

People and Communities Policy Committee

Agenda

Members of the People and Communities Committee:

Cllr D Bills (Chairman)
Cllr S Blundell
Cllr M Dewsbury
Cllr B Duffin
Cllr T Holden

Cllr J Hornby (Vice Chairman)
Cllr N Legg
Cllr S Nuri Nixon
Cllr J Wilby

Date & Time:

Thursday 30 March 2023
14:00 pm

Place:

Council Chamber, Thorpe Lodge, 1 Yarmouth Road, Thorpe St Andrew, Norwich, NR7 0DU

Contact:

Leah Arthurton tel (01508) 533610
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Website: www.southnorfolkandbroadland.gov.uk

PUBLIC ATTENDANCE:

If a member of the public would like to observe the meeting, or speak on an agenda item, please email your request to committee.snc@southnorfolkandbroadland.gov.uk, no later than 5.00pm on Monday 27 March 2023.

Large print version can be made available

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

AGENDA

- 1. To report apologies for absence and to identify substitute members;**
- 2. Any items of business which the Chairman decides should be considered as a matter 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 form and flow chart attached – page 3)
- 4. Minutes of the meeting of the People and Communities Policy Committee held 3 November 2022**
(attached – page 5)
- 5. South Norfolk Health and Wellbeing Partnership’s Health and Wellbeing Strategy;**
(attached – page 10)

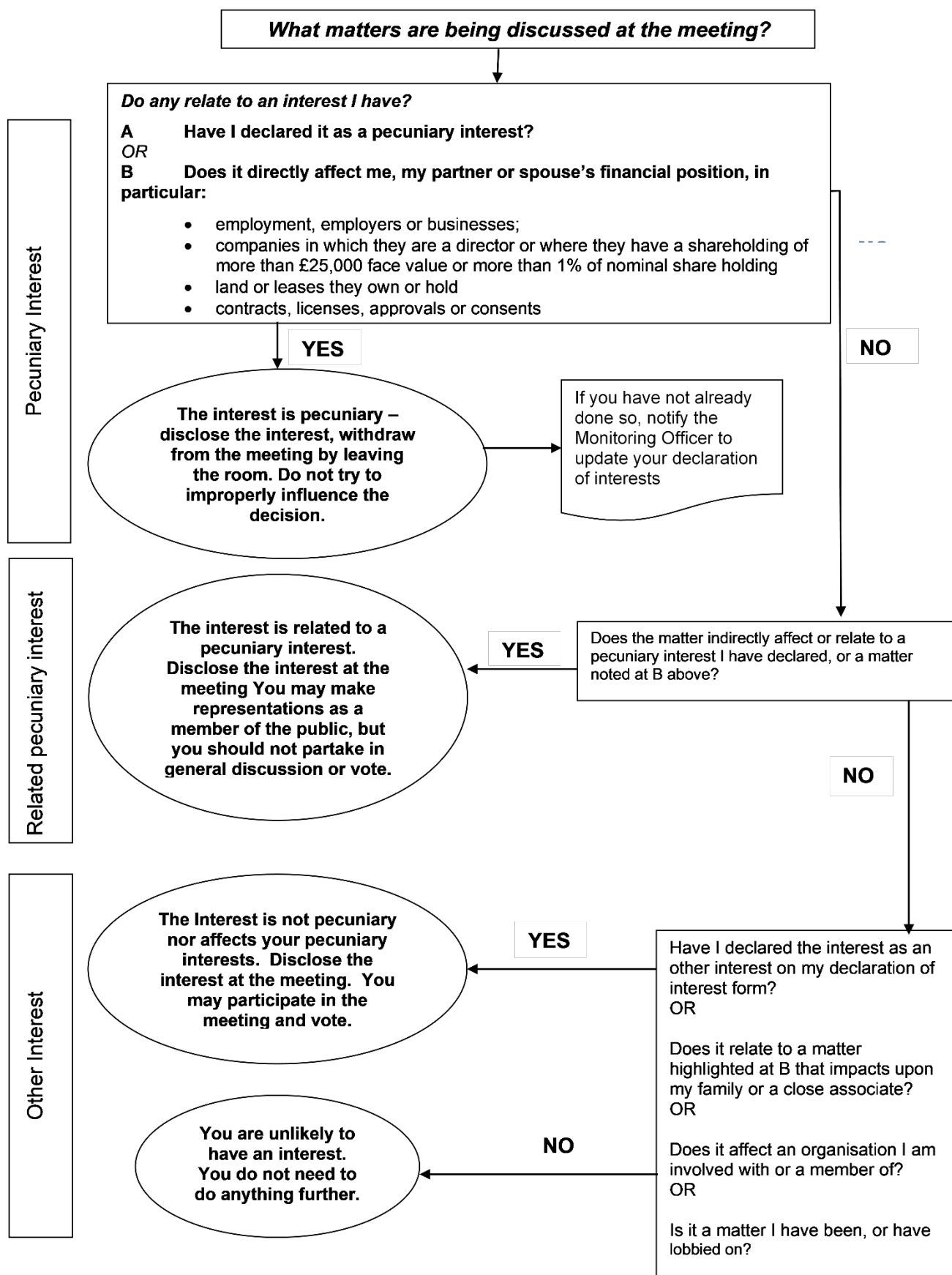
DECLARATIONS OF INTEREST AT MEETINGS

When declaring an interest at a meeting Members are asked to indicate whether their interest in the matter is pecuniary, or if the matter relates to, or affects a pecuniary interest they have, or if it is another type of interest. 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. 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.

<p>Have you declared the interest in the register of interests as a pecuniary interest? If Yes, you will need to withdraw from the room when it is discussed.</p>
<p>Does the interest directly:</p> <ol style="list-style-type: none"> 1. affect yours, or your spouse / partner's financial position? 2. relate to the determining of any approval, consent, licence, permission or registration in relation to you or your spouse / partner? 3. Relate to a contract you, or your spouse / partner have with the Council 4. Affect land you or your spouse / partner own 5. Affect a company that you or your partner own, or have a shareholding in <p>If the answer is "yes" to any of the above, it is likely to be pecuniary.</p> <p>Please refer to the guidance given on declaring pecuniary interests in the register of interest forms. If you have a pecuniary interest, you will need to inform the meeting and then withdraw from the room when it is discussed. If it has not been previously declared, you will also need to notify the Monitoring Officer within 28 days.</p>
<p>Does the interest indirectly affect or relate any pecuniary interest you have already declared, or an interest you have identified at 1-5 above?</p> <p>If yes, you need to inform the meeting. When it is discussed, you will have the right to make representations to the meeting as a member of the public, but you should not partake in general discussion or vote.</p>
<p>Is the interest not related to any of the above? If so, it is likely to be an other interest. You will need to declare the interest, but may participate in discussion and voting on the item.</p>
<p>Have you made any statements or undertaken any actions that would indicate that you have a closed mind on a matter under discussion? If so, you may be predetermined on the issue; you will need to inform the meeting, and when it is discussed, you will have the right to make representations to the meeting as a member of the public, but must then withdraw from the meeting.</p>

**FOR GUIDANCE REFER TO THE FLOWCHART OVERLEAF.
PLEASE REFER ANY QUERIES TO THE MONITORING OFFICER IN THE FIRST
INSTANCE**

DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF



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 3 November 2022 at 9.30am.

Committee Members Present:	Councillors: D Bills (Chairman), S Blundell, M Dewsbury, T Holden and S Nuri Nixon
Apologies for Absence:	Councillors: B Duffin (with V Thomson appointed substitute), N Legg and J Wilby
Substitute:	Councillors: V Thomson
Cabinet Member Present:	Councillor: A Thomas
Officers in Attendance:	The Assistant Director for Individuals and Families (M Pursehouse), the Housing and Wellbeing Senior Manager (R Dunsire) and the Democratic Services Officer (L Arthurton).

47 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors J Wilby, N Legg and B Duffin.

48 DECLARATIONS OF INTEREST

No declarations of interests were made.

49 MINUTES

The minutes of the meeting of the People and Communities Policy Committee held on 21 April 2022 were confirmed as a correct record.

50 BEST IN CLASS HOUSING – TEMPORARY ACCOMMODATION

The Assistant Director of Individuals and Families presented the report, which set out a plan for a temporary accommodation model to address the double impact of the Covid pandemic and the cost-of-living crisis, both of which had increased demand for affordable housing in the District.

Members noted that the Council had an excellent reputation in supporting residents with housing issues. It was also noted that the Council was about to face an increase to demands resulting from the following issues:

- the Cost-of-Living increase
- the Covid19 pandemic
- Ukrainian crisis/asylum seekers
- reduced housing stock
- private renting sector issues
- ongoing nutrient neutrality issues

Members were advised that the report formed part of two phases in the Council's proposed response. The report before members addressed the immediate problems faced by the Council. This would be followed by a second report in the New Year to address the long-term situation. The Committee heard that the Council was utilising bed and breakfasts as a short-term measure to house those in need of temporary accommodation, although this was an expensive option.

The Housing and Wellbeing Senior Manager explained that the Council worked with 14 Housing Associations in the District and had 100 percent nomination rights on their properties.

Members were reminded that the Council had a statutory obligation to deliver housing services under the Housing Act 1996 and the Homelessness Reduction Act 2017. Although the Council no longer had its general housing stock, the authority was required to support residents who were at risk of homelessness or were homeless. The Council currently had several properties dedicated to temporary accommodation, namely: Kestrel House, St Andrews and the Manse (a private sector lease).

Conversation turned to the current demand and projected forecast regarding temporary accommodation. Members noted that demand for services would continue to grow, and officers faced difficulty moving people out of the system. Independent reports also mirrored the Council's conclusions regarding the projected increase in numbers.

Regarding the need for investment, members were advised that the Council's current temporary accommodation provision was at 98 percent capacity.

The Portfolio Holder for Better Lives informed members about the difficulties with private rental agreements and increases in rent charges. She further explained that private landlords controlled rent levels and to whom they let their properties; which further impacted the situation.

In respect of Housing Associations' responsibilities to invest more in properties for the District, Members were informed that Housing Associations faced the same problems as the Council did in moving people on from properties alongside the ongoing nutrient neutrality issues.

In reference to issues around costs, members heard that bed and breakfasts had been used as an overflow for temporary accommodation, but this had led to a significant increase in costs. Officers gave further details on the expenditure detailed in section 5 of the report and then took members through the staffing responsibilities within the structure. Areas for further investment alongside the benefits of capitalising on current staff was also highlighted. These additional costs had been factored into the overall projections going forward.

Following a question on the finance in the report, officers confirmed that they would review the figures and update them, if necessary, before the report went on to Cabinet.

The Assistant Director for Individuals and Families explained that the Council needed to look at mitigation strategies to help in the long-term, but reassured members that the right steps were being taken for the current situation.

A question was raised on whether the Council could lease properties for temporary accommodation, and it was noted that officers had investigated this approach would limit the amount of housing benefit that the Council could reclaim.

Further clarification was given on the overall temporary accommodation process. One member asked if the Council had looked at alternative options for housing aside from the building or purchasing of properties and reference was made to other authorities' use of caravans and converted shipping containers as accommodation. Officers confirmed that this had been looked at, but it was felt that the approach had limited usage and that this would still be subject to nutrient neutrality issues. The Portfolio Holder for Better Lives suggested that these alternative options would be included in the report to allow Cabinet to see the full picture.

Discussion turned to the areas where the Council was looking to invest in temporary accommodation. The Housing and Wellbeing Senior Manager explained that it was important to look at where properties were situated and their accessibility. Areas of suitability would be assessed by their facilities, such as bus routes and local connections.

A concern was raised in respect of the costs associated with using a consultant to undertake work for the Council on researching properties. Several members agreed and shared concerns that this money would be better spent in helping residents.

In response, officers explained that consultants were required because they had the specialised expertise needed to assess properties, which was not available at the Council. The Assistant Director for Individuals and Families further reassured members that the temporary accommodation figures in the report were a worst-case scenario and that other options could be utilised if available.

A further question was asked regarding the long-term need for properties if demand reduced. Officers explained that it would be unlikely to reduce significantly and that additional properties would allow the Council to have resilience going forward. Members noted that it was not the Council's intention to have a large housing stock and felt the figure within the report was reasonable. It was suggested that further details on the long-term utilisation of the additional housing stock be added to the report for further clarity.

The Portfolio Holder for Better Lives emphasised that if the proposed investment seen in the report was not agreed upon by Council, the overall costs for the authority would increase. A further impact would also be seen on the Council's other services.

In respect of working with private landlords to keep families and individuals in their homes, instead of moving them into temporary accommodation, officers explained that there was a *Whatever it Takes Fund*, where the Council works with landlords to keep people in their properties as long as possible.

Officers drew members' attention to the other services the Council provided to support the proposals in the report.

In response to a question on how the recharging between the two Councils worked when a resident was placed in the other authority. Officers explained that the authority would claim the full amount from their side. The Councils also had regular meetings to review the process to help utilise further options to help with demand.

The Chairman thanked officers and members for their contributions, and it was

RESOLVED

TO RECOMMEND THAT CABINET RECOMMENDS TO COUNCIL TO:

Capital Items

1. Create an additional capital budget of £1,808,000 to purchase additional temporary accommodation.
2. Delegate authority to the Assistant Director of Individuals and Families, in consultation with the Section 151 Officer and the Portfolio Holder for Better Lives to purchase individual properties up to £750,000.

Revenue Items

3. Agree to the extension of contracts for temporary additional housing staff up to £266,200 per annum, (funded BDC 45% / SNC 55%) to deal with additional demand on housing services.

4. Agree the recruitment of 1 x FTE officer for every additional purchase of 10 units of temporary accommodation, which will be paid for by the additional income received from those properties.
5. Prioritise allocations in temporary accommodation within its own stock, and in the event, that capacity cannot be found within its own stock, place in Broadland District Council stock first.
6. Utilise capital reserves to pay for specialist support to speed up the purchase of properties.

(The meeting concluded at 10.40 am)

Chairman

South Norfolk Health and Wellbeing Partnership's Health and Wellbeing Strategy

Report Author(s): Karen Strandoo
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Portfolio: Better Lives

Ward(s) Affected: All

Purpose of the Report:

The purpose of the report is to present the South Norfolk Health and Wellbeing Partnership's Health and Wellbeing Strategy for endorsement and adoption by the Council.

Recommendations:

That Cabinet recommends that Council endorses the Health and Wellbeing Strategy as a partner organisation in the South Norfolk Health and Wellbeing Partnership.

1. Summary

- 1.1 The Council is a leading partner within the South Norfolk Health and Wellbeing Partnership. The Partnership, as a place-based group, is established along local authority boundaries with the Portfolio Holder for Better Lives as Chair, the Director of People and Communities as District Lead. The development of the Partnership is supported by the Health and Wellbeing Partnership Officer and Coordinator who are jointly funded by the Council and the Integrated Care System.
- 1.2 Due to the Council's role as a convenor of place, officers took on the task of leading the development of the Strategy to set the direction and future priorities of the Partnership. The Strategy was endorsed by the South Norfolk Health and Wellbeing Partnership on 1st March 2023 following which each member organisation of the Partnership is invited to take the Strategy through their own governance processes for adoption. As such we are now seeking adoption of the Strategy by the Council as a member of the Partnership.
- 1.3 The Committee endorsed the approach of revising the South Norfolk Health and Wellbeing Strategy in February 2022 jointly with the Health and Wellbeing Partnership. The South Norfolk Health and Wellbeing Partnership is now in a position to present the Health and Wellbeing Strategy.

2. Background

- 2.1 The Health and Care Act 2022 mandates that every local area must have a Joint Health and Wellbeing Strategy setting out priorities that partners will deliver together to improve health and wellbeing outcomes. In Norfolk, this will take the form of an overarching strategy, developed by the Norfolk and Waveney Integrated Care System, supported at a local place level by health and wellbeing strategies developed by the Health and Wellbeing Partnerships.
- 2.2 Health and Wellbeing Partnerships were set up as part of the newly formed concept of 'place' within the Integrated Care System. They are based on local government boundaries to bring together colleagues from county and district councils, health services, wider voluntary, community and social enterprise sector organisations, and other partners, bringing together the levers which affect the wider determinants of an individual's health and wellbeing. They enable the district councils to play their natural place-based leadership and convening role, on behalf of their residents, and also to draw more delegated authority and resources to a local level and closer to the community it will serve.
- 2.3 The South Norfolk Health and Wellbeing Partnership was established in May 2022 and meets regularly, Chaired by the Portfolio Holder for Better Lives. The Partnership works within the framework of the Norfolk Health and Wellbeing Board and the Norfolk and Waveney Integrated Care Partnership, in which the Portfolio Holder sits as a voting member.

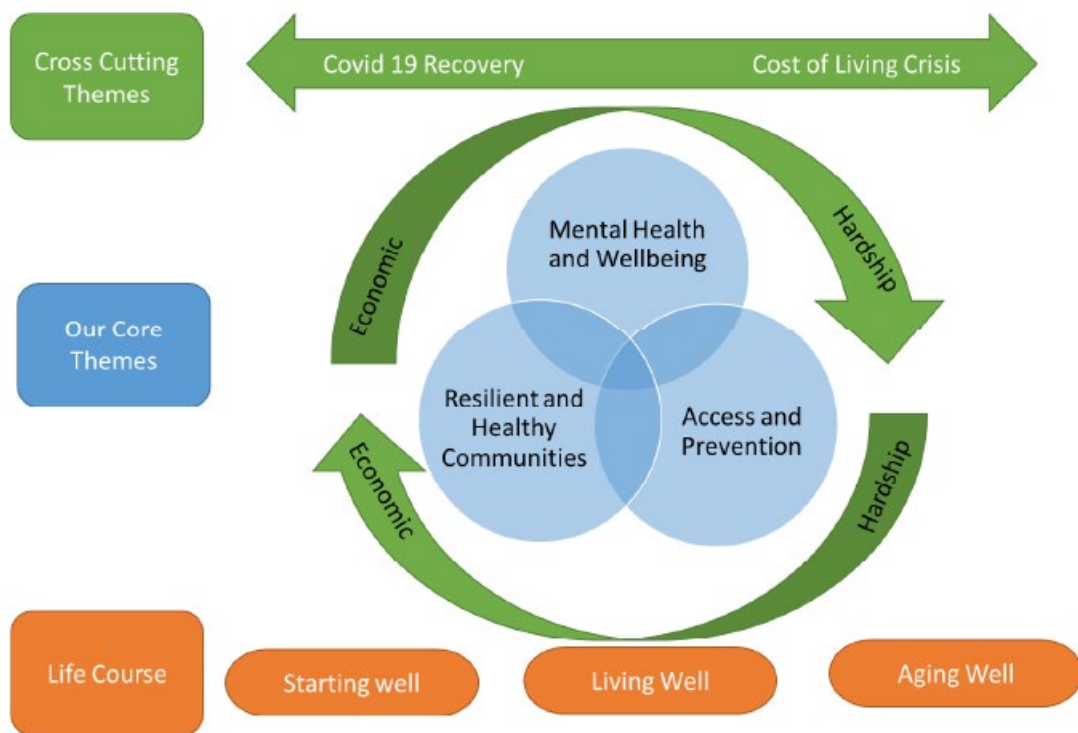
- 2.4 Council officers are investing time as members of the Health and Wellbeing Partnership focusing on prevention and addressing the wider determinants of health that district councils have so much influence over. The vision is to give every person in South Norfolk equal opportunities to live healthier, happier lives, and the purpose is to collectively drive strategies and activities for South Norfolk that:
- Promote good health and wellbeing of communities
 - Address the wider determinants of poor health
 - Tackle health inequalities
 - Develop and deploy support which prevents crises
 - Align, develop, and influence health and wellbeing services and commissioning
 - Support people to live well in their own homes.
- 2.5 The Partnership's Health and Wellbeing Strategy establishes the framework to guide the work of the Partnership, and draws on the local data, experiences, and knowledge of the members of the Partnership. The Strategy lays out the intended direction of travel of the Partnership to implement local programmes and projects aimed at improving the health and wellbeing of South Norfolk residents.
- 2.6 The development of the Strategy has involved extensive engagement throughout 2022 with members of the Health and Wellbeing Partnership and key stakeholders working across South Norfolk. Workshops with officers and partners from a variety of sectors gave qualitative feedback that was overlaid with local and national evidence and statistics to develop themes and priority action areas.
- 2.7 The Council's role in the Health and Wellbeing Partnership enables us to fulfil our leadership ambitions as the natural convenor of place and local partnerships as a district authority. The Partnership also provides the Council with more leverage to influence and direct the full resources of the extensive range of local partners, to positively impact residents' lives. Critically at this time of diminishing resources the Partnership provides a vehicle to enable investment in local place by the Integrated Care Board and Norfolk County Council following the principle of subsidiarity.

3 Current position/findings

- 3.1 After receiving delegation to receive and spend money held by the Council for allocation by the Partnership, a programme of work previously presented to Cabinet is in progress and outcomes will be reported on.
- 3.2 The Strategy included in Appendix 1 identifies three core themes as:
- **Mental Health and Wellbeing:** The state of a person's mental health can have an effect on every aspect of their life, and by helping someone find a better way of managing their mental health and wellbeing, a more meaningful impact can be had on their quality of life. For example we can provide mutual support and build individual resilience by working at a local level.

- **Access and Prevention:** Access to health and wellbeing services is crucial to residents' health and wellbeing. The earlier they can access them, the more likely it is to prevent the worsening of conditions. By addressing inequitable access to services such as doctors' surgeries or tackling loneliness and isolation we can help people get the help when they need it.
- **Resilient and Healthy Communities:** By supporting residents to be healthy and independent, we can help be an active part of their neighbourhood or community. A strong health community is better able to help its own residents. Therefore, this priority area seeks to build personal and community resilience.

The cost-of-living crisis and Covid-19 recovery are also recognised as a cross-cutting focus underpinning the work the Partnership intends to do across all three themes. In addition it is also important to recognise that we are living against a backdrop of increasing economic hardship even as we see the current cost of living crisis diminishing. The interaction of these themes and factors is illustrated below.



- 3.3 To guide the Partnership's work around these priority themes, the Strategy sets out a series of priority action statements based on robust evidence, designed to inform the development of detailed action plans under the direction of the Health and Wellbeing Partnership.
- 3.4 The Health and Wellbeing Partnership is still in its infancy and will develop in responding to rapid changes as part of the Integrated Care system. Therefore the Partnership has taken the approach to developing a two-year strategy which will require frequent monitoring and revision as the partnership matures.

- 3.5 The Strategy is aligned with the Integrated Care System's Transitional Integrated Care Strategy whilst also taking into account the needs of the local population.
- 3.6 The role of the Council is crucial in delivering projects within the themes identified in the Strategy. The Cost-of-Living crisis has only highlighted the impact that the Council has as a local delivery body, a convener of local partners, and holders of localised intelligence. A key example of this is the Mindful Towns and Villages project that creates sustainable support for residents' wellbeing at a community level, provides training for residents as mental health first aiders, with the goal of improving community resilience and reducing pressure on mental health services in the area. A further example is supporting local GP practices through our economic growth and planning teams to have facilities which meet the access need of our growing population.
- 3.7 The Council is integral to the preventative agenda of the Health and Wellbeing Partnership. A leading example of this is the Council's Help Hub, which offers a service accessible to all in need of help and support. The Help Hub service improves wellbeing, prevents crises, and empowers people to help themselves and their communities. The ethos of the Help Hub is centred around partnership working, and the outcomes are significant in reducing pressure on the NHS, preventing homelessness, and ensuring people get the support they need at the earliest opportunity. This model has demonstrated the value of integrated working and the resulting significant positive outcomes for residents.
- 3.8 Building on this experience, the Council has been able to provide the leadership and shaping of the South Norfolk Health and Wellbeing Partnership since its inception, and the Council is leading on several projects funded by the Partnership. This Strategy will support the vital work the Council does by setting the direction for a multi-partner response to complex problems, ensuring better outcomes for South Norfolk residents.
- 3.9 The Strategy ties to our corporate ambition to work with partners to drive the best health and wellbeing outcomes for residents, through working to improve mental wellbeing and resilience, encouraging active and healthy lifestyles, and supporting those who are frail by keeping people independent in their home for longer.

4 Other options

- 4.1 Members could choose to not adopt the Strategy, as a result South Norfolk District Council would not publish or be associated with the Strategy.

5 Issues and risks

- 5.1 **Resource Implications** –There are no additional resource requirements as Officers are working with the Health and Wellbeing Partnership within existing resources, and partnership working has been consistently carried out by the

Council for a number of years already. The partnership offers the Council the opportunity to see its resources matched by partners to deliver better outcomes.

- 5.2 **Legal Implications** – there are no legal implications.
- 5.3 **Equality Implications** – where there is funding, any bids put forwards to the Partnership will undergo Equality Impact Assessments to ensure they do not present any barriers to participation or disadvantage any protected groups. Partnership members are undergoing Co-production training to ensure this approach is utilised within the long-term ambitions of the Partnership.
- 5.4 **Environmental Impact** – the Strategy considers the impact of environmental change on health, ensuring the work the Partnership does will not contribute to this, but mitigate the impacts on health and wellbeing.
- 5.5 **Crime and Disorder** – the proposal will have no impact on crime and disorder.
- 5.6 **Risks** – There is a risk that the aims of the Strategy are not fulfilled, thereby risking the reputation of the Councils as a partner of the Health and Wellbeing Partnership. To mitigate this, the Strategy will be periodically reviewed, and resulting projects will be monitored and issues reported regularly to the Health and Wellbeing Partnership and Council.

6. Conclusion

- 6.1 This Strategy has been developed together with partners and provides the direction of the Partnership's work to enable South Norfolk residents to live healthier, happier lives. The themes and resulting priority action areas are based on local data and partners' local knowledge.
- 6.2 Endorsing and adopting this Strategy will demonstrate South Norfolk District Council's support of integrated working, and enable the Council to continue to demonstrate leadership at a Place level.

7. Recommendation

That Cabinet recommends that Council endorses the Health and Wellbeing Strategy as a partner organisation in the South Norfolk Health and Wellbeing Partnership.

Background papers

Integrated Care System's Transitional Integrated Care Strategy and Joint Health and Wellbeing Strategy 2022-2023- Norfolk and Waveney Integrated Care Partnership.

Appendix 1: South Norfolk Health and Wellbeing Strategy



A Bold and Healthy South Norfolk

Health and Wellbeing Strategy
for
South Norfolk Health and Wellbeing Partnership

1st March 2023

Foreword

I am pleased to present South Norfolk Health and Wellbeing Partnership's Health and Wellbeing Strategy. The Partnerships are an essential part of the Norfolk and Waveney Integrated Care System formed in July 2022. South Norfolk Health and Wellbeing Partnership allows us to deal with health and wellbeing at a local level, bringing together leaders from a vast array of organisations that have an impact on the wider determinants of health. Putting more significance on these factors and focusing on prevention represents a new opportunity for improving overall health and reducing health inequalities.

I am really proud to Chair this group, which despite starting from scratch last summer has already demonstrated significant abilities in working towards enabling South Norfolk residents to live happier, healthier lives.

This strategy helps to explain the work we do in the Partnership. Built on the local data available to us and developed with the shared experiences and knowledge of our partners, it lays out three themes with the cost-of-living crisis underpinning everything we do. Alongside this, we outline our aims to work closer with our community in dictating priorities.

We are striving to have a real impact in enabling South Norfolk residents to have equal opportunities to live healthier, happier lives, and we will use this Strategy to focus our work and hold ourselves accountable.

Alison Thomas, Chair of South Norfolk Health and Wellbeing Partnership

1. Our Local Health and Care System

We know from national and local evidence that taking a strategic approach to addressing local population needs drives more effective, more efficient and better targeted improvements in health and wellbeing. When delivery partners come together to share meaningful insights into local challenges, building on trusted relationships with local people and one another, they deliver more effectively than organisations operating in silos.

Norfolk and Waveney Integrated Care System (ICS) brings together organisations from all areas of health and care, aiming “to help the people of Norfolk and Waveney to live longer, healthier and happier lives.” The image below shows the range of organisations involved, which also includes this Health and Wellbeing Partnership and others across Norfolk and Waveney:



The overarching health and wellbeing strategy developed by the ICS will be supported at a local level by health and wellbeing strategies like this one, so we set out to ensure that we were broadly aligned with the ICS strategy, which is currently in development. Early drafts of the Transitional and Joint Health and Wellbeing Strategy for Norfolk and Waveney identifies the following themes for the strategy:

- Driving integration
- Prioritising prevention
- Addressing inequalities
- Enabling resilient communities

2. Our Health and Wellbeing Partnership

We are one of eight Health and Wellbeing Partnerships in Norfolk and Waveney, working closely with the five Place Boards, which are aimed at bringing together colleagues from health, local authority, voluntary and community sector organisations and social care to integrate services. The development of a single ICS provides a timely opportunity for us

to build on the valuable work already done, increasing focus on local solutions for local challenges. By bringing people together, and sharing ideas and resources, we will break down institutional boundaries, finding new ways to collaborate and achieve synergy, reflecting the work taking place at ICS-level.

Our **vision** for South Norfolk's Health and Wellbeing Partnership is that every person in South Norfolk will have equal opportunities to live healthier, happier lives and our **mission** is to work together to improve the health and wellbeing of communities of South Norfolk.

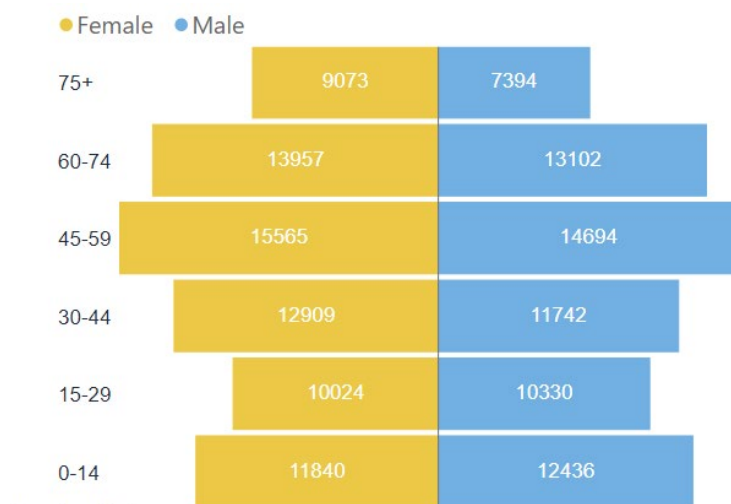
The work of the Health and Wellbeing Partnership is guided by a number of principles, as follows:

- Be bold, confident and transparent in our decision making
- Use intelligence and evidence to set priorities
- Focus on the person, not the system
- Work collaboratively and proactively for the partnership
- Embrace trust, honesty and kindness between all partners
- Innovate, test and review regularly

3. Living in South Norfolk

The population in South Norfolk is 143,066 and is expected to grow to 177,110 by 2043. The table below shows the age and sex distribution of this population.

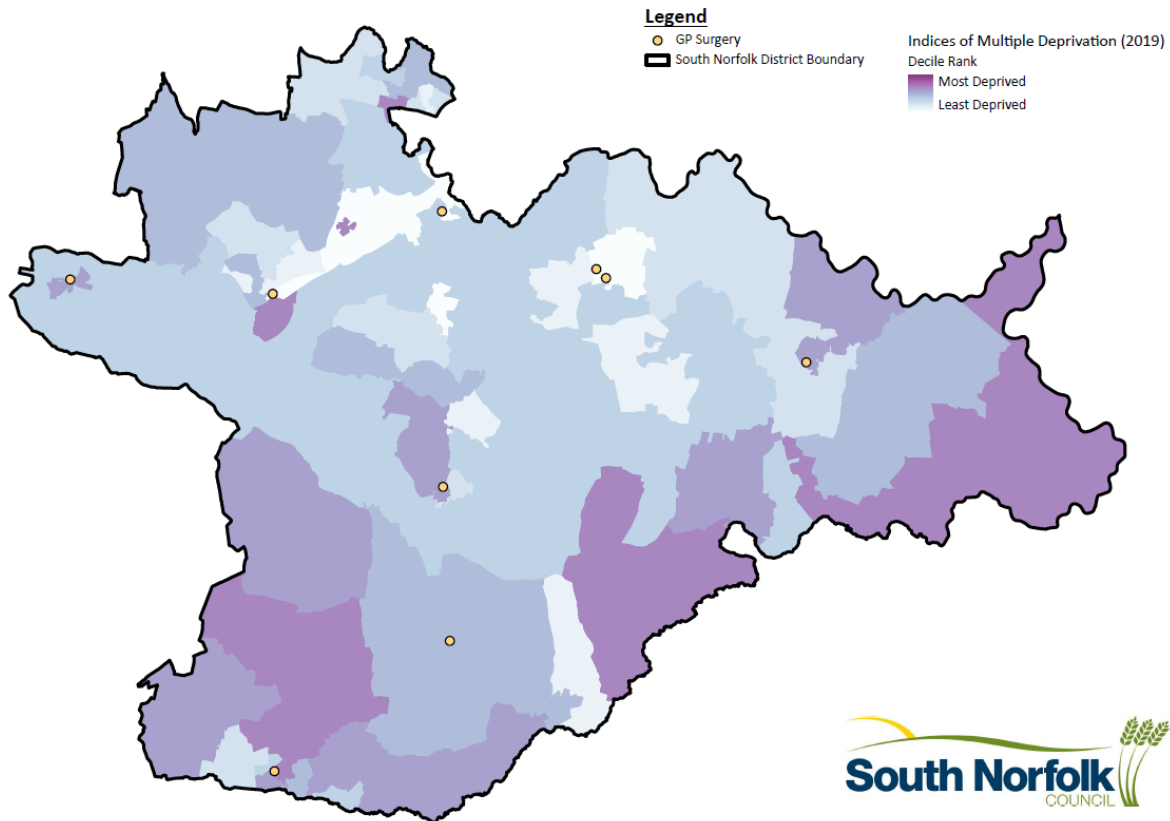
Our population is generally older with 24% of people aged 65 and with a significant part of our population aged 50-59 we expect that the number of residents in the 65 and over age bracket will rise significantly over the next 15 years.



Our population is less ethnically diverse than average in England with 11,656 people from ethnic minorities

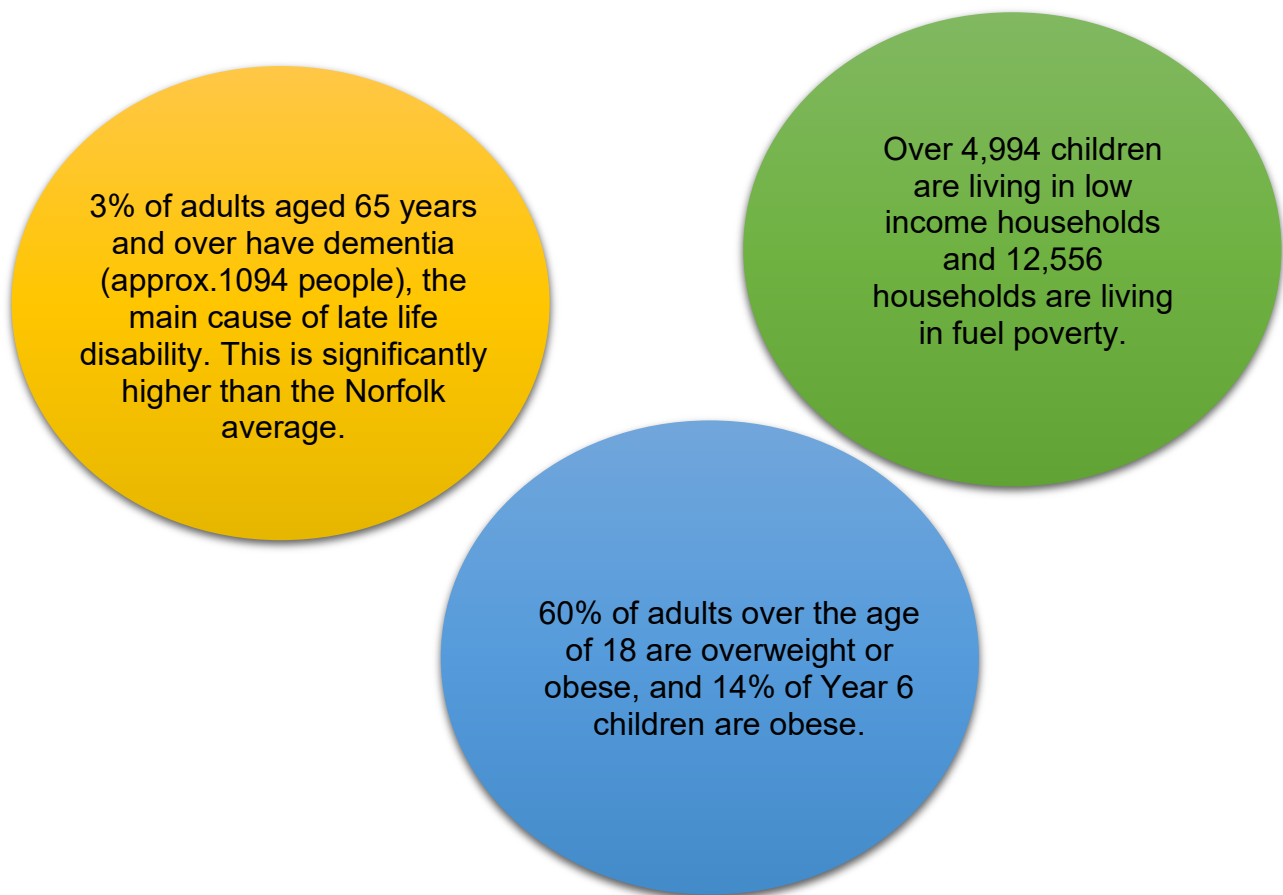
As our average life expectancy in South Norfolk is higher than both Norfolk and England as a whole and while our population lives longer on average it therefore faces specific health care needs. For example we know that the risk of dementia increases with age.

South Norfolk is a very rural area as the 8th least densely populated of the East of England 45 local authority areas which presents problems accessing services for those residents who are dependent on public transport to access services. The map below displays locations of GP surgeries in South Norfolk alongside the pockets of deprivation.



Although South Norfolk does not have any identified communities where people live in the 20% of the most deprived areas in England, we still have pockets of deprivation where people are struggling to make ends meet. This issue has become particularly acute since the onset of the cost-of-living crisis.

Understanding our population and the makeup of our communities presents an opportunity for us to deliver targeted preventative interventions to tackle the inequalities and improve peoples' health and wellbeing in South Norfolk.



4. Our Journey to a Health and Wellbeing Strategy

Our newly formed health and wellbeing partnership is still in its infancy. As we grow and develop, we will need to be agile in responding to changes in demand for services and policy. This strategy is therefore more short-term than future strategies are likely to be, as we will review and revise it as the partnership matures.

The development of our strategy has involved extensive engagement throughout 2022 with members of the Health and Wellbeing Partnership and key stakeholders across South Norfolk.

We will continue to engage stakeholders including the wider public as we co-produce detailed action plans to support the themes and priorities described below, ensuring that we align with current work being delivered by the council and our partners as well as future plans.

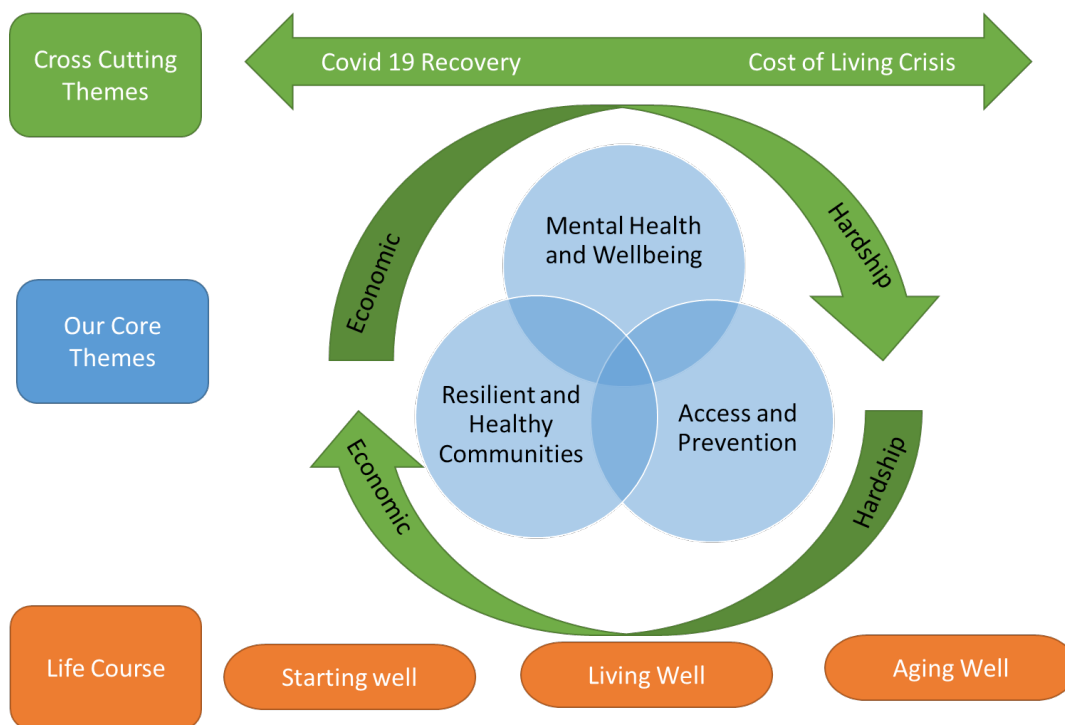
Early intervention and laying the foundations for better health are key to helping people stay healthy, happy and independent for as long as possible. This includes a focus on the wider determinants of health such as economic hardship, education, employment, housing and climate change.

Risk factors for poor health and inequalities are also important considerations at particular stages of life and can have detrimental effects on health and wellbeing as they accumulate across the life cycle.

Therefore we have developed our strategy from a life course perspective, recognising that experience and need changes as people progress through the stages of life, from starting well (children, young people and families) to living well (working age adults) and aging well (older adults).

5. Our themes

With input from local stakeholders and organisations that work locally, we have identified three core themes that are appropriate to the health and wellbeing needs of the people of South Norfolk, while also taking into account the existing health and wellbeing work streams, and the themes of the ICS in their transitional strategy. The image below shows these core themes, under the cross-cutting themes of Cost of Living Crisis and Covid-19 Recovery set against the context of economic hardship.



Each of these themes overlaps with the others in many ways, as indicated in the image above. Our intention is to identify our priorities, and ensure that there are projects established that address each of the themes taking into account the economic hardship people are currently facing with the understanding that projects may cover more than one theme. This highlights the importance of not considering our responses to improving health and wellbeing in our community in isolation.

Mental Health & Wellbeing

A person's mental health affects every other area of their life. If we can help people find ways to better manage their mental health and wellbeing, we can have a meaningful impact on their quality of life. Working at a local level to build community resilience and mutual support will be a key underpinning principle. This might include mindfulness approaches, community groups and other group activities. The challenges we face here include:

- Nationally among 17- to 19-year-olds, the proportion with a probable mental disorder increased from 17.4% in 2021 to 25.7% in 2022.
- Suicide rates, while not comparatively high at 7 deaths per 100,000 residents during 2019-21, do present an increased risk for our male population.
- There are around 1,100 people over 65 years living with dementia in South Norfolk.
- We know there is a 50% increased risk of dementia for people who report experiencing loneliness or isolation, comparable with other dementia risk factors.

Access and Prevention

In order to benefit from health and wellbeing services, we first have to be able to access them. And the earlier we can access them, the more likely it is that we can prevent the worsening of conditions. We will address inequitable access to services, tackling loneliness and isolation, ensuring that people are able to get the help they need when they need it. This will include signposting and access to health and community services. The challenges we face here include:

- The average cost of private transport across England has increased by 13.5%, affecting people travelling to work and for leisure.
- South Norfolk residents without access to a vehicle are at significant risk of rural isolation. The average time taken to reach key services by foot or public transport is 52.5% higher than the England average.
- In South Norfolk, 30% people often or sometimes feel lonely.

Resilient and Healthy Communities

By supporting people to be healthy and independent, we can help them be an active part of their neighbourhood or community. A strong and healthy community is better able to help its residents, so we will seek to build personal and community resilience through projects around self-care, exercise, healthy eating and other individual and group activities. The challenges we face here include:

- 147 annual births were to mothers who were smokers at the time of delivery – above the England average.
- Smoking accounts for 15% of preventable cancers in UK.
- With food prices increasing there will be far-ranging health impacts– whether this is eating less, or changing diets to eat cheaper, less balanced meals.
- Musculoskeletal disorders are a barrier to physical activity with some 21.3% of South Norfolk residents experiencing issues with bones, joints and/or muscles.

- The rate of hip fractures in those aged 65 and over is above the England average.

6. Cross Cutting Themes

In developing our strategy we have viewed the cost-of-living crisis and Covid-19 recovery as cross cutting themes impacting all aspects of people's health and wellbeing.

Cost of Living

The current cost of living crisis has the potential to have profound impacts on the health and wellbeing of our local population, particularly those in lower-income brackets. As the cost of meeting essential needs such as housing, food, and energy continue to rise, many people are struggling to make ends meet.

This can lead to financial hardship, which in turn can have negative effects on both physical and mental health. For example, people may be forced to choose between paying for food or heating, which can lead to serious ongoing health issues precipitated by poor nutrition or living in a cold home. The stress of financial insecurity can also contribute to mental health problems such as anxiety and depression. People living in deprivation are most affected by the cost of living crisis as follows:

- Costs of energy, food, transport and housing are all increasing and with inflation at 10.1 % this is putting financial pressure of individuals and families.
- Average energy bills could reach as high as £3,000/year resulting in more people falling into fuel poverty.
- Nationally life expectancy between the most and least deprived areas is 9.2 years for men and 7.2 years for women.
- Under the age of 75 Preventable mortality and deaths from cardio vascular disease are three times worse in the most deprived populations.

Covid-19

The Covid -19 pandemic has had short, medium and long-term effects on peoples' health and wellbeing, including increased levels of anxiety about illness, depression caused by loneliness and isolation and grief caused by bereavement.

Deaths from Covid-19 were also higher in areas with worse social determinants of health, including obesity, poor mental health and lower socio-economic status. This underlines the need for our health and wellbeing partnership to tackle health inequalities and the underlying economic and social causes of ill health.

One of the key learning outcomes from the response to the Covid-19 pandemic was how local agencies were able to come together in times of crisis to share data, information and resources to rapidly respond to the needs of vulnerable people in our communities. We can build on this experience to develop our partnership to address some of the health and wellbeing priorities of our communities. Research shows that:

- Inequalities in Covid 19 mortality persist with mortality rates 3-4 times higher in most deprived areas.

- Vaccination uptake for people living in poorer areas and people from some minority ethnic groups is low.
- The significant deterioration in mental health has not returned to pre pandemic levels.
- Long term health conditions as a result of Covid -19 are keeping people out of work
- There are education gaps due to lost learning resulting in a cohort of 'left behind children' facing significant risks to long term health and living standards.

7. Priority Action Areas

Within our Health and Wellbeing themes we have identified particular priority areas where we can focus our efforts to improve the health outcomes at each stage of the life course and this approach will help to bring together different agencies and also allow consideration of the wider determinants which affect people's health. This will include identifying areas of unmet need through collaboration between organisations.

Mental Health and Wellbeing

- We will support co-production of services and projects, ensuring that people of all ages are engaged to offer insights into what they want mental health support offerings to look like
- We will establish a project to look at ways to support people experiencing social isolation, helping alleviate loneliness
- We will encourage early diagnosis and promote and develop dementia friendly environments and services.
- We will work together to create easily accessible referral routes for young people to access support for anxiety and depression
- We will support men's mental health by establishing community spaces such as men's sheds to connect, converse and create
- We will ensure that there is accessible, coordinated information available at the right time and place to enable people to take greater control over their own health and wellbeing

Access and Prevention

- We will work together to promote local and national initiatives for healthier lifestyles, including making better food choices and reducing smoking and alcohol.
- We will encourage parents to exercise with their children in open spaces and in local leisure facilities to maintain health and mobility.
- We will teach our collective workforce that prevention is everyone's business and 'Make Every Contact Count'
- We will support the creation of community hubs to combat loneliness and isolation.
- We will support the development of healthy places and promote the use of parks and green spaces.

- We will help people access the support needed to return home quickly and safely to independent living after a hospital stay.

Resilient and Healthy Communities

- We will identify opportunities to establish warm spaces within our communities to minimise excess death and ill health during winter months
- We will support the development of safe, healthy, warm homes by promoting the retrofitting of homes to be more energy efficient and through installing insulation and clean heat.
- We will work together to identify our older frail residents to make sure they have access to all available support.
- We will work collectively to reduce the number and impact of falls in our elderly population.
- We will work to empower our communities to build resilience to meet the mental and physical impacts of a changing climate and adverse weather events
- We will support children and young people to have a healthy weight by developing opportunities to deliver evidence-based interventions around a healthy diet.

Cross Cutting Themes

- We will work together to explore sharing data and intelligence to better target individuals and families in need of help
- We will provide structured support for individuals in or entering crisis by creating personal plans offering help from multiple partners.
- We will work with people who have socio-economic vulnerabilities to help them access physical activities.
- We will promote all government sources of financial help to support people through the cost of living crisis.
- We will encourage people to access services aimed at getting them back into work.
- We will explore funding opportunities to enable us to jointly tackle inequalities and deliver prevention activities.

8. Moving Forward

This Health and Wellbeing Strategy provides a roadmap for the direction of travel for the Health and Wellbeing Partnership. Guided by the themes and priority areas we will co-produce detailed action plans over the coming year (2023-24), working with partners and key stakeholders to identify the required funding and resources. This will enable us to deliver tangible health and wellbeing outcomes for South Norfolk residents.

We recognise that to effectively deliver for our residents it is essential that we now make haste in organising ourselves within the Health and Wellbeing Partnership to create working groups under the strategic leadership of thematic leads that are well resourced to produce the work needed to design and implement the action plans. In order to

achieve this we will endeavour to ring fence any future funding available to the Partnership to secure the resources needed to deliver on this Strategy.

Our Strategy is intended to be a live document, and will be reviewed on a regular basis to ensure that it continues to reflect what is best for the people who call South Norfolk home. There will be a formal review at the end of 2023, with a view to refreshing the strategy in full at the end of 2025.