

Agenda Item: 4

PEOPLE AND COMMUNITIES POLICY COMMITTEE

Minutes of a meeting of the People and Communities Policy Committee of South Norfolk District Council held on Thursday 17 February 2022 at 10.00am.

Committee Members Present: Councillors: J Easter (Temporary Chairman), S Blundell, M Dewsbury, T Holden, N Legg, S Nuri-Nixon and R Savage (sub for D Bills)

Officers in Attendance: The Assistant Director Individuals and Families (M Pursehouse), the Housing and Wellbeing Manager (R Dunsire) the Health and Wellbeing Programme Manager (K Strandoo), the Policy and Partnerships Officer (V Parsons) and the Democratic Services Officer (DM)

34 APPOINTMENT OF TEMPORARY CHAIRMAN

In the absence of the Chairman and the Vice-Chairman of the Committee, the Democratic Services Officer invited nominations for a temporary Chairman for the meeting. Cllr J Easter was proposed, seconded and duly elected.

Cllr Easter in the Chair

35 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors D Bills, J Hornby and J Wilby.

36 URGENT BUSINESS

No items of urgent business were raised.

37 DECLARATIONS OF INTEREST

No declarations of interest were made

38 MINUTES

The minutes of the meeting of the People and Communities Policy Committee held on 7 October 2021 were confirmed as a correct record.

39 SOUTH NORFOLK AND BROADLAND ROUGH SLEEPER STRATEGY 2022-2025

Members considered the report of the Policy and Partnerships Officer which Set out the draft South Norfolk and Broadland Rough Sleeper Strategy 2022-2025 and provided background to the statutory context within which the strategy had been developed.

The Policy and Partnerships Officer introduced the report stating that the strategy complimented and aligned with the Greater Norwich Homelessness Strategy 2020 and supported the Council's approach to the prevention of homelessness. The Strategy would feed into the rough sleeper initiative and help to secure a 3 year funding package to ensure the continuation of the rough sleeper accommodation programme. When developing the Strategy, the opportunity had been taken to review customer access to rough sleeper services, the demographics of clients and the identification of need and to align the Strategy with the Government's National Rough Sleeper Strategy, which had the overarching aim of ending rough sleeping. Four key strategic areas of the Strategy were: prevention - to prevent rough sleeping from happening, intervention – to offer the right accommodation and support at the right time, recovery – to embed long lasting positive impacts and, finally, systems - to create a joined up approach to eliminating rough sleeping.

In response to a question regarding how information was gathered about the number of rough sleepers and how rough sleepers were made aware of the help available when there was no "walk in" facility available, the Housing and Wellbeing Senior Manager reported that information was gathered from a number of different sources including the Police. Whilst there was no fixed location available for rough sleepers to attend, accommodation could be sought 24 hours a day, either through the rough sleeper team or the out of hours service. Anyone found to be rough sleeping was offered immediate accommodation whilst their situation was investigated. There was, at the current time, just one person rough sleeping in the district and their situation was currently under review with a view to resolution by existing partnership services. The Strategy was essential in facilitating this work and securing ongoing funding to retain rough sleeper levels at the current low level or no cases at all. Continued work on intervention was also essential. A walk in facility was available in Norwich but rough sleeper numbers were significantly higher in the City. As part of the "Pathways" initiative, any South Norfolk rough sleepers presenting in Norwich were referred back to the Council.

Officers confirmed that 5 staff members were currently employed in homelessness work, the cost of which was funded by Central Government. A single central contact number was available for enquiries regarding homelessness and each contact made was assessed by the housing team to determine priority need. Anyone with acute health needs was regarded as

priority need and managed accordingly, in partnership with health providers and District Direct.

The point was made that the Rough Sleeper Strategy should not be viewed in isolation but as part of a package of support provided in partnership with a range of other agencies with a view to securing long term solutions and ensuring work focussed on genuine rough sleepers.

In response to a question about the number of rough sleepers willing to take up employment, officers commented that cases were often complex and had a long history of issues needing to be addressed. Many rough sleepers were willing to engage and take up employment but this could often take a number of years to put into place the support needed. With more straight forward cases where a person had just fallen on hard times for the first time, a variety of practical help including interview clothing, transport etc. could be provided.

Reference was made to the differences in the priorities contained within the South Norfolk and Broadland Rough Sleeper Strategy and those in the Greater Norwich Homelessness Strategy and if these should be more aligned. Officers responded that efforts had been made and were ongoing to continue to align the priorities but at the present time due to the much higher number of cases in the Norwich area and the positive progress made in recent years by Broadland and South Norfolk Councils on their rough sleeper work, there were differences in the current priorities with the district councils being further along in their journey to prevent rough sleeping. A suggestion was made that this might be something which could be discussed between the relevant chairmen/portfolio holders at each council.

With regard to the “No Homelessness in Norfolk” initiative, officers commented on the positive benefits of bringing together all partner agencies, including securing funding for a wider footprint, but that this also brought challenges.

A member raised concerns about difficulties experienced in securing responses to rough sleeping enquiries at the weekend and officers undertook to revisit this and raise it with the out of hours service.

A suggestion was made that it would be helpful if the contact number for rough sleepers was published regularly and officers undertook to arrange this.

The Chairman thanked officers for their report, and it was then unanimously

RESOLVED

To note and recommend the draft South Norfolk and Broadland Rough Sleeper Strategy 2020-2025 to Cabinet for approval.

40 DEVELOPMENT OF HEALTH AND WELLBEING STRATEGY IN THE CONTEXT OF THE NEW INTEGRATED CARE SYSTEM STRUCTURES POLICY

The Committee considered the report of the Health and Wellbeing Programme Manager which presented the development of a revised Health and Wellbeing Strategy in the context of the emerging Norfolk and Waveney Integrated Care System structures. The proposals reflected a move away from competition to one of collaboration.

The integrated care system in Norfolk was still emerging, and whilst the structures were known, the precise functions of the groups were still being worked out. The Health and Wellbeing Programme Manager drew members' attention to the diagram at paragraph 2.11 of the report setting out the current structures of the system. One main element being the statutory NHS body which looked at the NHS planning functions, under which sat the 5 local health care alliances. The boundaries of the 5 alliances were not coterminous with district council boundaries. The other main element was the Integrated Care Partnership which brought together the NHS, Local government and community sector partners under which sat the local health and wellbeing partnerships. This Partnership was responsible for developing an integrated care strategy to meet the wider needs of the local population. The 7 local partnerships were aligned along district council boundaries.

When revising the Councils' Strategy, officers were looking to work closely with the local health and wellbeing partnership for the two councils. The reasons for this were to create an opportunity to consult more widely with local partners, to work with them to help drive services at a local level and to more fully understand the needs of the local population. It would also create an opportunity to be influential in its dealings with the overarching bodies and policy.

It was hoped that the revised strategy would be delivered by end of this year, followed by the development of a more detailed delivery plan.

The Portfolio Holder advised members that she was the district council member, and Vice-Chairman of the Health and Wellbeing Board. As a County Councillor she was appointed to the Integrated Care System Transformation Board and was the only non NHS representative. She would be in a position to put forward a local government perspective into the work of the Board. Currently the Integrated Care Partnership and the Health and Wellbeing Board were doing same thing and they would be meeting soon to look at how this would emerge and how to dovetail their efforts into one effective partnership. The Integrated Care System was due to come in being in April

but had been delayed until July – work was now moving into the more detailed arrangements for the system.

Officers undertook to keep members informed of progress on this work.

It was then;

RESOLVED

To note the process for revising the Council's Health and Wellbeing Strategy and the upcoming structural changes to Norfolk's health care systems driven by the Health and Social Care Bill.

(The meeting concluded at 10.57 am)

Chairman