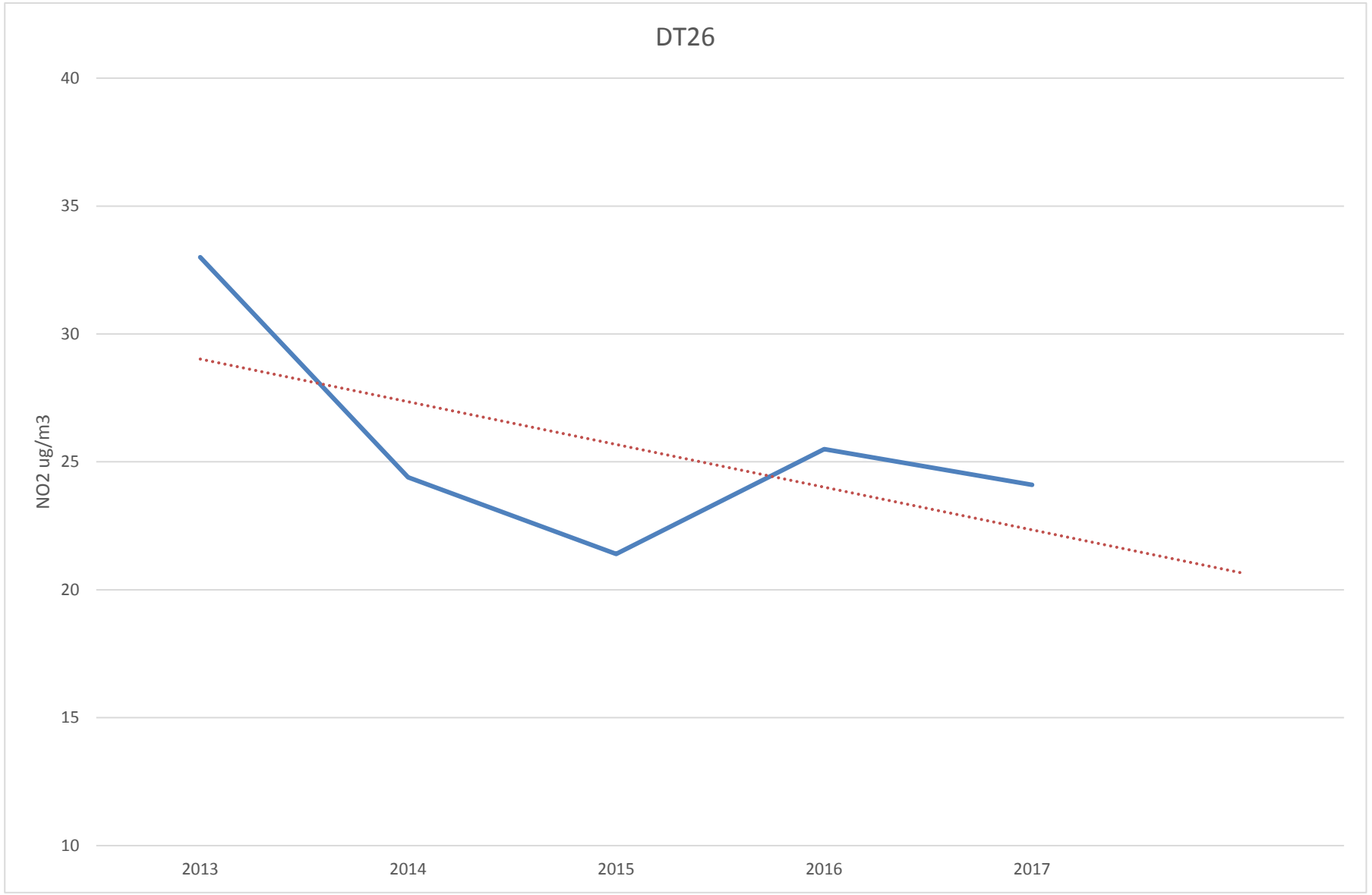
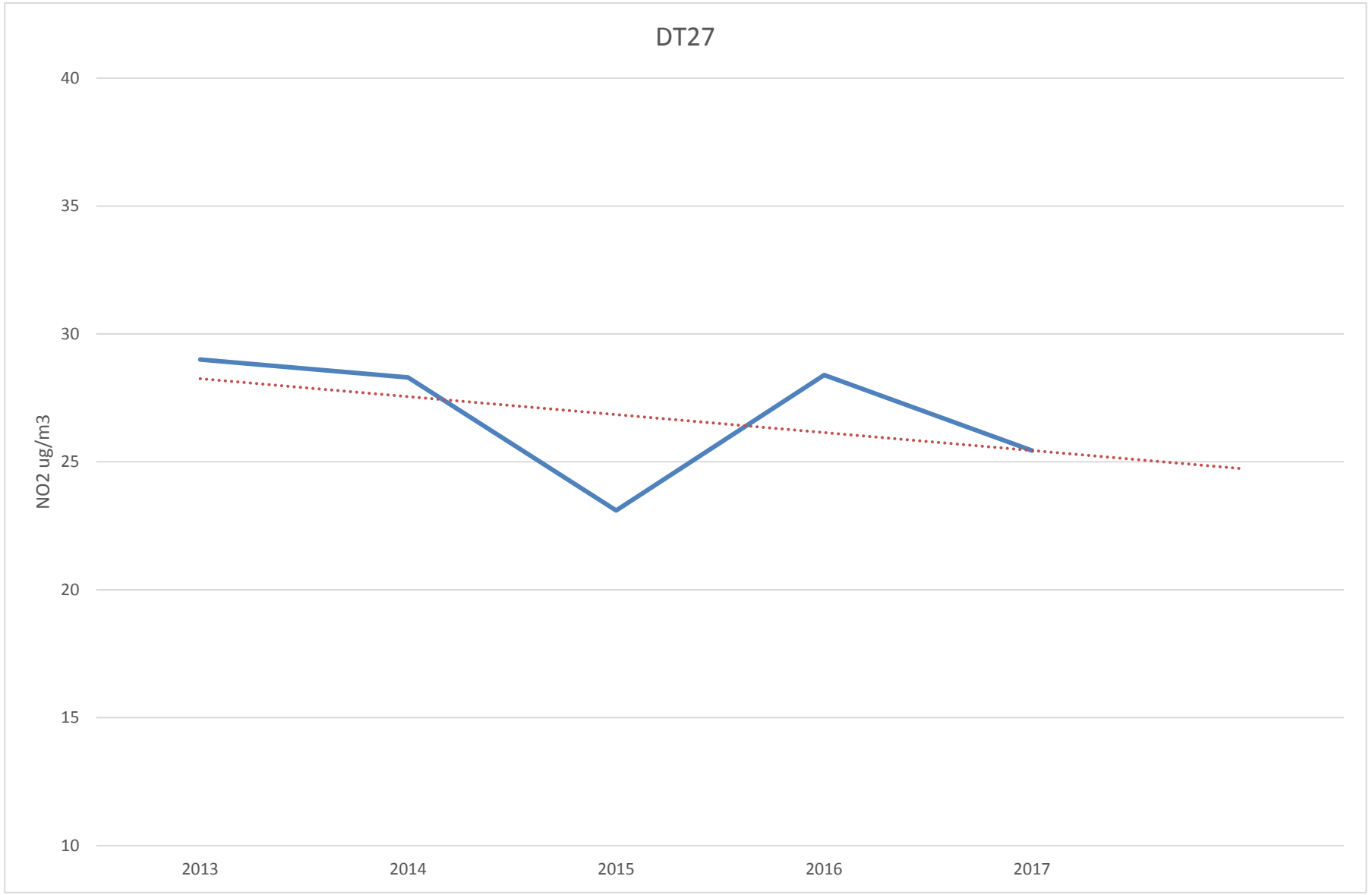
35
30
25
20
15
10
NO2 ug/m3
2013
2014
2015
2016
2017


DT24
40
35
30
25
20
15
10
NO2 ug/m3
2013
2014
2015
2016
2017


DT25
40
35
30
25
20
15
10
N02 ug/m3
2013
2014
2015
2016
2017


DT26
40
35
30
25
20
15
10
NO2 ug/m3
2013
2014
2015
2016
2017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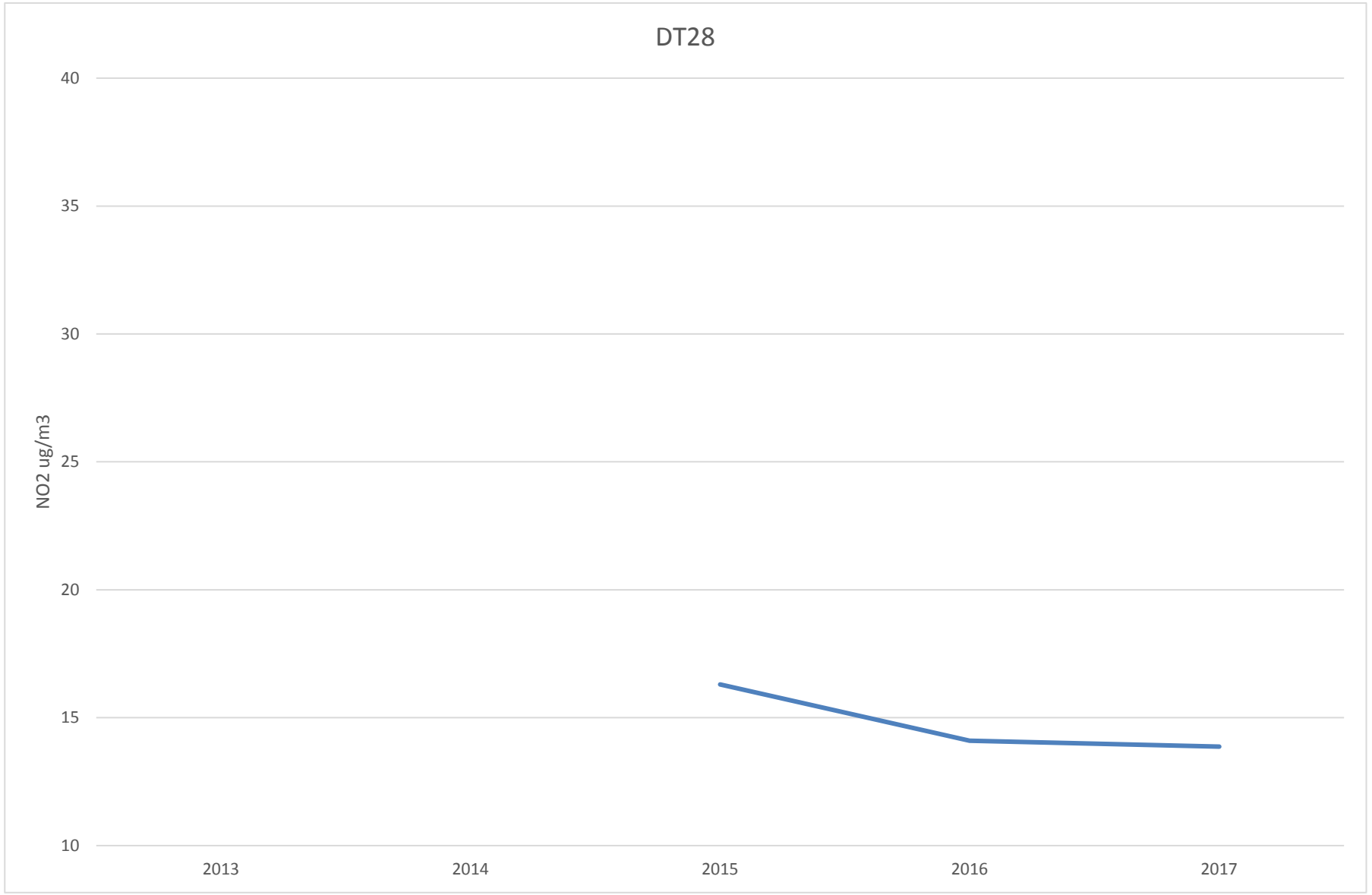
25
20
15
10
NO2 ug/m3
2013
2014
2015
2016
2017


DT28
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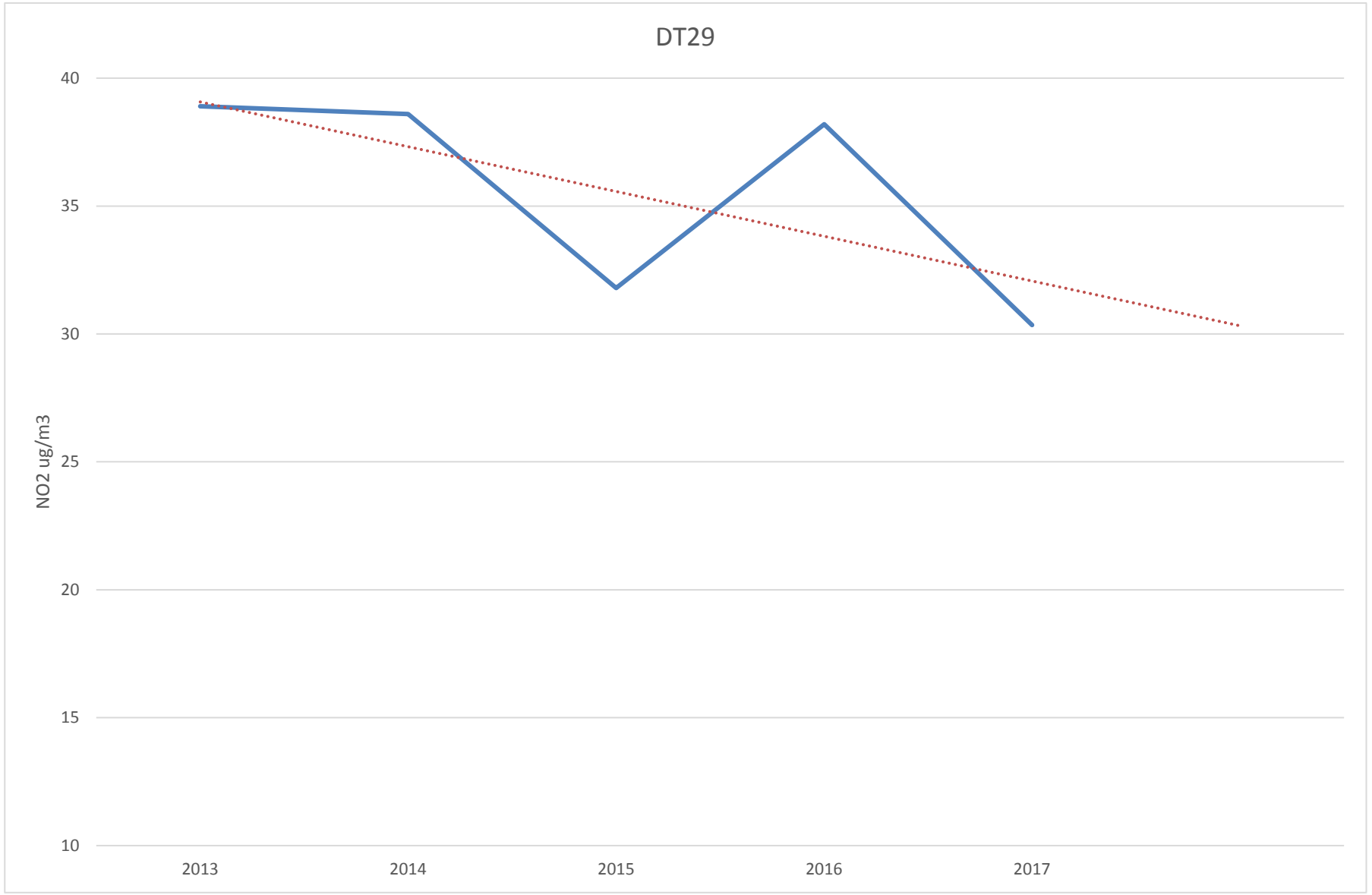
20
15
10
NO2 ug/m3
2013
2014
2015
2016
2017


DT29
40
35
30
25
20
15
10
NO2 ug/m3
2013
2014
2015
2016
2017

Appendix B: Full Monthly Diffusion Tube Results for 2017

Table B.1 – NO_2 Monthly Diffusion Tube Results - 2017

Site ID	NO_2 Mean Concentrations ($\mu g/m^3$)														
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual Mean		
													Raw Data	Bias Adjusted (0.89) and Annualised (1)	Distance Corrected to Nearest Exposure (2)
DT1	37.0	25.0	29.0	19.0	14.0	19.0	19.0	23.0	26.0	26.0	27.0	22.0	23.8	21.21	
DT2	33.0	24.0	25.0	23.0	14.0	21.0	21.0	24.0	23.0	26.0	30.0	28.0	24.3	21.66	
DT3	35	25	25	21	18	18	18	18	20	23	27	21	22.4	19.95	
DT4	40	33	31	30	27	20	23	27	24	36	32	37	30.0	26.70	
DT5	44	29	34	33	28	30	26	31	30	34	31	30	31.7	28.18	
DT6	25	17	15	-	-	16	14	16	18	33	34	39	22.7	20.20	
DT7	52	40	42	46	38	43	37	40	41	41	48	34	41.8	37.23	
DT8	35	30	29	24	21	21	19	21	22	23	27	24	24.7	21.95	
DT9	40	32	32	28	20	24	23	21	22	28	38	27	27.9	24.85	
DT10	34	25	20	13	16	14	15	14	16	17	20	18	18.5	16.47	
DT11	30	18	18	13	14	15	13	14	17	16	17	16	16.8	14.91	
DT12	32	25	23	24	20	21	22	-	20	25	28	22	23.8	21.20	
DT13	33	21	19	12	12	13	22	13	15	19	20	18	18.1	16.09	
DT14	33	22	19	17	16	13	13	12	15	19	21	18	18.2	16.17	
DT15	43	32	34	29	26	23	23	27	26	28	35	27	29.4	26.18	

DT16	34	26	26	19	19	20	17	19	19	11	26	24	21.7	19.28	
DT17	34	27	24	21	18	19	18	19	22	23	28	24	23.1	20.54	
DT18	42	32	32	28	30	27	26	26	27	29	32	28	29.9	26.63	
DT19	50	44	39	40	-	39	20	38	39	37	43	35	38.5	34.31	
DT20	46	40	37	31	28	34	-	36	32	33	34	32	34.8	30.99	
DT21	39	31	33	34	27	29	28	32	32	33	35	31	32.0	28.48	
DT22	31	26	26	20	22	20	19	21	22	24	23	23	23.1	20.54	
DT23	30	22	21	14	14	13	13	13	16	18	17	19	17.5	15.58	
DT24	30	22	23	17	15	14	13	13	14	17	20	19	18.1	16.09	
DT25	41	33	34	30	30	31	29	31	33	35	33	31	32.6	29.00	
DT26	37	31	29	24	22	23	19	23	24	31	34	28	27.1	24.10	
DT27	38	26	29	30	28	24	26	27	28	27	36	24	28.6	25.44	
DT28	24	18	17	14	9	11	10	14	13	17	20	20	15.6	13.87	
DT29	50	42	46	36	33	1	31	-	-	22	42	38	34.1	30.35	
DT2	35.7	23.3	19.7	17.1	18.2	19.5	25.7	17	27	19	33	27.6	23.6	21.2	

☐ **Local bias adjustment factor used**

☒ **National bias adjustment factor used**

☒ **Annualisation has been conducted where data capture is <75%**

☒ **Where applicable, data has been distance corrected for relevant exposure**

Notes:

Exceedances of the NO_2 annual mean objective of 40µg/m^3 are shown in **bold**.

NO_2 annual means exceeding 60µg/m^3, indicating a potential exceedance of the NO_2 1-hour mean objective are shown in **bold and underlined.**

(1) See Appendix C for details on bias adjustment and annualisation.
(2) Distance corrected to nearest relevant public exposure.

Appendix C: Supporting Technical Information / Air Quality Monitoring Data QA/QC

QA/QC of Diffusion Tube Monitoring

The diffusion tubes are supplied by Gradko Environmental. They consist of 20% TEA (Triethanolamine) in deionised water. Once received by post the tubes are stored in a refrigerator until required. When the tubes have been placed in their holders, the end caps are removed and the tubes exposed for a month. At the end of the period the tubes are recapped and retrieved and stored in the refrigerator until returned by post to the laboratory for analysis. A travel blank is used. This travels everywhere with the exposed tubes but is not itself exposed. It is stored in the refrigerator and sent for analysis with the exposed tubes. Its purpose is to check on contamination of the tubes.

Gradko International is accredited by UKAS for the analysis of NO2.

The National bias adjustment factor for the period was 0.89 (Spreadsheet Version 03/18)

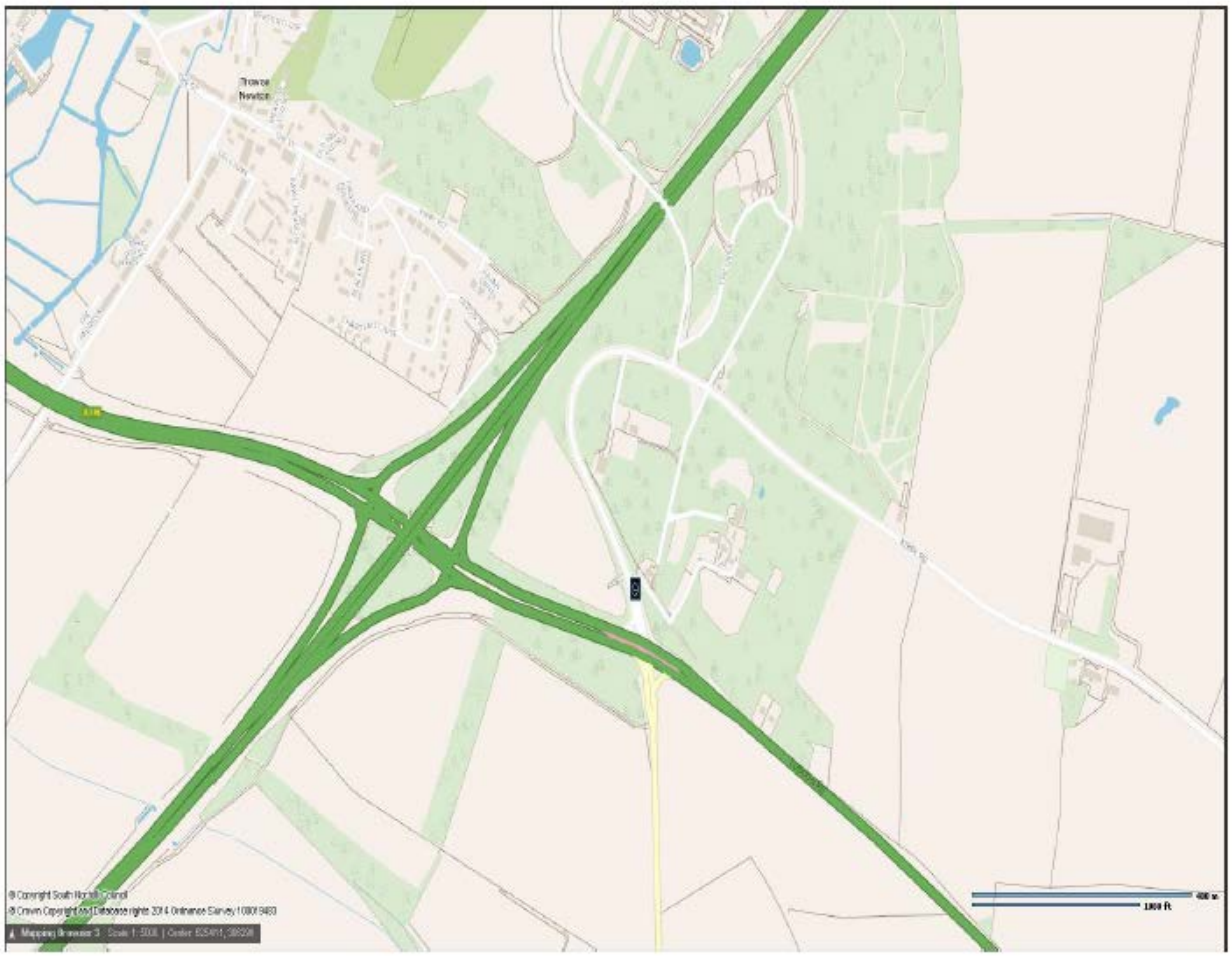
Appendix D: Map(s) of Monitoring Locations and AQMAs

Poringland

Tube I.D.	Location	Height	Grid
3	On Drain pipe Poringland.	1.5m	0626803 0302092

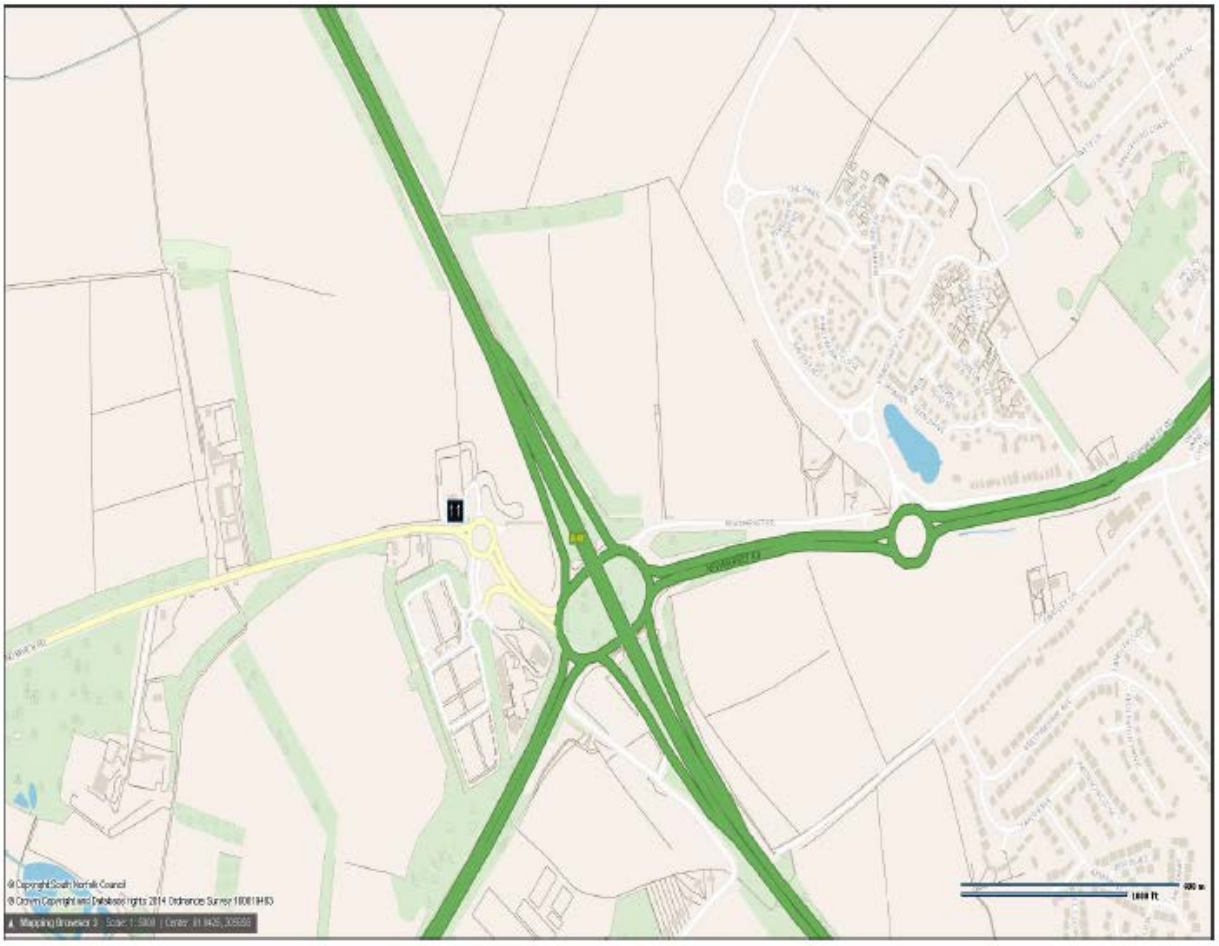
Bixley

Tube I.D.	Location	Height	Grid
9	Kirby Bedon Road Bixley.	2.1	0625439 0305944



Thickthorn Roundabout A11

Tube I.D.	Location	Height	Grid
11	2 THICKTHORN COTTAGES	2.1	0618137 0305678



Wymondham

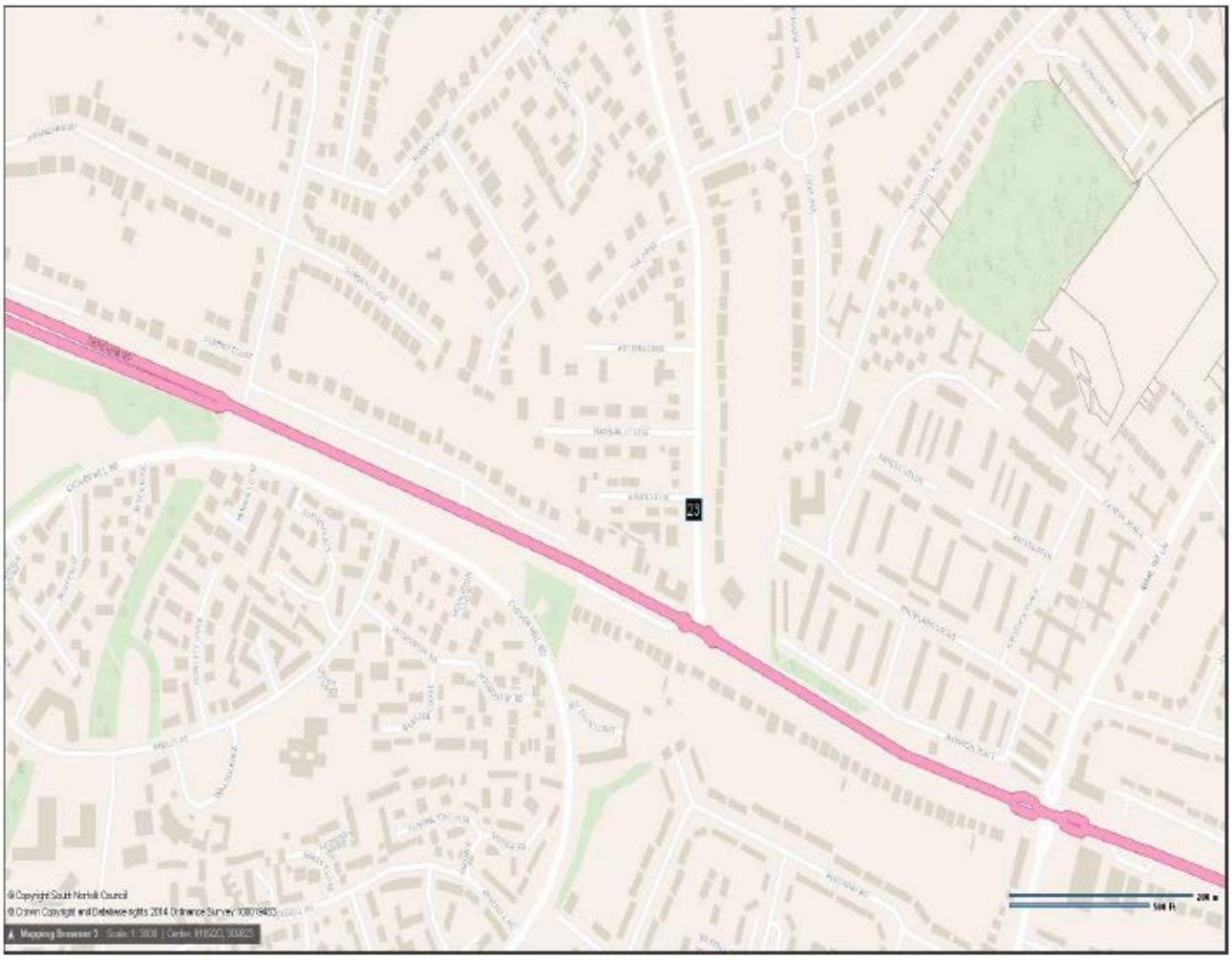
Tube I.D.	Location	Height	Grid
10	209 Norwich Wymondham	1.5	0612515 0302652
13	233 Norwich Road Wymondham	1.8	06126630302751

Wymondham

Tube I.D.	Location	Height	Grid
8	Fairland, Wymondham	2.1	0611129 0301425
12	Right up Lane	2.1	0611528 0300987
14	28 Norwich Road	1.5	0611380 0301638
24	14 Station Rd	1.5	0611323 0301190

Costessey

Tube I.D.	Location	Height	Grid
23	3 Norwich Road Costessey	1.5	0618991 0309796

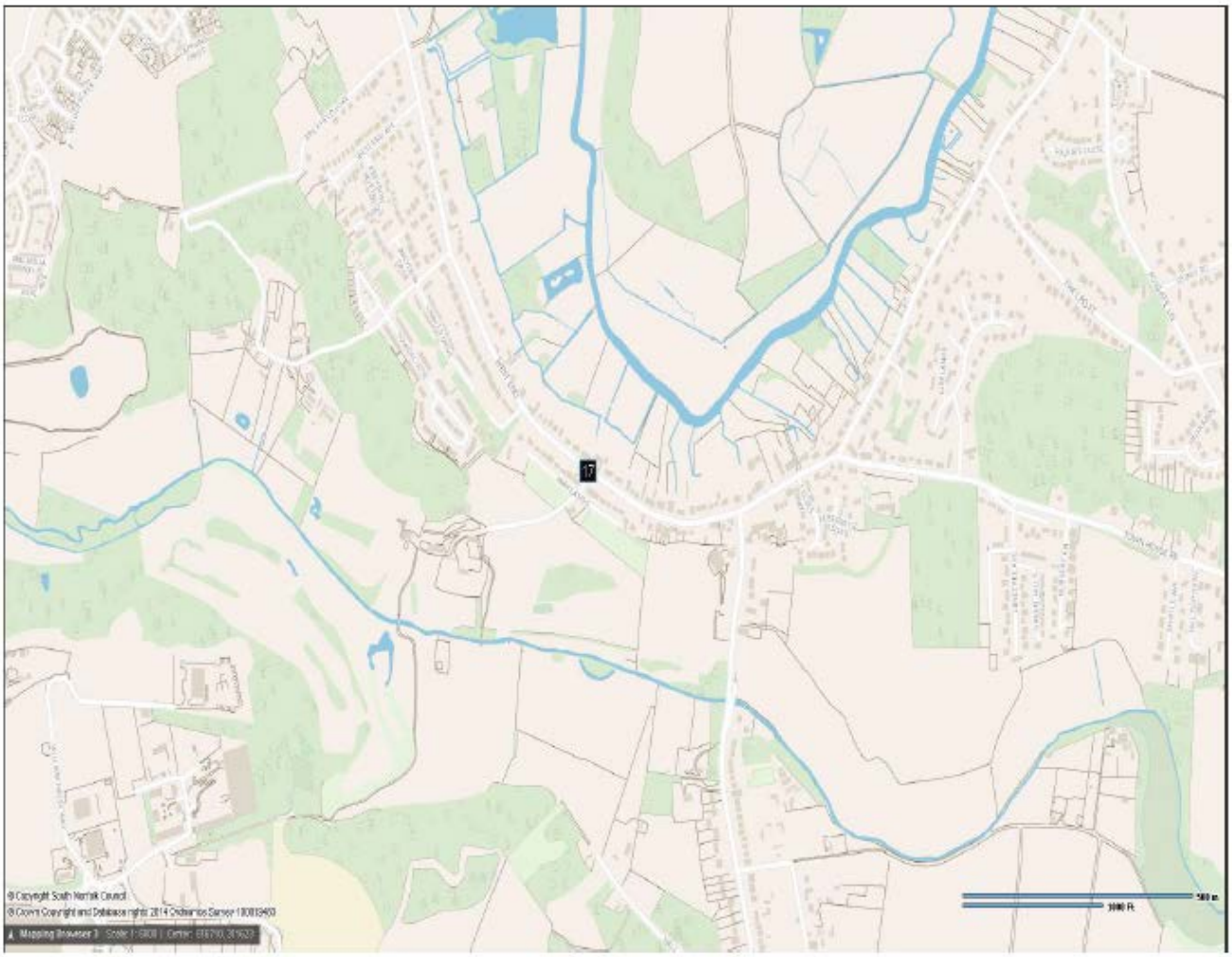


Costessey

Tube I.D.	Location	Height	Grid
2	131 Longwater Lane	1.5	0616797 0310477
27	Lord Nelson Drive	2.1	0616348 0310585
28	2 Riverside Court Costessey	1.5	0 0310585616386

Costessey

Tube I.D.	Location	Height	Grid
17	84 West End Costessey	2.1	0616652 0311650



Long Stratton

Tube I.D	Location	Height	Grid
7	A140 LONG STRATTON	2.1	619722 292745
18	LONG STRATTON CHINESE	2.1	619710 292730
19	LONG STRATTON TRAFFIC LIGHT EAST	2.1	619732 292740
20	LONG STRATTON FUNERAL DIRECTORS	1.5	619642 292346
21	LONG STRATTON SOUTHBOUND 60m	2.1	619694 292653
22	LONG STRATTON SWAN LANE CO-OP CHEMIST	2.1	619710 292722
25	LONG STRATTON BUS STOP NORWICH ROAD	2.1	619823 293032

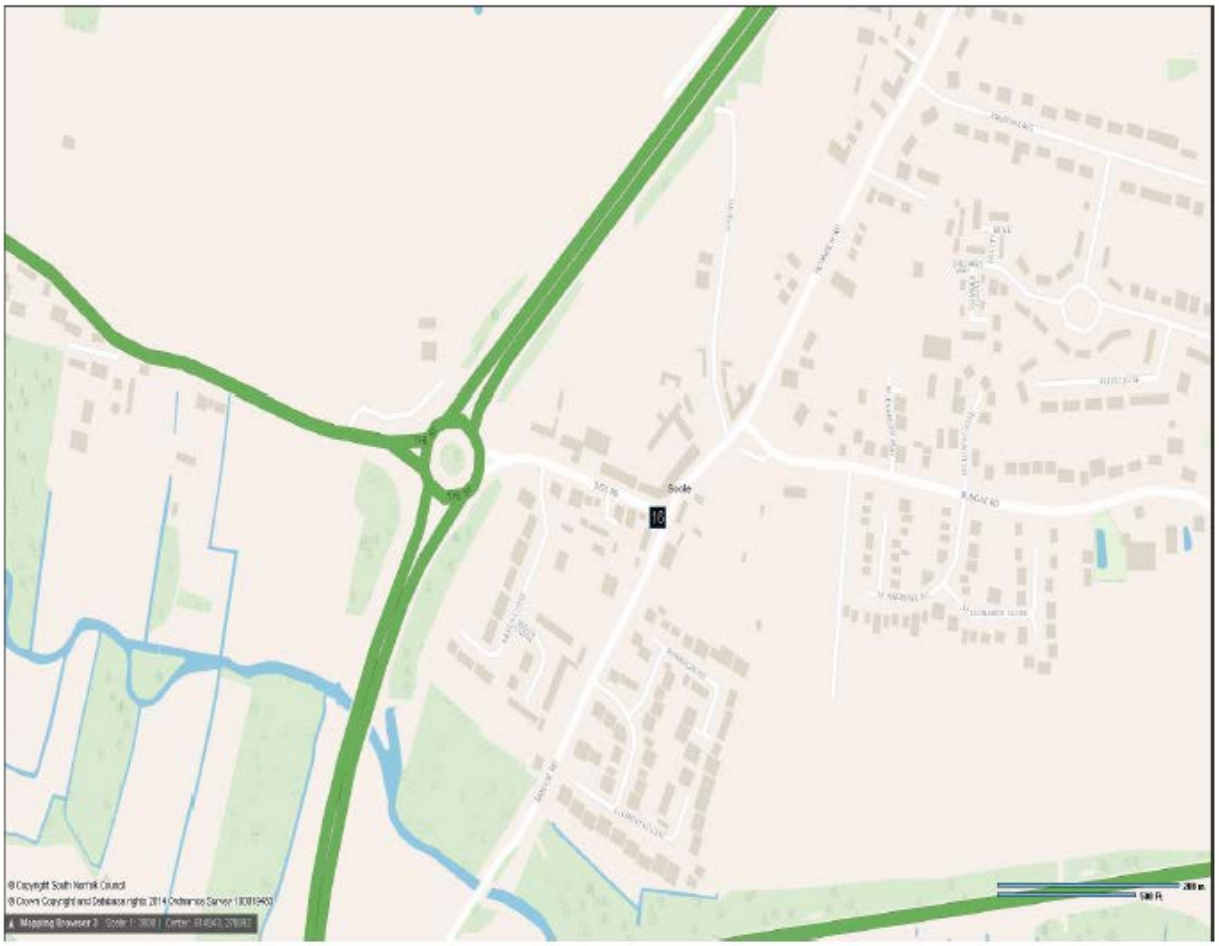

Education Facility
Sports/Leisure Centre
Education Facility
Education Facility
Fire Station
PO
PW
PW
PW
Library
Long Stratton
Hall Farm
25
7
19
18
22
21
20
A140
SWAN LANE
MANOR ROAD
WEST STREET
STAR LANE
OLD DAIRY CLOSE
HILL FARM ROAD
FIELD ACRE WAY
CHURCHFIELDS ROAD
OAKFIELD ROAD
SPRINGFIELD CHASE
ST NICHOLS ROAD
ST ANDREWS CL
ST JAMES WAY
ST DAVIDS CL
EDGES CL
FAIRFIELD CL
ST LEGER
SWEET BRIAR ROAD
FRANCIS ROAD
SNAPE HALL ROAD
MANOR PARK GARDENS
FLOWERPOT LANE
GLEBE CL
RECTORY CL
HALL LANE

Diss

Tube I.D.	Location	Height	Grid
4	87 Denmark Street, Diss	1.5	0611223 0279637
5	131 Victoria Diss	1.8	0611945 0279572

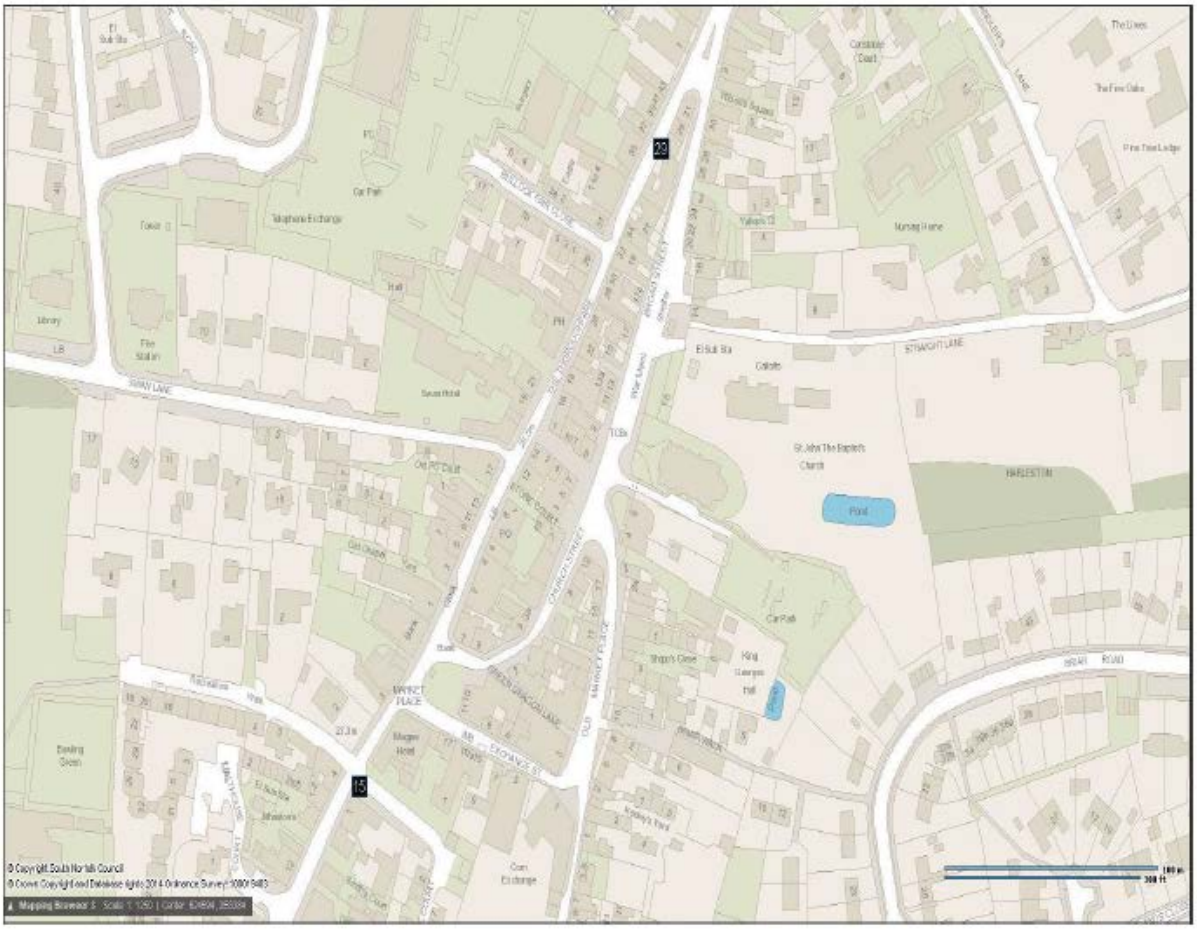
Scole

Tube I.D.	Location	Height	Grid
16	Diss Road , Scole	0614895 0278864	1.8



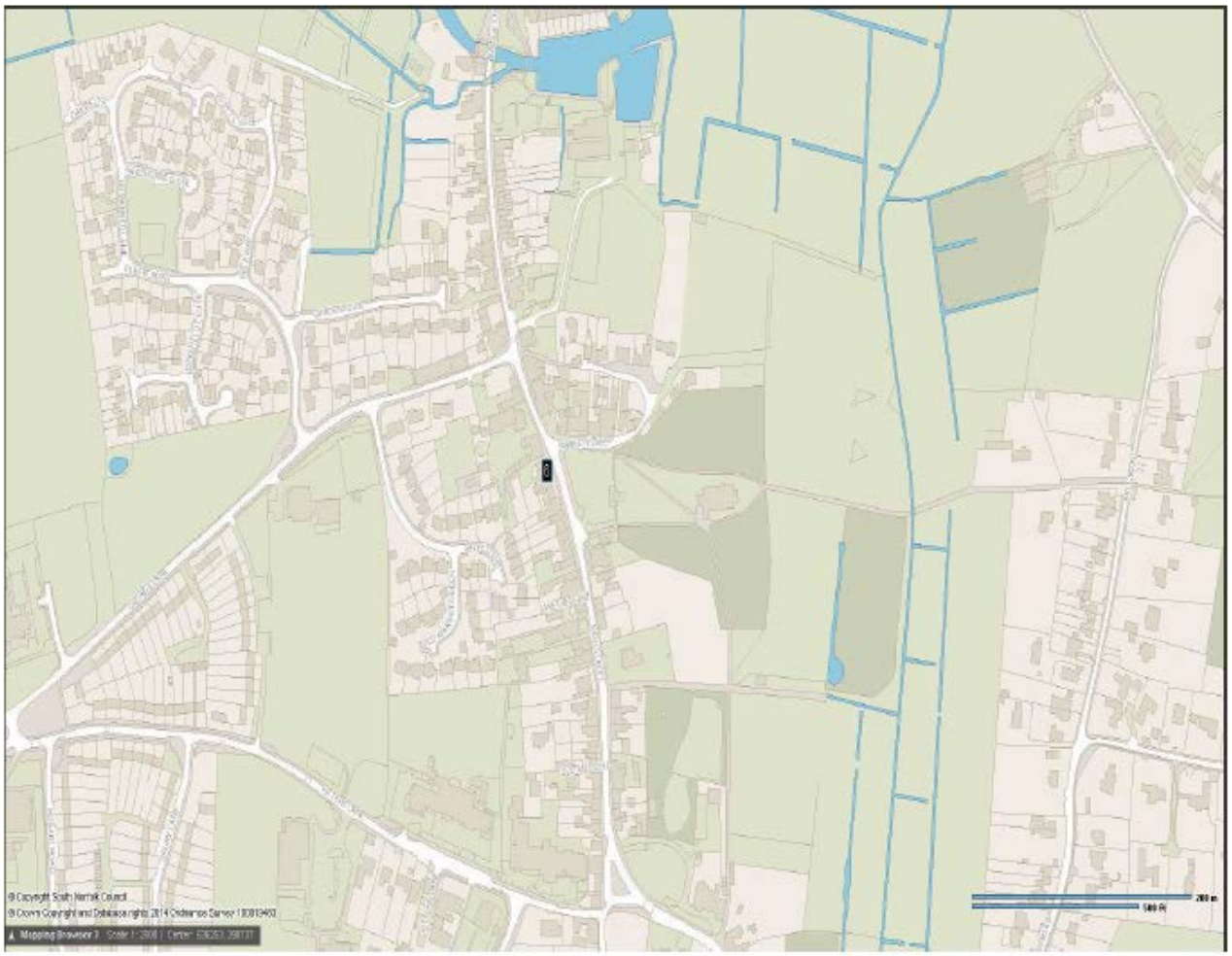
Harleston

Tube I.D.	Location	Height	Grid
15	Harleston (Hotel)	2.1	0624484 0283276
29	25 Broad Street Harleston	1.5	0615754 0310637



Loddon

Tube I.D.	Location	Height	Grid
6	21 Church Plain, Loddon	1.5	0636192 0298751



Cringleford

Tube I.D.	Location	Height	Grid
1	46a Old Newmarket Road, Cringleford	1.5	0619208 0304645
26	Newmarket Road, Cringleford	2.1	0619801 0305859

Appendix E: Summary of Air Quality Objectives in England

Table E.1 – Air Quality Objectives in England

Pollutant	Air Quality Objective[4]	
	Concentration	Measured as
Nitrogen Dioxide (NO_2)	200 µg/m^3 not to be exceeded more than 18 times a year	1-hour mean
	40 µg/m^3	Annual mean
Particulate Matter (PM_{10})	50 µg/m^3, not to be exceeded more than 35 times a year	24-hour mean
	40 µg/m^3	Annual mean
Sulphur Dioxide (SO_2)	350 µg/m^3, not to be exceeded more than 24 times a year	1-hour mean
	125 µg/m^3, not to be exceeded more than 3 times a year	24-hour mean
	266 µg/m^3, not to be exceeded more than 35 times a year	15-minute mean

[4] The units are in micrograms of pollutant per cubic metre of air (µg/m^3).

Glossary of Terms

Abbreviation	Description
AQAP	Air Quality Action Plan - A detailed description of measures, outcomes, achievement dates and implementation methods, showing how the local authority intends to achieve air quality limit values'
AQMA	Air Quality Management Area – An area where air pollutant concentrations exceed / are likely to exceed the relevant air quality objectives. AQMAs are declared for specific pollutants and objectives
ASR	Air quality Annual Status Report
Defra	Department for Environment, Food and Rural Affairs
DMRB	Design Manual for Roads and Bridges – Air quality screening tool produced by Highways England
EU	European Union
FDMS	Filter Dynamics Measurement System
LAQM	Local Air Quality Management
NO_2	Nitrogen Dioxide
NO_x	Nitrogen Oxides
PM_{10}	Airborne particulate matter with an aerodynamic diameter of 10µm (micrometres or microns) or less
$PM_{2.5}$	Airborne particulate matter with an aerodynamic diameter of 2.5µm or less
QA/QC	Quality Assurance and Quality Control
SO_2	Sulphur Dioxide
…	…

References

APPENDIX 2 – Clean Air Strategy Consultation Response

1. Understanding the problem

Q1. What do you think about the actions put forward in the understanding the problem chapter? Please provide evidence in support of your answer if possible.

We welcome actions to deliver more robust data at a local scale. Given both the drop off in some pollutants close to source and also the distance travelled by others, more accurate and local data will enable both targeted activity and a better way of understanding which pollutants need tackling where.

We need to be clear about the nature of the problem and therefore the focus of activity. As this consultation suggests, actions may at times be required away from the area of poor air quality so evidence which supports these policy decisions and to communicate more effectively with the wider public would be helpful. Actions can then be proportionate to the likely impact and based upon robust local source apportionment data.

It would be useful if it included a tool kit to support LAs rather than any investment being made at a higher level. We think that much more information is needed regarding levels of PM2.5 and identification of sources. Also looking into acceptable more cost-effective monitoring options for particulates.

Q2. How can we improve the accessibility of evidence on air quality, so that it meets the wide-ranging needs of the public, the science community, and other interested parties?

Relative risk from a variety of pollutants needs to be more easily understood by the wider population.

Whilst wider understanding about the need to tackle poor air quality is good, we need to avoid lack of clarity or misunderstood risks. We would support the six principles of communicating air pollution (p.86 in the March 2017 DEFRA briefing for Directors of Public Health). We also think there needs to be clarity and consistency in the use of mortality data and how pollution contributes to early deaths rather than necessarily directly causing them. Comparisons with other well understood risks such as secondary smoking or alcohol may also better frame the debate.

2. Protecting the nation's health

Q3. What do you think of the package of actions put forward in the health chapter? Please provide evidence in support of your answer if possible.

Given there is no known level at which PM2.5 can be deemed to be "safe" we welcome challenging targets to reduce the number of people living where levels are above the 10ug/m3 suggested target. We would also suggest that this needs to be kept under review with additional target reductions in place over time to progressively reduce the risk. However, we recognise that allowing for example for background or externally produced sources of PM2.5 makes this very difficult in practical terms at a local level. Consequently,

clarity in the strategy that this relates to artificial rather than natural or non-local sources would help.

As this chapter acknowledges, breathing in PM2.5 can have an effect long after the exposure takes place so reductions should take place as quickly as possible. Consequently, constructive advice on what can be done by individuals and organisations to both reduce their own emissions and risks would be welcomed.

More information is needed on how these actions will be delivered and by whom. If for example the source of PM creates pollution elsewhere but not necessarily close to source what powers and resources would be directed to tackle the source problem when the benefit may be realised predominantly elsewhere?

Air Quality should be a consideration in all planning applications not just those in or near AQMAs.

Q4. How can we improve the way we communicate with the public about poor air quality and what people can do?

As suggested in Q2, information needs to be clear and proportionate to the exposure and health risks. We want to avoid unintended consequences by, for example, discouraging active travel where those benefits may outweigh potential harm or where those most at risk may infact be drivers. Clear advice to health professionals and those working with more at-risk populations such as schools or care homes may also help ensure correct information being disseminated and support local action on, for example, school gate parking, idling, active travel.

Advice about indoor air quality from PHE/NICE/BRE etc. would also be useful and again help frame an informed debate about relative risks and how people can protect themselves and reduce their own pollution. Could some of this be incorporated into building regulations.

3. Protecting the environment

Q5. What do you think of the actions put forward in the environment chapter? Please provide evidence in support of your answer if possible.

Detrimental impact of NOx on the environment is considered well understood. The actions suggested appear to mostly consist of further monitoring of both the problem and its recovery. Consequently, although it is understood monitoring has an important role to play, greater action is required in order to ensure a reduction in NOx, microplastics, PAH's etc. is achieved.

It could be argued that the successful tackling of acid rain came about by changes in legislation that were adopted internationally. The banning of microplastics where there are known cost effective alternatives could be implemented; all new road surfaces could be made of a material that minimises the generation of tyre dust whilst maintaining road safety – further research to be funded/incentives to tyre manufacturers?

Whilst research is welcome, we would also welcome some clear direction regarding actions that could be taken

Q6. What further action do you think can be taken to reduce the impact of air pollution on the natural environment? Where possible, please include evidence of the potential effectiveness of suggestions.

Need to integrate for example Natural England, EA, the planning system and new NGO and ensure no gaps and that a variety of perspectives are understood.

Any new requirements need to be properly resourced to ensure they do not get diluted due to workloads. Practical examples of what could work whilst avoiding unforeseen consequences would enable better planning for mitigation alongside costs. For example, the recent Air Quality Expert Group on vegetation provides an opportunity to assess mitigating action and could be extended to rural habitats too. However, advice needs to be clear and risks and benefits articulated.

Legislation may in some cases be required to enforce innovation in product design which reduces emissions and pollutants at source.

4. Securing clean growth and innovation

Q.7. What do you think of the package of actions put forward in the clean growth and innovation chapter? Please provide evidence in support of your answer if possible.

Some of these actions do not seem practical, for example, phasing out oil heating – we ask what is the alternative in rural areas? There are no alternatives listed and we know in many rural villages in Norfolk oil heating is the only option as mains gas is not available. The alternative would be large scale and probably subsidised or energy-firm funded renewable energy alternatives such as solar or ground source heating.

We think it is positive to try and minimise AQ impacts of RHI scheme – especially in urban areas. We have recently come across a situation where at an urban industrial site where RHI is being used to fund a biomass boiler that is being inappropriately used to burn all waste from the business in question. This shows that the current RHI scheme is open to abuse so enforcement powers and the resource locally and nationally to enforce these would be a step forward

Whilst Green Great Britain week may appear a good idea it seems we may be starting a new initiative for the sake of it. There are a number of existing initiatives such as clean air day that could be used and supported more widely without starting a new initiative. Having too many similar initiatives also means they lose their impact.

Q8. In what areas of the air quality industry is there potential for UK leadership?

There is potential for universities to lead on research and technology development for example the University of Leicester and their development of the Zephyr monitor along with Earthsense.

Q9. In your view, what are the barriers to the take-up of existing technologies which can help tackle air pollution? How can these barriers be overcome?

Cost, availability, lack of knowledge. Scrappage scheme to incentivise improvements. Small transport companies/ bus companies cannot afford to improve their fleet. Infrastructure for electric charging points – these are expensive to retrofit to houses and in car parks etc. but it will pay in the future to make sure all new housing developments have the basic infrastructure in place now. Consequently, building requirements into building regulations or augmenting the recently updated National Planning Policy Framework at a national level would factor these considerations at early design and cost stage

Q10. In your view, are the priorities identified for innovation funding the right ones?

These sound OK but there is not that much detail. Any funding should be available to a variety of businesses and not just large corporations.

5. Action to reduce emissions from transport

Q11. What do you think of the package of actions put forward in the transport chapter? Please provide evidence in support of your answer if possible.

Both the Clean Air Strategy & the UK Plan for Tackling Roadside NO2 concentrations are high level documents which do not provide any guidance to those implementing the strategies. These strategies need to be aligned or amalgamated into one clear and unambiguous vision and series of costed and funded actions.

The UK government needs to ensure that its strategies and actions across transport work together to achieve the widest possible sets of outcomes. For example, whilst we support modal shift to public transport, air quality aims will be enhanced through further electrification of the rail network. Further modal shift to bus-based transport could also support air quality objectives, but government will need to put direct funding towards public transport improvements to get maximum benefits. Encouraging modal shift from potentially cleaner and newer cars to older buses could be counter-productive so there need to be clear benefits from encouraging these shifts in behaviour.

Still no regulation to require LAs to monitor particulate matter – specifically PM2.5. LAs are increasingly unable to carry out any functions that are not statutory due to resource and budget constraints. Therefore, funding for such monitoring must be made available for this aspect of the strategy to be successful or national funded investment in additional monitoring sites to provide the data to which there is a commitment to make more widely available in Chapters 1 and 2

We support the research into PM2.5 and tyre/brake materials

More detail on regulation of emissions from non-road mobile machinery needed. If this is to be another function for LAs, government will need to provide further guidance and funding

Q12. Do you feel that the approaches proposed for reducing emissions from Non-Road Mobile Machinery are appropriate or not? Why?

A national scheme on labelling, emissions and use of fuels would better ensure compliance across the country. However, enforcement and monitoring off road could be problematic in a rural county or where there are high levels of growth and infrastructure activities. This may require a role for e.g. HMRC and some form of MOT-equivalent to check emissions and compliance

6. Action to reduce emissions at home

Q13. What do you think of the package of actions put forward to reduce the impact of domestic combustion? Please provide evidence in support of your answer if possible.

The Strategy focuses on both indoor pollution created through domestic burning and wider population effects due to dispersal of PM into the wider atmosphere. This may require different messages and clear information about impacts on the wider population in, for example, rural areas with lower population concentrations and what, if any, impact that has further afield.

As well as legislating for new stove design there may be merit in considering a national scrappage scheme to encourage stove replacement. Whilst burning of unseasoned wood and use of, for example, local coppiced or felled wood in rural areas cannot be prohibited consideration could be given to financial incentives or subsidies for the use of sub-20% moisture content wood.

As highlighted in Question 3 and suggested in this chapter there are likely to be occasions where source of pollutants and the impact of those pollutants may be some distance apart and fall across local authority areas. Consequently, there need to be national standards and enforcement as hard pressed local authorities will be less inclined to take action if they themselves have good air quality.

Q14. Which of the following measures to provide information on a product's non-methane volatile organic compound content would you find most helpful for informing your choice of household and personal care products, and please would you briefly explain your answer?

"A B C" label on product packaging (a categorised product rating for relevant domestic products, similar to other labels such as food traffic light labels)

information on manufacturer website

leaflet at the point of sale

inclusion in advertising campaigns

other option

Information on product labels would remain visible to consumers both at point of sale and during the usage of that product. This may improve

awareness. However, residents need to properly understand the context of these labels and any risk relative to other well-known risk factors to be able to make informed choices. There should also be advice on how to use products safely as well as resources to support removal of existing unsafe or high-risk products from homes through properly funded disposal programmes.

Q15. What further actions do you think can be taken to reduce human exposure from indoor air pollution?

National campaigns and awareness raising is likely to be required so that people understand the risks and which populations are most at risk. Messaging needs to be consistent and clear over time and offer practical advice and alternatives in what could be seen as a cluttered market for health information.

7. Action to reduce emissions from farming

Q16. What do you think of the package of actions put forward in the farming chapter? Please provide evidence in support of your answer if possible.

Generally agree with the principle to reduce nitrogen use, however what impact does the nitrogen release have regarding urban air quality? Unanswered questions, such as what proportion of farming emissions contributes to particulates, and do these particulates have any bearing on urban air quality.

There is no doubt that dealing with nitrogen emissions is likely to improve AQ, however the measures proposed are primarily designed to deal with the more pronounced issues, such as nitrogen in ground water, with AQ as an added benefit.

Farming emissions should be placed into context and not distract from other known sources of air pollution.

Q17. What are your preferences in relation to the 3 regulatory approaches outlined and the timeframe for their implementation: (1) introduction of nitrogen (or fertiliser) limits; (2) extension of permitting to large dairy farms; (3) rules on specific emissions-reducing practices? Please provide evidence in support of your views if possible.

Inclined to agree with the suggested measures regarding nitrogen use and PPC, but the rules on specific emissions-reducing practices are specific and difficult to put in practice within in a non-sophisticated farm setting. Large organisation likely to adapt better give the degree of investment necessary to meet the changes, and smaller less modernised farms would struggle.

Q18. Should future anaerobic digestion (AD) supported by government schemes be required to use best practice low emissions

spreading techniques through certification? If not, what other short-term strategies to reduce ammonia emissions from AD should be implemented? Please provide any evidence you have to support your suggestions.

Certification schemes are generally self-regulating practices, and as such there is no guarantee that certification would result in the desired outcome. Self-regulation would discharge government responsibility, but practices would be generally unenforced as a result. This is a common problem with most forms of self-certification unless e.g. DEFRA are prepared to inspect or regulate farms.

8. Action to reduce emissions from industry

Q19. What do you think of the package of actions put forward in the industry chapter? Please provide evidence in support of your answer if possible.

This is a good mix so far as it goes but there is nothing directed at small businesses which individually give rise to small pollution but collectively pollute significantly at the local, regionally and national burden levels (e.g. small generators)

Q20. We have committed to applying Best Available Techniques to drive continuous improvement in reducing emissions from industrial sites. What other actions would be effective in promoting industrial emission reductions?

Encourage smaller industries to follow same practices as larger companies. Financial incentives or regulations.

Q21. Is there scope to strengthen the current regulatory framework in a proportionate manner for smaller industrial sites to further reduce emissions? If so, how?

Yes, clean air act, burning on building sites etc. Move on from nuisance legislation regulate small industries in another way. EA do not pick up burning trade waste. Use of FPNs or require regulation.

Q22. What further action, if any, should government take to tackle emissions from medium plants and generators? Please provide evidence in support of your suggestions where possible.

Encourage medium sized business and industries to follow same practices as larger companies. Government agencies could provide more focused guidance for them to follow. Financial incentives or regulations would also assist

Q23. How should we tackle emissions from combustion plants in the 500kW-1MW thermal input range? Please provide evidence you might have to support your proposals if possible.

Regulation in line with larger units.

Q24. Do you agree or disagree with the proposal to exempt generators used for research and development from emission controls? Please provide evidence where possible.

No exemptions lead to loopholes and complications and difficulty regulating. Make it easier for mobile works to connect into mains nearby. (Market Trader, construction sites)

9. Leadership at all levels (local to international)

Q25. What do you think of the package of actions put forward in the leadership chapter? Please provide evidence in support of your answer if possible.

An overarching air pollution control programme bringing all the activity and predicted outcomes into one place is to be welcomed for simplicity and clarity. An extension of reporting on greenhouse gas emissions across government departments to also include air quality is also a welcome step to minimise the risk of unintended consequences and to take a wider emission view.

This chapter and elsewhere suggests that NO2 concentrations and traffic are still the major areas of focus for local authorities. We would therefore suggest that bringing the activity and targets and actions from the 2017 plan to reduce roadside emissions into this process would clarify the wider picture. There may be a risk that taken separately this Strategy gives the impressions that traffic emissions have effectively been dealt with and that primary consideration now appears to have shifted toward dispersal of pollutants affecting areas away from source (e.g. the south east). A Clean Air Strategy ought to have all the relevant data, actions and targets in one place

There may also be a danger of spreading resources and messages too thinly. Whilst all reductions in pollutants are to be welcomed there may need to be a focus on the largest scale pollutants, those most damaging to health and / or those most amenable to intervention. There may be a risk that messages become confused or ignored if lower scale or less damaging activity is seen to be linked together with the very obvious and large-scale pollutants (e.g. rural generated PM from domestic burning vs traffic generation of NOx and primary or secondary PM)

There needs to be active consideration of how financially stretched local authorities are able to respond to additional regulatory or advisory frameworks.

Q26. What are your views on the England-wide legislative package set out in section 9.2.2? Please explain, with evidence where possible.

Clarification of legislative powers and bringing them up to date with changes in technology and emissions sources for example is to be welcomed. There is some possible confusion about the plans to prohibit sales of the most

polluting fuels which in Chapter 6 appears to focus on high sulphur content solid fuels and potentially new fuel sources comprised of waste (6.3.3). However 6.2 suggest domestic solid fuel burning accounts for 38% of nationally produced PM. This risks mismatching the perceived health risks and legislative action. There may be good practical reasons for not attempting prohibit e.g. wood with a moisture content above 20%, not least in rural areas away from the wider population, but there is a risk that messages are confused. There may be scope to investigate a stove / open fire scrappage scheme to support proactive switching of older solid fuel burners as well as improving new models

Q27. Are there gaps in the powers available to local government for tackling local air problems? If so, what are they?

Clarity about overlapping roles across local authorities, the EA, DEFRA etc. would be welcome to avoid either duplication or no intervention at all.

Q28. What are the benefits of making changes to the balance of responsibility for clean local air between lower and upper tier authorities? What are the risks?

There needs to be clarity of responsibilities and also cross boundary working to recognise both travel and planning implications and the transient nature of some pollutants. In Norfolk we believe we have a workable compromise which puts local responsibility and accountability at second tier level whilst bringing in joint countywide working with Public Health and traffic planners. Longer term bringing air quality considerations into the wider land planning, housing and development areas would also be beneficial. Consequently, we think that the current model works and that some form of duty to co-operate or enhancing statutory consultees may add weight and visibility.

Q29. What improvements should be made to the Local Air Quality Management (LAQM) system? How can we minimise the bureaucracy and reporting burdens associated with LAQM?

10. Progress against targets

Q30. What do you think of the package of actions in the strategy as a whole?

See previous comments about targeted interventions and messaging. A desire to be seen to be doing something cannot risk stretching resource too thinly or giving unclear messages. There needs to be a proper understanding of relative risk which is easily understood aligned to activity and mitigations to be undertaken

Q31. Do you have any specific suggestions for additional or alternative actions that you think should be considered to achieve our objectives? Please outline briefly, providing evidence of potential effectiveness where possible.

It may help if evidence is brought together in one place on a regular basis rather than being drip feed and spread across government and academic sites. For example impacts of vegetation (positive and negative) on air quality when also assessed against potential positive impacts on “heat islands”, speed bumps impact on KSI vs stop / start driving and emissions and PM generation. NICE try to do this but sometimes it is difficult to be able to assess unintended consequences of positive decisions in one area affecting another one elsewhere
If the thrust of the strategy in part is to understand how activity in one area affects air quality in e.g. south eastern conurbations then there needs to be regional and national activity to tackle that whilst not affecting smaller local populations as a result.

Q32. If you have any further comments not covered elsewhere, please provide them here

We understand that one size doesn’t fit all. But we need to have tools for rural areas too, location of source vs location of impact.

Unless actions are statutory and properly funded it will not get done e.g. restrictions on buses/HGVs not going to be supported politically locally. Needs to be legislation or it will not happen.

Need to be clear on not giving mixed messages – which pollutants will travel, which won’t & ways to tackle them individually.

Concerned about environmental impact of producing car batteries.

Need to join up activity around, for example, travel and transport funding and planning in rural areas with outcome of generating additional car journeys.

Housing, Wellbeing, Leisure & Early Intervention Committee
30 August 2018

Agenda Item No. 6

Norfolk Health & Wellbeing Strategy

Report of the Healthy Living Manager
Cabinet Member: Councillor Yvonne Bendle

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1. Introduction

1.1. The Health and Wellbeing Board (HWB) has been developing its Joint Health & Wellbeing Strategy 2018-2022 and it is now its last stage. This paper brings the draft Strategy to the HWLEI Policy Committee for final comments and approval before sign off by Cabinet.

1.2. Members and officers attended a workshop on 2nd May 2018 after the draft Norfolk Health & Wellbeing strategic framework being agreed by the Board in March 2018. Appendix A contains the draft Joint Health and Wellbeing Strategy 2018-22.

2. Current Position/Findings

2.1 The strategy focuses on a single sustainable system - working together, based on what the evidence is telling us about health and wellbeing in Norfolk and Waveney. The strategy includes;

- Key messages are outlined in the welcome from the Health and Wellbeing Boards Chairman and Chief Officer – Cllr Bill Borrett and Dr Louise Smith, including acknowledging the context we are working in.
- Steers how we all work together as system leaders to drive forward transformation and improvement.
- Emphasises the connection to the Norfolk & Waveney Sustainability & Transformation Partnerships
- Acknowledges partners' existing plans and strategies together.

2.2 Each partner of the HWB has agreed to the following actions as we all move towards implementation.

Implementation phase - all HWB partners will be involved in:

- Identifying the actions - that each HWB partner will take in delivering our Strategy, either through partners' existing plans or new initiatives

- Developing an implementation plan – based on the above and use it to inform our action and prioritisation
- Developing an outcomes framework – so we can monitor our progress - reviewing data and information which impact on our agreed outcome measures.
- Bringing reports regularly to HWB meetings - challenging ourselves on areas where improvements are needed and supporting action to bring about change
- Carrying out in-depth reviews (or deep dives) – reviewing the evidence and making time at HWB meetings to explore in detail the impact we are making and how we could improve
- Holding ourselves to account - for our progress towards achieving our priorities, for the impact we are making, and for our effectiveness as system leaders
- Keeping the Strategy active - reflecting the changes as we work towards an integrated system.

2.3 South Norfolk Council has, for some time, worked in a collaborative way with Norfolk County Council and other partners to deliver on the objectives and priorities set out in the strategy and will continue to do this as the strategy is implemented. This work has included:

- Early Help: Our hub was a pathfinder and provided the basis for this way of collaborative working to be replicated across other districts.
- Community Connector Service: has led the way in the development of social prescribing locally and has informed the model of service delivery across the rest of the county.
- Support for older and vulnerable residents: through our wide-reaching offer including Handyperson Service, Integrated Housing Adaptions Team, Welfare and debt advice and strong links into community and voluntary support we have supported vulnerable residents to remain independent in their own homes.
- District Direct: SNC has worked in partnership other District Councils to support the Norfolk and Norwich University Hospital to facilitate discharge and minimise demand on services, allowing residents to return home to independent living.

3. Proposals

3.1 The Norfolk HWB Strategy is coordinated with the priorities and aims of the South Norfolk Health and Wellbeing Strategy, identifying similar themes such as a focus on mental health and our older frail population. Appendix B highlights a service we are developing to support customers at risk of homelessness with mental health or wellbeing needs.

3.2 The proposed *Early Help, Homeless Prevention and Emotional Resilience* project, funded through a Norfolk County Council homeless prevention fund is an example of a district based implementation of the Norfolk Health and Wellbeing Strategy and supports the following priorities:

- **Prioritising prevention** – the service will support customer to lead healthy, independent and resilient lives as an extension of our existing early help model and will reduce demand for specialist services
- **Tackling inequalities in communities** – the project will provide support for the most vulnerable resident in our district to address wider barriers to health and wellbeing and the model is based on district specific challenges and needs
- **Integrating ways of working** – the service will offer people centred support that is delivered as part of the multi-agency Early Help Hub

4. Recommendation

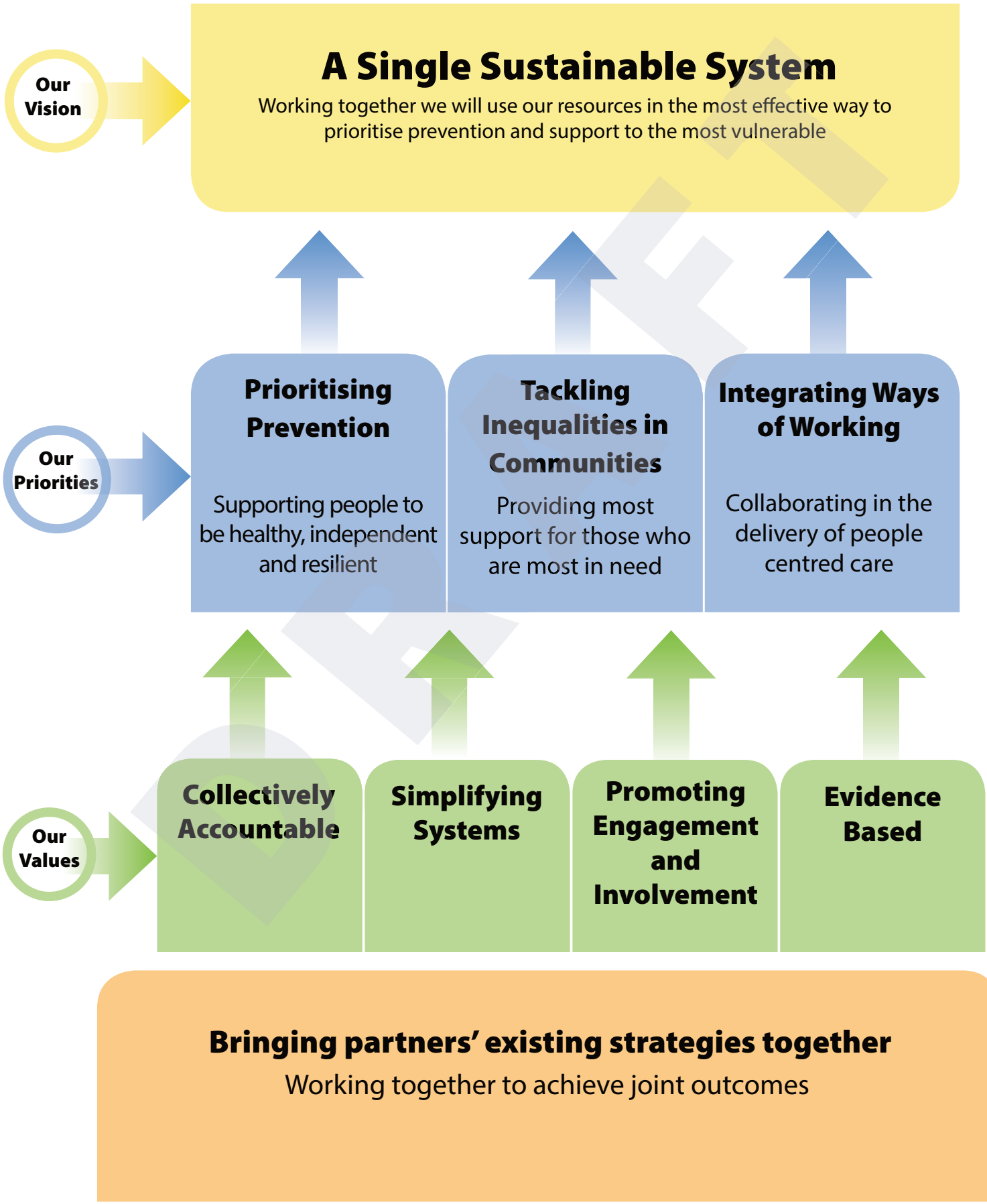
4.1 Agree to taking the finalised Strategy to Cabinet for formal sign off on 10th September and report back to the HWB Board.
4.2 Commit to taking an active role in the implementation of the Strategy.

Health and Wellbeing Board
Norfolk & Waveney

Joint Health and Wellbeing Strategy 2018 – 2022

"A single sustainable health & wellbeing system"

Our Strategic Framework



Welcome

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Cllr Bill Borrett
Chairman Health and Wellbeing Board for Norfolk and Waveney

We are delighted to introduce our **Joint Health and Wellbeing Strategy 2018-22: A single sustainable health and social care system** for the people and communities in Norfolk and Waveney.

This Strategy is **different** - it's about **how we all work together** as system leaders to drive forward improvement in the health and wellbeing of people and communities, given the unprecedented challenges facing our health, care and wellbeing system.

Health and care services across the country are under **considerable financial strain** – and Norfolk and Waveney is no exception. There is a significantly large total annual budget for health and social care services in Norfolk and Waveney, but with growing demand our budget spend continues to increase leading to over-spend which needs to be addressed.

At the same time, **our population continues to grow,** and the pattern of family life has changed. **People are living longer** and have access to many more medical specialists than in the past. **Families are under increasing pressure,** and society's concern for children's and adult's safety has placed additional responsibilities for ensuring their protection.

Image to follow

Dr Louise Smith
Director of Public Health

The health and social care system is working together under the **Norfolk and Waveney Sustainability & Transformation Partnership** and underpins support for the move towards an **integrated care system** from the Health & Wellbeing Board for Norfolk and Waveney.

This Strategy builds on that **collaborative mandate - our top priority is a sustainable system** and we are evolving our longer-term priorities from our previous Joint Health & Wellbeing Strategy to help us face the challenges of the future. **Prevention and early intervention is critical** to the long term sustainability of our health and wellbeing system. Stopping ill health and care needs happening in the first place and targeting high risk groups, as well as preventing things from getting worse through systematic planning and proactive management. Through our Strategy, we are focusing the whole system on **prioritising prevention, tackling health inequalities in our communities** and **integrating our ways or working** in delivering people centred care.

Through our Strategy, we are **making a difference** – creating a single sustainable health and wellbeing system for Norfolk and Waveney.

Our Priorities

Our vision of a single sustainable system requires us to work together, implementing what the evidence is telling us about health and wellbeing in Norfolk and Waveney, on these key priorities:

Priorities	By this we mean
1. A Single Sustainable System	Health and Wellbeing Board partners taking joint strategic oversight of the health, wellbeing and care system – leading the change and creating the conditions for integration and a single sustainable system.
2. Prioritising Prevention	A shared commitment to supporting people to be healthy, independent and resilient throughout life. Offering our help early to prevent and reduce demand for specialist services.
3. Tackling Inequalities in Communities	Providing support for those who are most vulnerable in localities using resources and assets to address wider factors that impact on health and wellbeing.
4. Integrating ways of working	Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.

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Our Values

Our values describe our shared commitment to working together to make improvements and address the challenges:

Values	By this we mean:
Collectively Accountable	As system leaders, taking collective responsibility for the whole system rather than as individual organisations.
Simpler system	Reducing duplication and inefficiency with fewer organisations - a commitment to joint commissioning and simpler contracting and payment mechanisms.
Engagement	Listening to the public and being transparent about our strategies across all organisations.
Based on evidence of needs	Using data, including the Joint Strategic Needs Assessment (JSNA), to target our work where it can make the most difference - making evidence-based decisions to improve health and wellbeing outcomes.
Bringing partners' existing strategies together	Under the umbrella of the Health and Wellbeing Board for Norfolk and Waveney - identifying the added value that collaboration brings and working together to achieve joint outcomes.

Image to follow

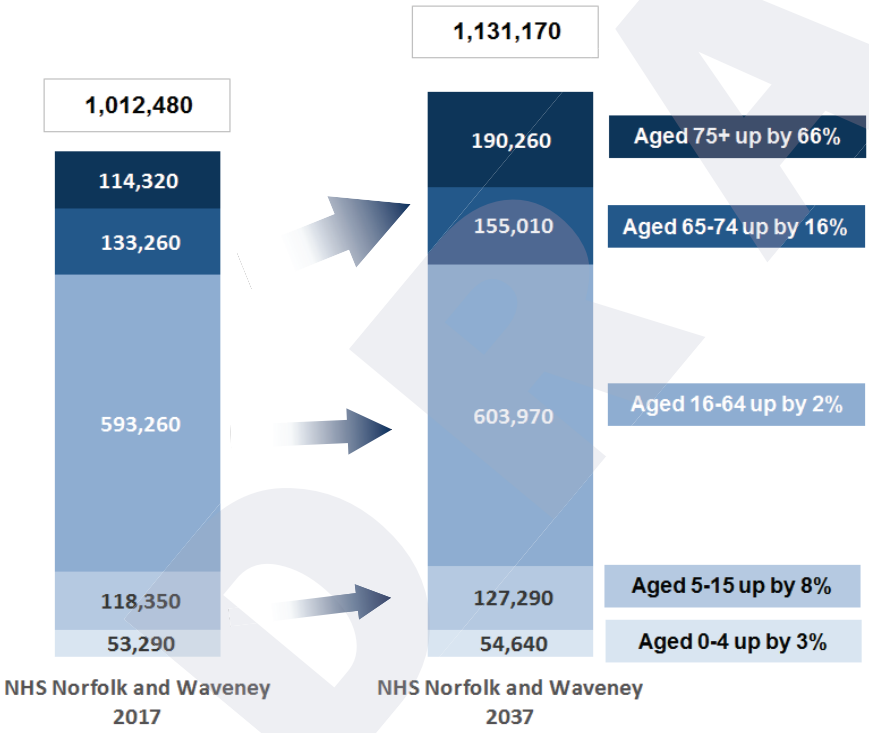
Working together we will use our resources in the most effective way to prioritise prevention and support to the most vulnerable.

Our Population

Norfolk and Waveney's population of 1.01 million is forecast to increase by over 10% by 2037, about 120,000 people.

The main population growth will be people aged 65+ years. Life expectancy is 80 years for men and 84 years for women.

Currently 90% of retirement age people are economically inactive. By 2037 this is forecast to be 1 in 3 of the population.

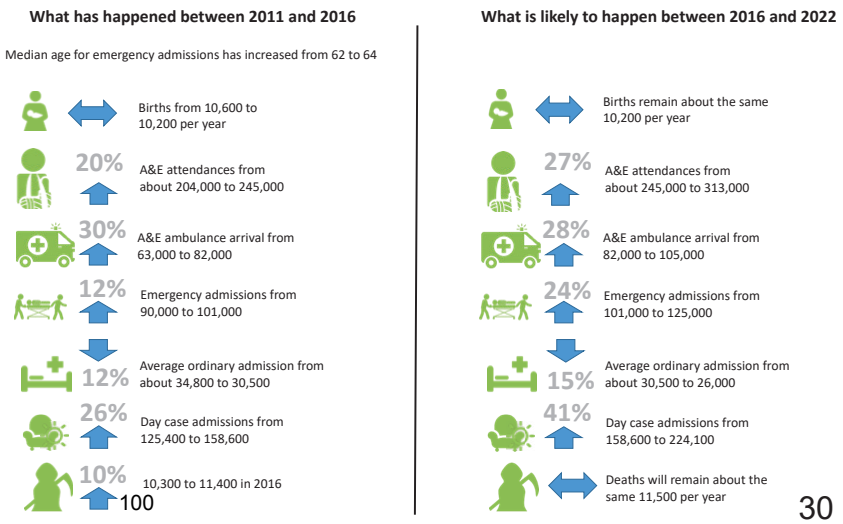


Our System

Our health and wellbeing system is complex including: Norfolk County Council, 8 District Councils, 5 Clinical Commissioning Groups, 3 acute hospitals, 3 community NHS providers, and mental health, and ambulance trusts, police and Police Crime Commissioner, around 110 GP practices, 400 care homes and 10,000 voluntary, community and social enterprise organisations.

Future Activity

Planning future services is challenging with increasing demand and needs alongside reducing or level budgets.



What's important strategically?

Norfolk and Waveney has an annual budget in excess of £1.5bn for health and social care services. However as a system we are seeing increasing demand resulting in budget pressures.

Needs are becoming increasingly complex and so our service improvements must be more co-ordinated and effective for the service user and their carer.

Services are improved where there is a coordinated, effective and seamless response.

Priority actions

We will work together to lead change for an integrated financially sustainable system by:

- Sharing our thinking, planning, opportunities and challenges – informing new ways of working and transformation.
- Engage with and listen to service users, residents and communities to inform our understanding and planning.
- Undertake needs assessments, including the JSNA, to help us keep our Strategy on track and understand its impact.
- Develop mechanisms such as risk stratification tools and the sharing of information to target care where it is needed most.
- Use partners' existing plans - building on the priorities partners are already working hard to address, identifying the added value that collaboration through the HWB's Strategy can bring.

Key Challenges

- Addressing these needs with all partners managing on reducing or level budgets.
- Working as a single system in the delivery of people centred care, across a complex organisational and service delivery landscape
- Driving the cultural change necessary to deliver a single sustainable health and wellbeing system

Key Measures

Each HWB organisation can clearly report to the HWB how they are:

1. Contributing to financial sustainability and an integrated system.
2. Reviewing the impact of strategy and outcomes.
3. Using the evidence intelligently – including evidence from service users - in our discussions and our planning.
4. Working in partnership with others to support delivery of partners' transformation plans.

Image to follow

Healthwatch Norfolk (HWN)

The development of the Pharmaceutical Needs Assessment (PNA) is a good illustration of collaborative working in Norfolk.

The Health and Wellbeing Board is responsible for publishing and updating the PNA which sets out the current pharmaceutical services available in Norfolk, identifies any gaps in services, and makes recommendations on future development.

Healthwatch Norfolk (HWN) were selected to coordinate and produce the PNA through a steering group of partners. A HWN survey to support the assessment resulted in over 2700 responses.

Alex Stewart, Chief Executive of Healthwatch Norfolk, said:

"This has been the liveliest and most interactive Needs Assessment that HWN have been involved in to date and we have had pleasure in helping to ensure that the voice of the public and patients are represented in this process. A feeling of trust and sound working relationships built over time between several group members has enhanced the sense of achievement. Other additional benefits to this collaborative partnership approach has brought a cultural sensitivity to the PNA. Recommendations around translation services in pharmacies have identified possible cost savings with avoidance of potential adverse events."

Image to follow

Supporting people to be healthy, independent and resilient

Children & Young People

About 283,200 under 25 year olds live in Norfolk and Waveney - this number is forecast to remain steady

2015		Change	2025
54,200	0-4	↑ 1%	54,700
74,400	5-11	↑ 6%	78,700
73,400	12-18	↑ 12%	82,500
81,300	19-25	↓ 10%	73,500

The health and wellbeing of children is consistent with the England average, as are recorded levels of child development.

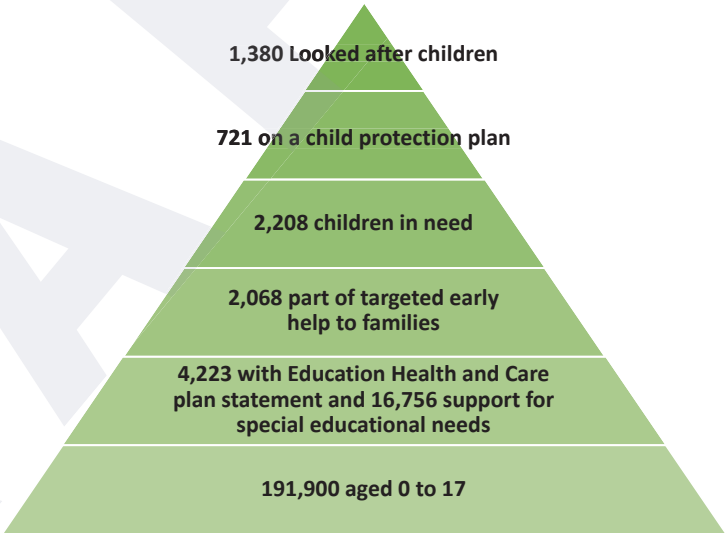
1 in 4 children are overweight by age 4 – 5.

There are fewer teenage pregnancies but remain above England average in Great Yarmouth and Norwich.

1 in 7 women are smokers at the time of having a baby.

Levels of anxiety in young people are rising as are hospital admissions for self-harm.

1 in 7 children live in relative poverty



The vast majority of children and families are supported by universal services such as health visiting, early years provision, schools and colleges. There are some children accessing additional social care and educational support and services based on their needs.

Unhealthy lifestyles impact on our health outcomes and need for health services.

More than 100,000 smokers

More than 280,000 adults do not eat a good diet

More than 180,000 adults drink more than the recommended amount

More than 140,000 adults do no exercise

More than 475,000 adults with excess weight

https://fingertips.phe.org.uk/

Icons made by Freepik from www.flaticon.com

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Healthy lifestyles and health services

We are seeing demands on our hospital based services with:

- 10,900 smoking attributable hospital admissions in 2016/17.
- 8,911 hospital admissions where obesity was the main or secondary diagnosis.
- 6,020 hospital admissions for alcohol-related conditions.
- 3,852 emergency hospital admissions due to falls in people aged 65 and over.

Inequalities in healthy lifestyles

If the most deprived areas had the same rates as other areas then each year we would see:

- 400 more children at a healthy weight.
- 1,000 fewer emergency admissions for older people.
- 60 fewer deaths due to preventable causes.

What's important strategically?

There is strong evidence that interventions focussed on prevention are both effective and more affordable than just focussing on providing reactive emergency treatment and care. To build a financially sustainable system means we must promote healthy living, seek to minimise the impact of illness through early intervention, and support recovery, enablement and independence.

Priority areas for prevention are:

- Creating healthy environments for children and young people to thrive in resilient, safe families.
- Delivering appropriate early help services before crises occur.
- Helping people to look after themselves and make healthier lifestyle changes.

Priority actions

We will prioritise prevention by:
Developing in partnership a systematic approach for children and young peoples' support and provision.

Embedding prevention across all organisational strategies and policies.

Providing joint accountability so that as a system we are preventing, reducing and delaying needs and associated costs.

Promoting and support healthy lifestyles with our residents, service users and staff.

Key Challenges

- Identifying and protecting investment in prevention within budgets.
- Identifying needs early and providing early access to support.
- Embedding prevention across all of our strategies and policies.
- Raising awareness of the impact of lifestyle on health, for example with diabetes

Key measures

Each HWB organisation can clearly report to the HWB how they are:

1. Implementing an integrated strategy and a single system approach for children and young people where need is understood and priority actions shared.
2. Prioritising prevention both at a policy level and in decision-making.
3. Promoting the health and wellbeing of their workforce.

Image to follow

Early Help and Family Focus

Early Help and Family Focus Broadland received a request for support for a young couple who had just had a baby and were homeless with no extended family support.

The early help practitioner arranged a joint visit with the health visitor and talked with them about their worries and what was working well for them. (This is the Signs of Safety approach).

The 'team around' the family then worked with the young parents to produce a plan which resulted in the following support.

Who did what

The housing options advisor continued searching for a suitable permanent home.

The young parents met with the debt advisor from Broadland District Council who helped them understand how to plan a budget and manage their finances. A benefits advisor made sure they were claiming the correct benefits.

The early help practitioner supported the young parents to talk with each other and to understand both their own and each other's emotions – encouraging them to argue less.

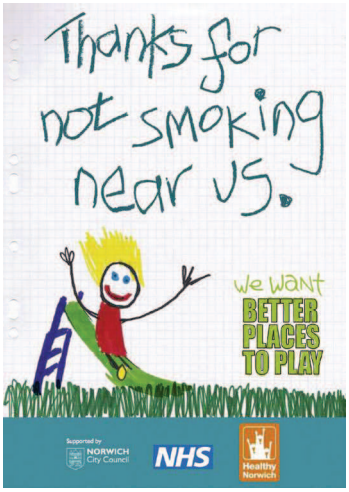
The early help practitioner worked with the health visitor to explain to the young parents how babies develop and what they need at the different stages of development.

Conclusion

The family are now in their own two bedroom flat and have worked hard to decorate and furnish it. Mum is now taking her baby to activity sessions in the community and slowly making some friends.

Image to follow

A Smoke Free Norfolk



Healthy Norwich is an example of an approach to improving health and wellbeing in the greater Norwich area by working together to make a healthier community.

Smoke Free Park signage has been placed in play areas to ask adults not to smoke nearby. This voluntary code will directly ***help prevent children and young people taking up smoking*** and potentially help smokers to ***seek support to quit.***

Smoke-free sport, including **#Smokefree Sidelines,** is backed by Norfolk Football Association (FA) where local youth football clubs are championing the message that smoking has no place in youth sport. – ***"#Smokefreesidelines.uses non-judgemental messaging and will encourage people to think twice before exposing young people to smoking. This will make the idea of smoking less normalised."***

Rebecca Burton, Communications Manager, Norfolk FA

As well as discouraging smoking, *Smoke Free Sport* brings about additional benefits including:

- **Protecting the environment** and saving money by reducing tobacco-related litter.
- Offering further protection from the **harmful effects of second-hand smoke.**
- Providing the opportunity for public acceptance of **voluntary smoke-free locations.**

Image to follow

Providing most support for those who are most in need.

Deprivation

Norfolk has average levels of deprivation but an estimated 68,700 people live in the most deprived areas of England.

Norfolk and Waveney has a diverse population and deprivation can be experienced in both urban and rural settings.

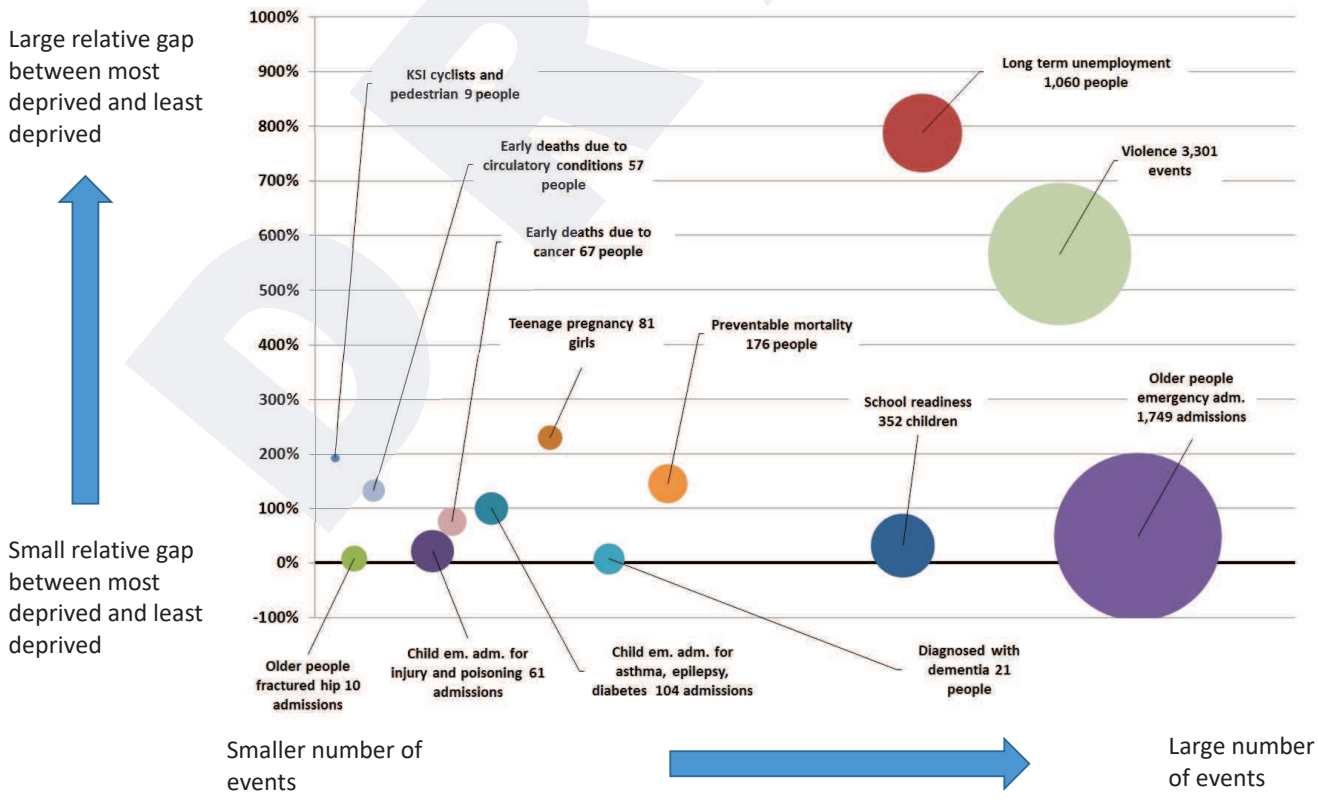
People living in deprivation are more likely to experience violence, crime and accidents despite Norfolk having a low overall crime rate.

Four districts in Norfolk and Waveney are in the lowest quintile in England for social mobility - driven by lower levels of education attainment and skill level.

Inequalities and life expectancy

The difference in life expectancy gap between those living in the most deprived and the least deprived areas is about 7 years for men and 4.5 years for women.

People living in our 20% most deprived areas are more likely to smoke, have an unhealthy diet and be less active.



Preventable illness, violence, drug overdose, suicide and accidents outcomes do correlate with deprivation. For example, if the most deprived experienced the same rates as the least deprived there will be 3,301 fewer violent events per year.

What's important strategically?

Those living in our most deprived communities experience more difficulties and poorer health outcomes. We recognise that together, we need to deliver effective interventions, to break the cycle, mobilise communities and ensure the most vulnerable children and adults are protected.

To be effective in delivering good population outcomes we need to most help those in most need and intervene by working together at county, local and community levels to tackle issues reflecting whole system priorities as well as specific concerns at the right scale.

Reducing inequalities in health and wellbeing will involve addressing wider issues that affect health, including housing, employment and crime, with community based approaches driven by councils, the voluntary sector, police, public sector employers and businesses.

Image to follow

Key Challenges

- Identifying and ensuring access to services for those most vulnerable.
- Promoting healthy relationships in families and communities.
- Helping people out of poverty, particularly hidden rural poverty.

Key measures

Each HWB organisation can clearly report to the HWB how they are:

1. Promoting alignment and consistency in local delivery partnerships to plan for, and with, their local community.
2. Reducing the impact of crime, injuries and accidents in our most deprived areas.
3. Using source data available (including from the JSNA) to inform strategic plans.

Priority actions

We will commit to working together to build on the strengths in local communities, rural and urban, by:

- Improving locality working and sharing best practice.
- Providing and using the evidence to address needs and inequalities.
- Addressing the impact of crime, violence and injuries.
- Joining up development planning by working with those with planning responsibilities.

Great Yarmouth - Neighbourhoods that work

Neighbourhoods that Work (NTW) is a partnership initiative led by Great Yarmouth Borough Council together with seven partner organisations. NTW aims to connect local communities to the benefits of economic growth by:

- Increasing community resilience.
- Improving the responsiveness of voluntary sector support services.
- Increasing the participation of communities in driving forward sustainable economic development.

The vision is to work with local residents to build stronger communities - focussing on people, neighbourhoods, and the things that matter most. Community Development approaches are used to work with local people in the places they live to identify and act upon things that matter most to communities.

The project builds upon 10+ years of work in Great Yarmouth building on existing and award-winning community development infrastructure, incorporating active and engaged local residents, neighbourhood boards and a varied and diverse community and voluntary based organisations.

"Our starting point is that communities are full of people who can provide the connections that make their neighbourhood stronger. People thrive in communities that are well connected."

–Director of Housing and Neighbourhoods,
Great Yarmouth Borough Council.

Image to follow

Arts and Culture for health and wellbeing

"There is growing evidence that engagement in activities like dance, music, drama, painting and reading help ease our minds and heal our bodies. It is most encouraging to see just how much potential and ambition there is for joined-up action on this vital work in Norfolk."

Sir Nicholas Serota, Chair, Arts Council England.

Collaboration between Norfolk's arts, culture, health and social care sectors is well established with some major successes in attracting investment to deliver effective joint programmes.

Norfolk County Council's award-winning **Culture & Heritage, Communities, Information and Learning Services** including museums, libraries, archives, arts, community learning and sports play a key role in supporting local health and wellbeing priorities through the provision of: collaborative programmes; volunteering; learning and skills development; provision of welcoming and enriching spaces and professional development for arts, health and social care professionals.

With ten outstanding museums, **Norfolk Museums Service** is strongly embedded in our local communities, providing excellent and ongoing support for health and wellbeing priorities through its extensive public programmes and targeted projects.

With 47 community libraries, **Norfolk Library and Information Service** has a strong focus on reducing social isolation through providing safe and welcoming venues to enable people to engage with others, participate, volunteer and develop new creative skills.

Norfolk Arts Service leads the strategic development of arts, health and wellbeing collaboration in Norfolk. It works with multiple local and national partners to influence policy, identify and broker new collaborative opportunities and secure investment for new initiatives.

Image to follow

Collaborating in the delivery of people centred care

Living Independently in Later Life

Whilst life expectancy has risen only half of our retirement years are spent in full health. We will see the largest increases in the number of people over 65 years old.

There are 14,000 people living with dementia now - this is forecast to almost double to 25,000 by 2037 and most of these new cases will be in people aged over 85.

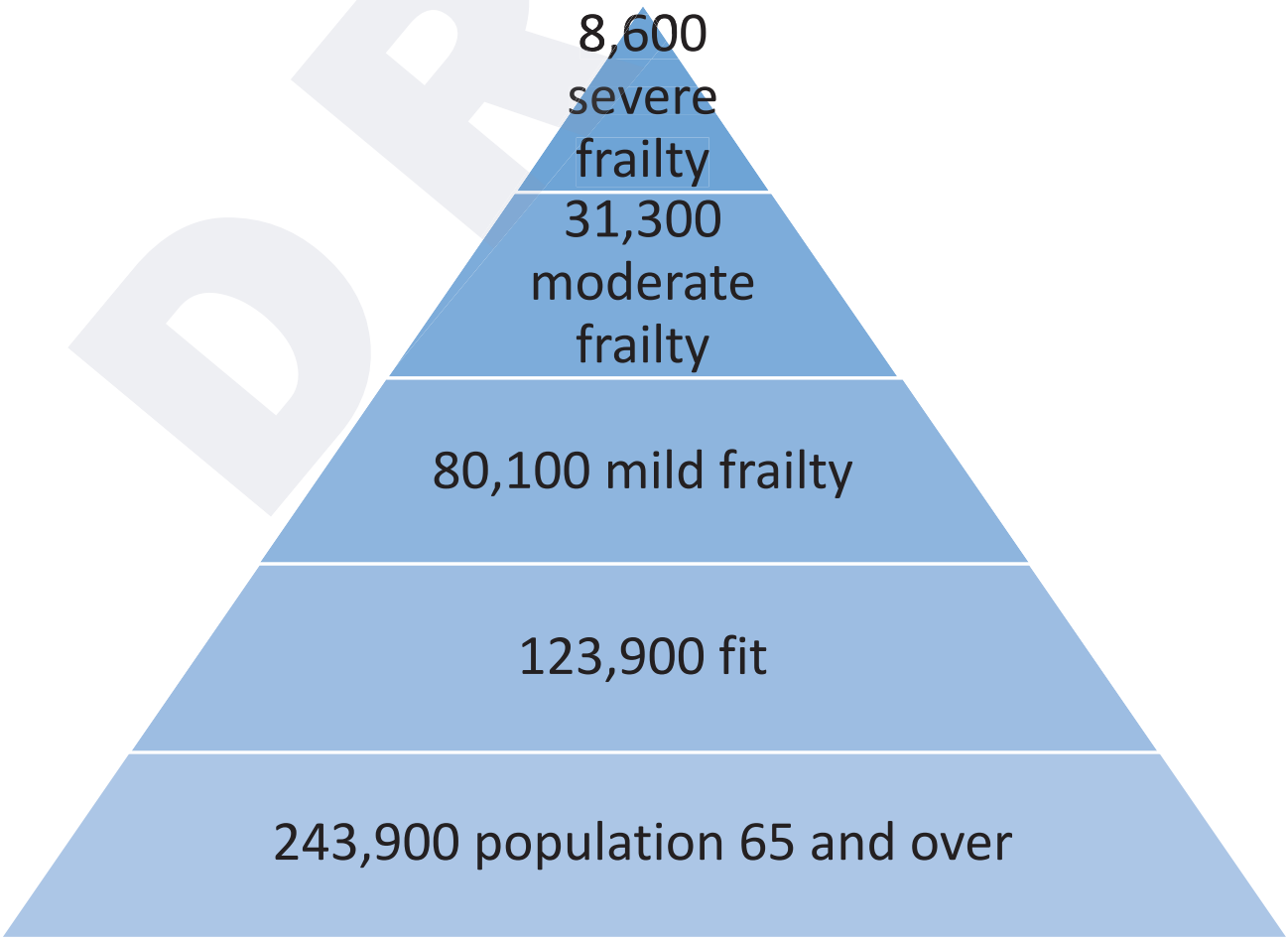
An estimated 23,200 people provide 50+ hours of unpaid care a week.

Mental health and wellbeing

About 1 in 7 people in Norfolk and Waveney experience a common mental health disorder with long term mental ill health being higher than the average for England.

- 8% of adults were recorded as having depression.
- 1,712 emergency hospital admissions were for intentional self harm in 2016/17.
- About 110 people die each year from suicide.

The number of ill health conditions an individual has contributes to the complexity of how to manage and increases the cost of health and social care.



Norfolk and Waveney frailty pyramid for 65 and over

What's important strategically?

We are seeing increasing demand with an ageing population. It is only by working together, in an integrated way, that we can meet the needs of people with more complex health and care challenges, managing with reducing or level budgets.

We want vulnerable people of all ages to live as long as possible in their own homes and to be independent, resilient and well - having access to early help and person centred care when needed.

Long term mental ill health is associated with significantly poorer physical health and shorter life expectancy.

Working together with and within communities is important to promote good mental health support and wellbeing.

It is also important to recognise the contribution of carers and the support they need.

Key Challenges

- We are seeing increasing demand with an ageing population.
- Disease patterns are changing: multiple morbidity, frailty in extreme old age, and dementia are becoming more common.
- Ensuring parity of approach between physical and mental health.

Key measures

Each HWB organisation can clearly report to the HWB how they are:

1. Prioritising promoting independence and healthy later life both at a policy level and in decision-making.

2. Contributing to the Sustainability & Transformation Partnership's Strategy.

Priority actions

We will ensure integrated ways of working by:

- Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.
- Working together to promote the important role of carers and the support they may also require.
- Embedding integrated approaches in policy, strategy and commissioning plans.

Image to follow

History of dementia partnerships in Norfolk

Dementia as a priority for Norfolk has been championed by a series of partnership groups over the years: The Norfolk Older People's Strategic Partnership, the Dementia Strategy Implementation Board, the Norfolk and Waveney Dementia Partnership and more recently the Dementia Academy.

Areas of focus continue to include:

- Early diagnosis and a gap free pathway for people with dementia and their carers.
- Improving advice and Information.
- Launch of **www.dementiafriendlyNorfolk.com**.
- Support for employers with a resource pack – addressing an ageing workforce, early onset dementia and more of us becoming carers.
- Medication advice – a leaflet detailing medication effects.
- Life stories as a resource to support stages of dementia.
- Prevention – research and evidence-based approaches to prevent and delay the onset of dementia.
- Involvement as a 'critical friend' in the dementia subgroup of the Norfolk and Waveney Sustainability & Transformation Partnership's Mental Health work stream.

Image to follow

Promoting independence in older age

Physical activity has been introduced into Norwich care settings by **Active Norfolk** through the Mobile Me scheme.

Jack, in his 90s, lives in an area where there is little interest in socialising as a community. He was inactive and rarely left his flat. Through Mobile Me Jack is now playing a sport he enjoyed in his youth - ***"I feel better in myself as I can play table tennis again. I'm surprised I still have the touch".***

Norse Care employs a physical activity coordinator for their housing schemes. ***"We have seen an increase in physical abilities, improvements in confidence and general wellbeing. There are also new social groups forming".***

Cotman Housing has secured funding in order to embed physical activity in their homes. Age UK has integrated physical activity into the **Agewise** project.

Image to follow

Improving mental health and wellbeing

Norwich Theatre Royal's **Creative Matters** includes performances and workshops to think about important societal and personal issues. This included sessions on men's mental health, stigma, and male suicide - sessions on dementia and homelessness are planned for 2018/9.

MensNet in Norfolk brings together organisations with a strategic interest in mental health. All to Play For is aimed at men struggling with mental health issues. John, 24, participates weekly:

"It has been very beneficial for me dealing with my mental health, boosting my confidence, and helping improve my people skills".

The **12th Man** project identified barber shops as positive spaces where discussions could happen. Barbers are trained in Mental Health First Aid and subtle prompts are used to encourage these discussions. This **Healthy Norwich** project won a national award in November 2017.

Image to follow

Working together to achieve joint outcomes

We commit to:

- Identifying the actions that each HWB partner will take in delivering our strategy, either through partners' existing plans or new initiatives.
- Developing an implementation plan so we can focus on the important things we have agreed to do together.
- Holding ourselves to account and be an accountable public forum for the delivery of our priorities.
- Monitoring our progress - reviewing data and information which impact on our agreed outcome measures.
- Carrying out in-depth reviews to understand the impact we are making.
- Reporting on our progress to the HWB – challenging ourselves on areas where improvements are needed and supporting action to bring about change.
- Keeping our Strategy live – reflecting the changes as we work together towards an integrated system.

Image to follow

Partner organisations involved in the Health and Wellbeing Board – Norfolk and Waveney

- Healthwatch Norfolk
- Broadland District Council
- NHS Great Yarmouth and Waveney CCG
- Voluntary Community and Social Enterprise Sector representatives
- Police and Crime Commissioner's Office
- Norfolk and Suffolk NHS Foundation Trust
- Breckland Council
- NHS North Norfolk CCG
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- East Coast Community Healthcare Community Interest Company
- Great Yarmouth Borough Council
- Norfolk Independent Care
- Borough Council of King's Lynn and West Norfolk
- Norwich City Council
- NHS West Norfolk CCG
- North Norfolk District Council
- Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
- South Norfolk Council
- Waveney District Council
- Norfolk and Waveney Sustainability Transformation Partnership
- Norfolk County Council
- NHS Norwich CCG
- Norfolk Constabulary
- NHS South Norfolk CCG
- James Paget University Hospitals NHS Foundation Trust
- Norfolk Community Health & Care NHS Trust

Image to follow

Norfolk Health & Wellbeing Strategy

Appendix B: Early Help, Homeless Prevention and Emotional Resilience

Report of the Early Help Hub Manager
Cabinet Member: Councillor Yvonne Bendle

CONTACT
Liam Pickering
lpickering@s-norfolk.gov.uk

Appendix B

Early Help, Homeless Prevention and Emotional Resilience

1. Background

1.1 For some time, South Norfolk Council has identified a need for greater support for customers experiencing "low level mental health" within our early help approach. An opportunity has arisen to deliver a service funded through the Norfolk County Council Homeless Prevention and Rough Sleep Funding Programme.

1.2 This funding stream is ring fenced for homelessness but SNC has identified 'mental health' and wider wellbeing issues as being key drivers of demand on our services, and homelessness services within the district and therefore we want to tackle these issues as the central thread of a homeless prevention programme.

1.3 This project is an example of a district based implementation of the Norfolk Health and Wellbeing strategy and supports the following priorities:

- **A single sustainable system** – the propose project will work across a complex organisational and service delivery landscape providing a consistent point of contact and support for vulnerable customers
- **Prioritising prevention** – the service will support customer to lead healthy, independent and resilient lives as an extension of our existing early help model and will reduce demand for specialist services
- **Tackling inequalities in communities** – the project will provide support for the most vulnerable resident in our district to address wider barriers to health and wellbeing and the model is based on district specific challenges and needs
- **Integrating ways of working** – the service will offer people centred support that is delivered as part of the multi-agency Early Help Hub

2. Local and national context:

2.1 There is currently an unmet need in those being referred by multiple routes into the Early Help Hub who have needs outside of the remit of the NSFT Wellbeing and other commissioned mental health services and who do not meet the threshold for Community Mental Health Team services. There is also a known group who do meet the referral threshold for services but who have immediate social needs that need to be addressed in a timeframe significantly shorter than the standard referral-to-allocation time of the statutory services.

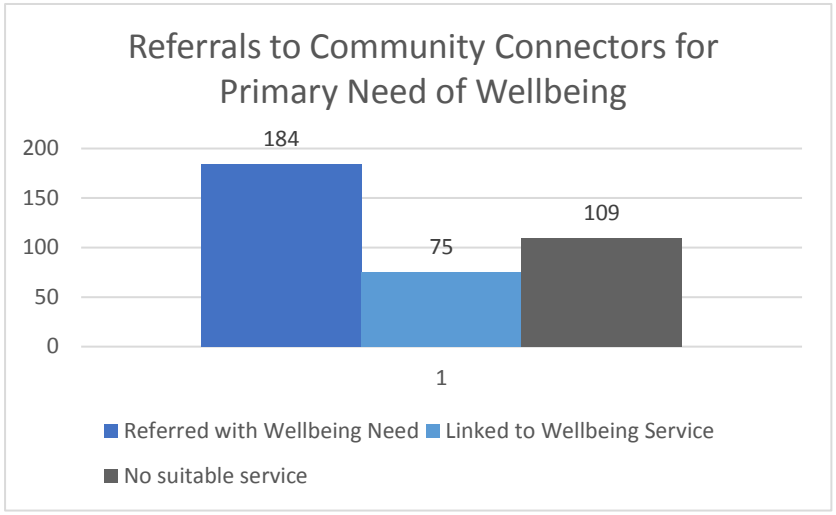
2.2 These two cohorts of residents can cause avoidable demand on our services, therefore there is a need to develop an Early Help offer that meets the needs of these customers and prevents their situation deteriorating and their case becoming costlier for SNC and early help partners.

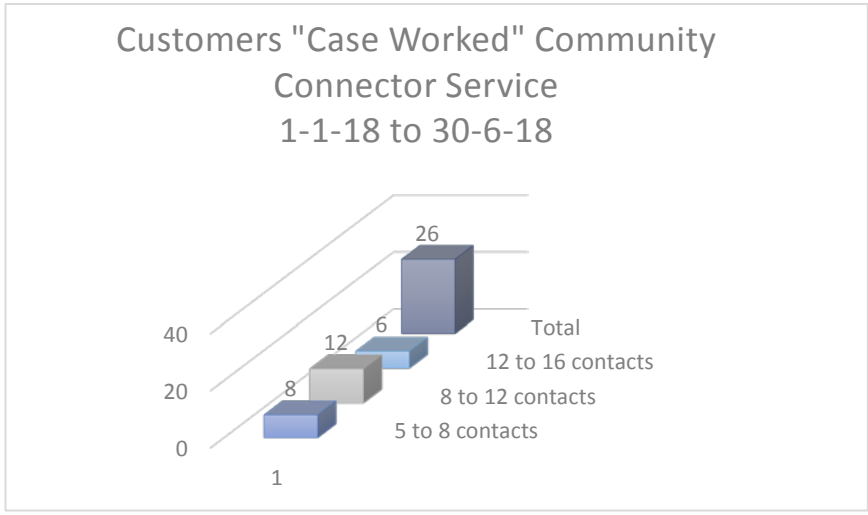
3. Service need

3.1 To maintain a good level of wellbeing and achieve stability customers need, among other things: suitable accommodation, a healthy support network and a meaningful occupation as well as the skills to support it. Most residents can maintain each of these aspects of their life with minimal or occasional engagement with services. For those that need some extra support SNC delivers services in each field:

- ***Housing*** – Homelessness advice, Benefits and Housing Solutions
- ***Healthy Support Network*** - Communities functions and Community Connector service
- ***Life Skills and Occupation*** – FIRST, Advice and Guidance and other projects including job services.

3.2 The demand on these services from customers with a vulnerability or wellbeing need is significant. There number of people referred to Community Connectors with a primary need of 'wellbeing' outweighs the number who have subsequently been connected to an available service to meet their needs. In the absence of an appropriate service officer experience suggests that it is likely that individuals will present to services that are not appropriate.





3.3 The Community Connector service was not designed to carry caseloads. However, in the absence of another appropriate service these cases often end up being “case worked” by Connectors. There have been at least 26 customers “case worked” to meet their need by a Connector over the last 6 months.

The Connector caseload

What do these cases look like?

- Chaotic behaviour
- Repeat calls or contact for the same issues
- Does not engage with advice provided
- Unstable housing / poor living conditions
- Isolated or unhelpful support networks

3.4 This case working is estimated to have cost at least £3,600 in officer time over the last 6 months without allowances being made for follow up work and this 26-person caseloads represents a very small number of those with a presenting need of wellbeing or mental health.

3.5 The intensity of case working delivered by Connectors is often not enough to overcome these presenting issues and the Connectors become a holding service for difficult cases. There is a need for a provision, with the right level of skill, which can focus on this cohort of people in a more intensive way.

3.6 There has been an 80% increase in referrals in the first quarter of this financial year to the Connector service so these figures are likely to continue to increase. It is anticipated that, in the next six months, there will be a further 25% increase in the total number of cases referred to the Community Connector Service due to the continued development of the service.

4. Early Help Hub

4.1 53% of customer requesting help through the hub have wellbeing or mental health as a presenting need. Officer feedback highlights the fact that there is minimal provision available to support these customers. Many do not meet the threshold for statutory mental health services, are not able to access the right type of support by the wellbeing services or are not picked up by an alternative service following early help traige. Often these cases result in repeat requests for support.

5. Housing

5.1 Mental health is a key driver of South Norfolk Council’s homelessness services. 10% of cases that are accepted as homeless by SNC are accepted homeless due to being “vulnerable due a mental health need”. This means that this group are more likely to be vulnerable after becoming homeless than the general population. This is just those cases that are accepted as homeless and applying the same 10% figure across our wider homeless advice and prevention activity then we can expect that there are at least 250 customers per year whose mental health needs alone create significant demand on our housing services. This has a significant cost as shown below:

	Number of homeless cases who are vulnerable due to mental health	Cost per year
Statutory Homeless	6 cases (last year)	£18,000
Homelessness Advice and Prevention	250 (estimate)	£100,000

5.2 Whilst not all these costs could be avoided through provision of a support service it would provide an avenue to deliver practical support to these cases earlier and avoid much of the formal homelessness activity. Housing Solutions would still be involved but at a reduced level of intensity and a reduced cost.

6. Service Gap

6.1 Whilst for many customers our existing services, or a combination of them, are enough but the numbers becoming homeless with mental health needs or being case worked by Connectors suggest that there is a cohort of customers that are unable to engage to the required degree to address their issues.

6.2 This customer group may not meet the threshold for, or be able to access ongoing support through statutory mental health providers for variety of reasons: undiagnosed issues, dual diagnosis, closed to services etc. There is currently no dedicated avenue for intensive working with these more challenging cases and as such they use a disproportionate amount SNC resources or worse their situation deteriorates to crisis.

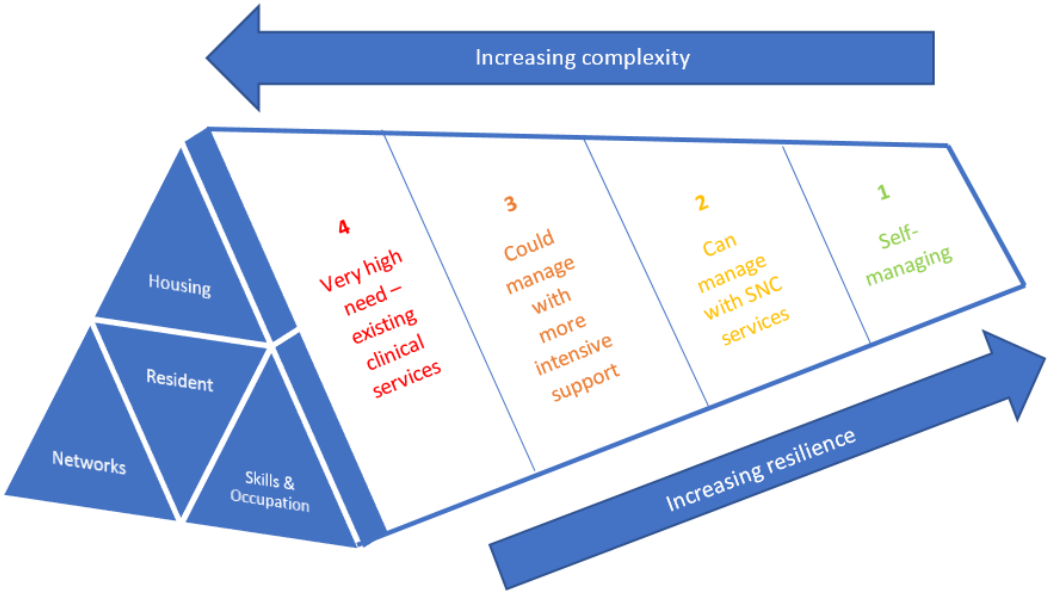


Figure 1: Wedge of Wellbeing

6.3 This group of customers (no.3 on the above diagram) is often described as having “low level mental health” but in reality, have a complex range of interconnected issues including: poor wellbeing, substance misuse, life skills shortages, chaotic lifestyles, social isolation, financial exclusion and repeat homelessness.

6.4 These same issues fall within the remit of Norfolk County Council Homelessness and Rough Sleeper Prevention fund and so the SNC’s allocation will fund interventions targeted at those with these difficulties, to maintain accommodation and develop self-efficacy. This funding must be used for the prevention of rough sleeping but the means by which this is achieved by districts is flexible.

7. Service delivery model

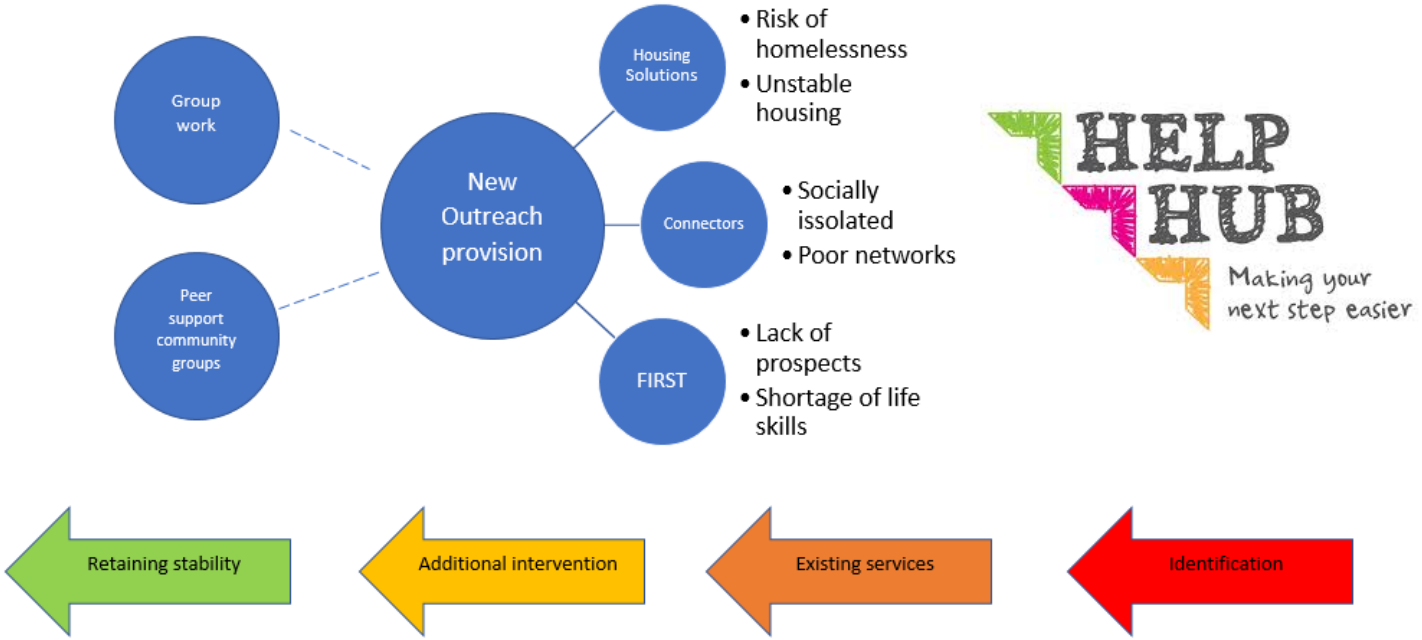
7.1 To address this gap in service we are seeking to work with an established service currently offering:

- established coverage within South Norfolk
- An existing range of group based therapies and support
- Professional connections into statutory service providers
- Established out of hours provision
-

Below is a summary of what we feel the service will look like although this will be informed by the ongoing procurement exercise.

Elements of service	Description	Expected outcomes for customers
1) Homeless prevention and wellbeing outreach	Embedded within the multi-agency Early Help Hub. Key Responsibilities: • Provide intensive casework and facilitate multi-agency responses for challenging cases. • Work with those referred from SNC and Help Hub services in relation to homelessness and wellbeing needs. • Delivery of 1 to 1 life skills and resilience building and link with existing training provision to further build skills • Support customers to engage with more formal mental health, wellbeing and homelessness prevention services if required.	• Residents able to overcome and period of homelessness and access sustainable accommodation • Residents avoid homelessness/repeat homelessness • Residents are able to engage in their community and undertake positive activity • Residents achieve an improvement or stabilisation in their wellbeing needs
2) Access to group therapy and self-efficacy programmes	Many customers would benefit from such therapies but cannot currently access them as they are often only accessible through secondary mental health services and these customers do not meet the threshold for said services.	• Residents are enabled to develop a sustainable peer and community support network • Individuals develop self-efficacy and coping strategies

3) Access to the out of hours crisis team	Due to the complex nature of this client group and the fact that their issues are not limited to office hours there are occasions when customers will need to access immediate help to remain safe and well – we envisage there being a very low level of utilisation of this resource for customers of this programme	• Residents remain safe • Crisis is de-escalated without the intervention of statutory services



7.2 We envisage this service working as part of an interconnected pathway with customers of the caseworkers being able to access self-efficacy programmes and customers already engaged in group programmes having a direct link into caseworkers via the help hub, as shown above. Central to the sustained independence of customers, this project will form part of a wider community based programme whereby voluntary and community sector groups, supported by our community capacity team, would be able to provide ongoing networks and peer support. There are many voluntary and community based services

currently operating in South Norfolk that contribute to enhancing the wellbeing of individuals and our Communities team will work alongside these groups and the service provider to support sustained change for customers.

8. Tender process

8.1 SNC has £46,000 from NCC Homeless Prevention and Rough Sleeper funding to utilise for this project as laid out above. Whilst we are flexible on how this funding would be spent we would expect to achieve the three key service areas laid out in the previous table. We are currently in the process of developing the tender for these services.

8.2 As funding has already been received from Norfolk County Council we need to have a service model in place as soon as possible. Further in-kind provision from South Norfolk Council would be delivered in the form or administration and referral pathways via the Help Hub.

8.3 SNC will tender for a project with one full-time equivalent (FTE) caseworker in mind initially but if service demand dictates an increase officers have scoped alternative sources of funding to extend the project to 2FTE if there is sufficient demand.

9. Risks

9.1 Funding has been issued by Norfolk County Council, there is a risk that if a project was not mobilised within a satisfactory period then NCC may not issue the full first-year funding. To mitigate this risk officers are in continued a dialog with NCC around the funding and impact of slower mobilisation. Having the right service provider and delivery model should be prioritised above speed of mobilisation

9.2 The £46k may not be attractive to some service providers or some may be unable to deliver the desired service for that value. Different elements of the service will appear more attractive to different providers which could result in an inconsistent service offering. SNC has discussed the project informally with some partners and there is an appetite to deliver the service. Furthermore, SNC officers will work with service providers to ensure the final service model is deliverable within the budget allocated. Should no providers be forthcoming SNC could remodel the service for internal delivery.

10. Evaluation and sustainability

10.1 The outcomes achieved through this project will be monitored throughout the period of delivery to further improve the model and to build an evidence base of the need for and effectiveness of this type of service. Furthermore, this project will be included within the wider evaluation of early help which will include follow up surveys with customers that have worked with the service.

10.2 The evidence gathered through monitoring of the project and the wider early help evaluation will be used to build a case for more sustainable delivery of the project beyond the initial three year period, including funding opportunities. This will also help us demonstrate to partners the need to invest in this type of locality based service more generally.

11. Recommendation

11.1 Policy Committee are asked to endorse the project for further development.