

# Communities, Housing, and Planning Policy Development Panel Agenda

## Members of the Panel

Cllr N Brennan (Chairman)	Cllr E Laming
Cllr J Ward (Vice-Chairman)	Cllr K Leggett
Cllr A Crotch	Cllr M Murrell
Cllr R Foulger	Cllr J Neesam
Cllr N Harpley	Cllr D Thomas

Cllr F Whymark (ex-officio)

## Date & Time:

Wednesday 5 April 2023 at 6pm

## Place:

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

## Contact:

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## PUBLIC ATTENDANCE:

If a member of the public would like to observe the meeting in person or to speak on an agenda item, please email your request to [committee.bdc@southnorfolkandbroadland.gov.uk](mailto:committee.bdc@southnorfolkandbroadland.gov.uk), no later than 5.00pm Friday 31 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 receive declarations of interest from members;**  
(guidance and flow chart attached – page 3)
- 2. To report apologies for absence and to identify substitute members;**
- 3. To receive the minutes of the meeting of the Communities, Housing and Planning Policy Development Panel held on 8 February 2023;**  
(minutes attached – page 5 )
- 4. Broadland Health and Wellbeing Partnership's Health and Wellbeing Strategy**  
(report attached page 11)

## 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"> <li>1. affect yours, or your spouse / partner's financial position?</li> <li>2. relate to the determining of any approval, consent, licence, permission or registration in relation to you or your spouse / partner?</li> <li>3. Relate to a contract you, or your spouse / partner have with the Council</li> <li>4. Affect land you or your spouse / partner own</li> <li>5. Affect a company that you or your partner own, or have a shareholding in</li> </ol> <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



# COMMUNITIES, HOUSING, AND PLANNING POLICY DEVELOPMENT PANEL

Minutes of a meeting of the Communities, Housing and Planning Policy Development Panel of Broadland District Council, held at Thorpe Lodge, 1 Yarmouth Road, Thorpe St Andrew, Norwich on Wednesday 8 February 2023 at 6pm.

<b>Committee Members Present:</b>	Councillors: J Ward (Vice-Chairman in the Chair), N Brennan, A Crotch, N Harpley, E Laming, D Thomas
<b>Also present</b>	Councillor: F Whymark (ex-officio)
<b>Apologies for Absence:</b>	Councillors: M Murrell, J Neesam
<b>Officers in Attendance:</b>	The Place Shaping Manager (P Harris) and the Democratic Services Officer (D Matthews)
<b>Also in attendance:</b>	The Active Travel Team Leader – Norfolk County Council (E Parnaby)

## 10 DECLARATIONS OF INTEREST

No declarations of interest were made.

## 11 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors M Murrell and J Neesam.

## 12 MINUTES

The minutes of the meeting held on 4 January 2023 were agreed as a correct record and signed by the Chairman.

## 13 COUNTYWIDE LOCAL CYCLING AND WALKING INFRASTRUCTURE PLAN OVERVIEW

The Active Travel Team Leader, Edward Parnaby, Norfolk County Council introduced the report about the Local Cycling and Walking Infrastructure Plan (LCWIP) for Norfolk. Norfolk County Council (NCC) were working in partnership with local authorities to create the LCWIP to help identify and prioritise short, medium and long-term active travel infrastructure schemes which would enable increased levels of cycling, walking and wheeling in the county. LCWIP's would support the Government's ambition for 50% of all journeys in towns and cities to be walked or cycled by 2030. Mr Parnaby took members through a presentation, a copy of which was included within the agenda papers for the meeting. He explained that the creation of the LCWIP was important in helping to secure Government funding for this work. The County's track record in delivering such schemes was also taken into account. Similar Plans had already been created in Kings Lynn, Greater Norwich and Great Yarmouth. The key outputs from the creation of the LCWIP would be the creation of a network plan and identification of priority routes, a prioritised programme of infrastructure improvements for the short, medium and longer term and the production of a report setting out the analysis carried out to support the improvements and growing network. Mr Parnaby went on to outline the 6 stages involved in the preparation of the Plan and that the County Council were now at stage 5 – prioritising improvements following the identification routes. This phase included a 6 week period of public and stakeholder engagement which was due to commence in March 2023.

Members were advised that 4 areas in Broadland had been identified for proposals: Aylsham, Acle, Reepham and Wroxham & Hoveton and Mr Parnaby took members through each of the proposals. He also made reference to the various planning, transport, environment and air quality and public health policies which had informed the work to date. An earlier public engagement exercise to gauge views on the proposals and identify barriers to cycling had been undertaken which had also informed the proposals and a number of sites had been visited. A significant and substantial amount of work had been undertaken to arrive at the current stage.

The public and stakeholder engagement proposals included an online survey in addition to approximately 7 public events which would be held across the County including one in Wroxham.

Discussion then took place during which Mr Parnaby answered questions from members. It was suggested that existing routes could be better utilised if they were upgraded and existing paths could be better connected. A concern was also raised about safety of users on woodland or remote routes and around crossings such as the NDR. Mr Parnaby explained that the detailed proposals as to how the existing network would be upgraded/connected were still to be finalised and user safety would be considered and appropriate measures put in place where possible. Some potential solutions such as cameras and lighting needed careful examination. Mr Parnaby undertook to establish if any safe street organisations had been involved in the engagement already undertaken.

A member commented that existing local running/cycling groups were a valuable resource with much local knowledge.

A comment was made that some of the maps used in the plan were overly annotated and the colouring was not always clear to all users. Mr Parnaby acknowledged this comment and added that the maps did include a narrative relating to each route and efforts would be made to ensure the documents were as accessible as possible. In response to a comment about pedestrian zones, Mr Parnaby confirmed that any proposed pedestrian zones would encourage pedestrian priority over other traffic but not exclude vehicles.

In welcoming the proposals, a member commented that they felt the proposals did not go far enough and a greater vision would be welcomed. The also commented that some current cycle ways were very difficult to negotiate – even by experienced cyclists and they hoped any new/improved schemes would be designed for easier use. The member also asked about the methods for evaluating and measuring the use of the new and improved routes. They felt the Government’s target to achieve 50% of all journeys to be walked or cycled by 2030 was very ambitious. Mr Parnaby stated that work was well underway on other schemes with funding in place and the current proposals were progressing well. Data gathering was a challenge, but it was hoped to utilize some of the funding available to develop improved data collection. The County Council would be held to account for the scheme and would be required to demonstrate outcomes by way of independent review by the University of East Anglia.

Members thanked Mr Parnaby for his presentation and expressed their support for the proposals.

It was unanimously

## **RESOLVED**

To receive the overview of the Countywide Local Cycling and Walking Infrastructure Plan ahead of the 6-week public engagement exercise.

## **14 GREATER NORWICH 5 YEAR INFRASTRUCTURE INVESTMENT PLAN AND ANNUAL GROWTH PROGRAMME**

Members considered the report of the Place Shaping Manager which set out

- The draft Greater Norwich Joint Five Year Infrastructure Investment Plan 2023 to 2028. The five year plan included: a progress report on previously approved projects; proposals for new projects to be funded by pooled Community Infrastructure Levy (CIL) in 2023/24, otherwise known as the 2023/24 Annual Growth Programme (AGP); updated forecasts of CIL income; and, information on future project priorities.
- Proposals for three amendments to the existing Infrastructure Investment Fund (IIF) procedures/practice.
- A proposed deed of variation to be agreed to the Greater Norwich Partner Drawdown and Borrowing Authorisations agreement to enable delivery of the Long Stratton Bypass.

It was noted that, in accordance with the CIL pooling arrangements for Greater Norwich's Infrastructure Investment Fund, each of the three CIL charging authorities: Broadland District Council; Norwich City Council; and, South Norfolk Council needed to separately agree to the recommendations for them to take effect.

The Place Shaping Manager explained that the new projects needed to be ready to come forward and be fully evaluated in terms of delivering significant infrastructure across the area. New projects for this year included one scheme in Broadland but the district had benefitted from a number of schemes the previous year.

He also explained the changes proposed to the scheme to create 2 new categories to the Infrastructure Investment Fund - the Major infrastructure Projects and Match Funding – which would remove the restrictions in supporting key strategic pieces of major infrastructure which might not previously had been eligible as they were not ready to proceed in the next financial year. Eligible schemes could be put forward at any point in time and subject to being fully evaluated could then be earmarked for funding. With regard to match funding, the proposal was to create a ring fenced pot of money within the IIF which could be allocated to major projects as match funding when applying for other significant government grants. The match funding pot would be overseen by the Greater Norwich Growth Board under delegated authority from the district partners.

With regard to education funding allocations from the IIF, a change was being proposed to allow Norfolk County Council to utilise CIL funding in whole or in part to repay NCC's own borrowing used to underwrite future shortfalls of funding to safeguard the medium to long term school capital programme.

With regard to the proposed deed of variation to the Greater Norwich Partner Draw-down and Borrowing Authorisations agreement, the Place Shaping Manager explained that this would enable the agreed Long Stratton Bypass loan to be added as originally intended.

Discussion then took place during which a member raised concerns about the proposals. They commented that the existing agreements had been in place for a number of years and questioned why was there a need to now change the arrangements. They feared this may tie up funds on long term major infrastructure projects, potentially road projects such as the western link, with less money available for smaller, more local infrastructure.

The Place Shaping Manager responded that there needed to be a balance of funding smaller and larger infrastructure projects and the existing scheme had limitations in the ability to support larger infrastructure projects. He was not aware that any large scale projects had as yet been identified. The levels of funding made available would be determined by each partner council and major projects such as the western link were likely to be more costly than the limit proposed for the new scheme (£4m) and would warrant a separate arrangement.

In response to a comment that the funding allocated for the Sloughbottom Park project appeared low by comparison to other schemes, the Place Shaping Manager explained that other sources of funding were being explored which were likely to meet most of the costs. CIL funding tended to be used as a final step in fulfilling a funding gap. Any variations in funding allocated would need to be approved by partner councils.



Members then voted on the recommendations and it was with 4 members voting for, 1 against and 1 abstention,

## **RESOLVED**

### **To recommend that Cabinet**

- a) Approves the Draft Five year Infrastructure Investment Plan 2023-28 and the proposed 2023/24 Annual Growth Programme, including:
  - i) The introduction of two new categories to the Infrastructure Investment Fund, Match Funding and Major Infrastructure Projects;
  - ii) That Education funding allocations from the Infrastructure Investment Fund can be used in whole or in part to repay Norfolk County Council's borrowing, on condition that it is used to support the delivery of a Schools Capital Programme that is ring fenced to the Greater Norwich area, and that annual programme delivery and budget updates are reported to the GNGB;
- b) Agrees to the signing of a deed of variation to the agreement entitled, Partner Drawdown and Borrowing Authorisations, that was originally signed by all partners on 21st October 2015 and to delegate authority to the Director for Place in consultation with the Portfolio Holder for Planning, Communities and Housing to finalise and sign any such variation.

## **15 NORFOLK RECREATIONAL IMPACT AVOIDANCE AND MITIGATION (RAMS) PROGRAMME GOVERNANCE**

Members considered the report of the Place Shaping Manager which sought agreement to the proposed organisational structure to enable the effective and efficient implementation and delivery of the Norfolk Recreational Avoidance and Mitigation Strategy (RAMS).

The Norfolk Green Infrastructure and Recreational Impact Avoidance and Mitigation Strategy (GIRAMS) had been prepared by the 8 Local Planning Authorities of Norfolk in conjunction with Norfolk County Council to deliver the mitigation necessary to avoid adverse effects from the 'in-combination' impacts of residential development forecast to be delivered across Norfolk until 2038 at internationally designated sites.

Each of the Norfolk Authorities had now adopted the Norfolk GIRAMS and were now collecting relevant RAMS contributions from qualifying development.

The implementation and delivery of the Norfolk RAMS programme would require a coordinated approach, with developer contributions being directed to deliver joint, cross boundary mitigation projects to protect the affected Habitat sites. In order to effectively and efficiently manage such a programme, it was proposed to:

- 1) establish an overseeing Member programme board made up of Members of the contributing authorities;
- 2) appoint a RAMS Delivery Officer hosted by Norfolk County Council; and,
- 3) authorise Norfolk County Council to act as the Accountable Body for the delivery of the Norfolk RAMS.

The proposals had been discussed and agreed as the best way forward by the Norfolk Strategic Planning Forum.

In response to a question, the Place Shaping Manager confirmed that the full details of any agreement were still to be prepared but that he expected that they would include a withdrawal clause should the need arise.

Members then voted on the recommendations and it was, with 5 members voting for, 1 abstention,

## **RESOLVED**

### **To recommend that Cabinet**

1. Agrees for Norfolk County Council to act as the Accountable Body for the Norfolk Recreational Avoidance and Mitigation Strategy (RAMS), to include agreement for RAMS tariff contributions received by Broadland District Council to be transferred to and held by Norfolk County Council in accordance with this responsibility;
2. Agrees to establish a Norfolk RAMS Board comprising representative from each of the Norfolk Authorities to oversee the operation of Norfolk County Council as Accountable Body;
3. Delegates authority to the Assistant Director for Planning in consultation with the Portfolio Holder for Communities, Housing and Planning to finalise any partnership legal agreement and Terms of Reference related to recommendations 1 and 2.

(The meeting concluded at 7.12pm)

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Chairman

**Agenda Item: 4**  
**Communities, Housing and Planning Policy Development Panel**  
**5 April 2023**

## **Broadland Health and Wellbeing Partnership's Health and Wellbeing Strategy**

**Report Author(s):** Karen Strandoo  
Health and Wellbeing Programme Manager  
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Abigail Langley  
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01508508712  
[Abigail.langley@southnorfolkandbroadland.gov.uk](mailto:Abigail.langley@southnorfolkandbroadland.gov.uk)

**Portfolio:** Communities, Housing and Planning

**Ward(s) Affected:** All

**Purpose of the Report:**

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

**Recommendations:**

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

**1. Summary**

- 1.1 The Council is a leading partner within the Broadland Health and Wellbeing Partnership. The Partnership, as a place-based group, is established along local authority boundaries with the Portfolio Holder for Communities, Housing and Planning 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 Broadland Health and Wellbeing Partnership on 1<sup>st</sup> 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 Broadland Health and Wellbeing Strategy in February 2022 jointly with the Health and Wellbeing Partnership. The Broadland 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 Broadland Health and Wellbeing Partnership was established in May 2022 and meets regularly, Chaired by the Portfolio Holder for Communities, Housing and Planning. 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 Broadland equal opportunities to live healthier, happier lives, and the purpose is to collectively drive strategies and activities for Broadland 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 Broadland 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 Broadland. 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.

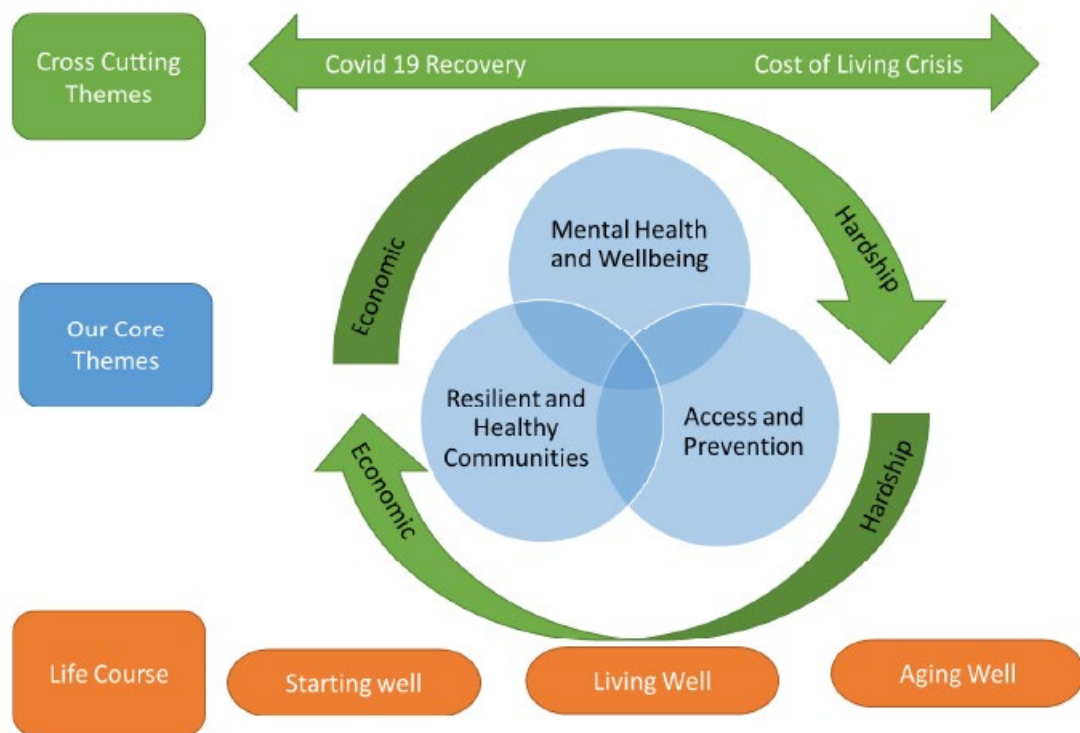
### 3 Current position/findings

- 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 Broadland 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 Broadland 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 Broadland 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 Broadland 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 Broadland District Council's support of integrated working, and enable the Council to continue to demonstrate leadership at a Place level.

## 7. Recommendations

- 1. That Cabinet recommends that Council endorses the Health and Wellbeing Strategy as a partner organisation in the Broadland 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: Broadland Health and Wellbeing Strategy



# A Bold and Healthy Broadland

## Health and Wellbeing Strategy for Broadland Health and Wellbeing Partnership

1st March 2023

## **1. Foreword**

I am delighted to present the Broadland Health and Wellbeing Partnership's Health and Wellbeing Strategy to you. The Partnership is an integral part of the new Integrated Care System, bringing together leaders from organisations that have an impact on the social, economic, and environmental factors that affect your lives every day.

We know that there is so much more that shapes our health than the support provided through health and care services, making this a really exciting new opportunity that recognises the vital role each partner has to play. We recognise that collaboration can have the greatest impact. Working together, understanding the strengths partners bring, forms the foundation of our Partnership.

As a Partnership we want to present our plan, to support your health and wellbeing, within this Strategy. The Strategy has been developed together, focusing on three emerging themes, based on evidence and the partners' local expertise. The impact of the current cost-of-living crisis will be considered in everything we do. Whilst we are already undertaking several projects, the Strategy emphasises our ambition to work towards an approach where our priorities are defined by a true understanding of what would enable you, the people who live in Broadland, to live healthier and happier lives.

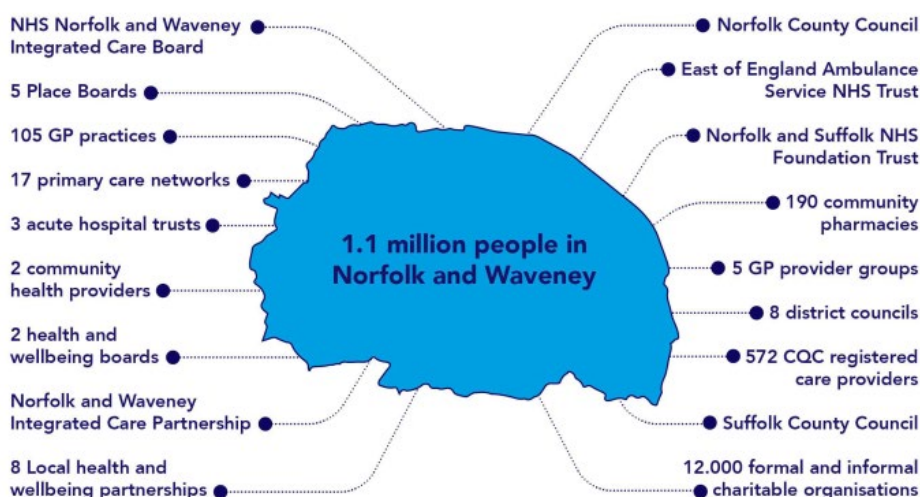
The Strategy will be used to provide the direction the Partnership strives for, helping Broadland residents to live happy, healthy lives, and we will hold ourselves accountable to the aims and plans laid out within it.

**Fran Whymark, Chair of Broadland Health and Wellbeing Partnership**

## 2. 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

### 3. 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.

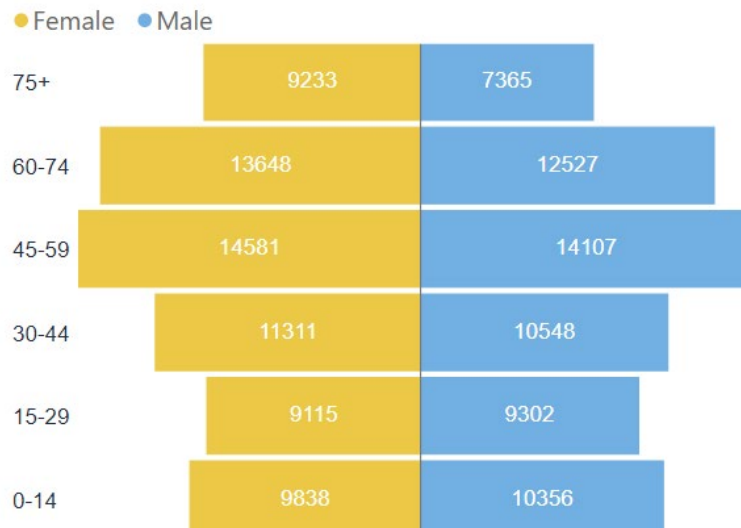
Our **vision** for Broadland's Health and Wellbeing Partnership is that every person in Broadland will have equal opportunities to live healthier, happier lives and our **mission** is to work together to improve the health and wellbeing of communities of Broadland.

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

### 4. Living in Broadland

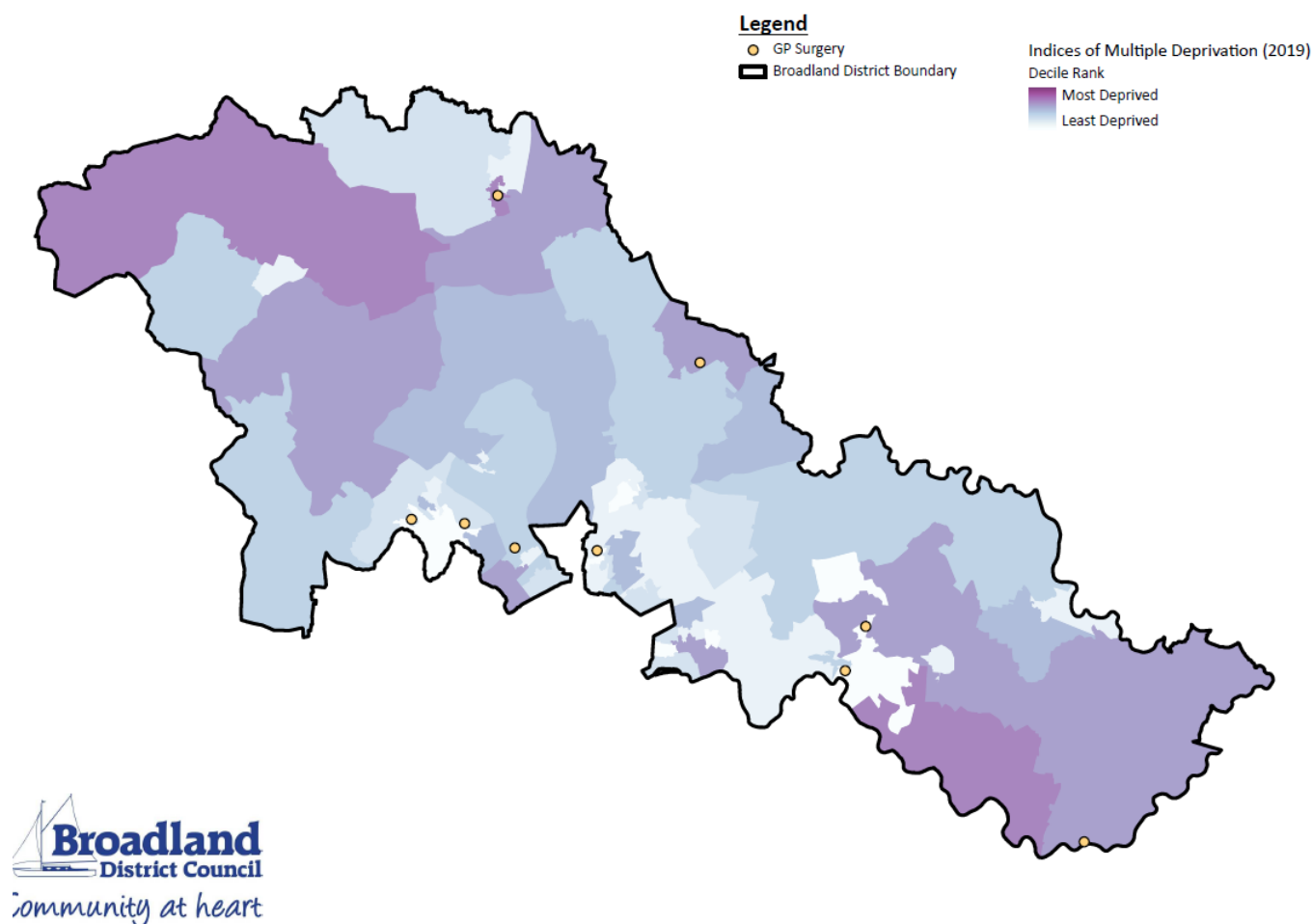
The population in Broadland is 131,931 and is expected to grow to 150,881 by 2043. The table below shows the age and sex distribution of this population. Our population is generally older with 26% of people aged 65 or over and with a significant part of our population aged 50-59 we expect that the number 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 8,458 people from ethnic minorities.

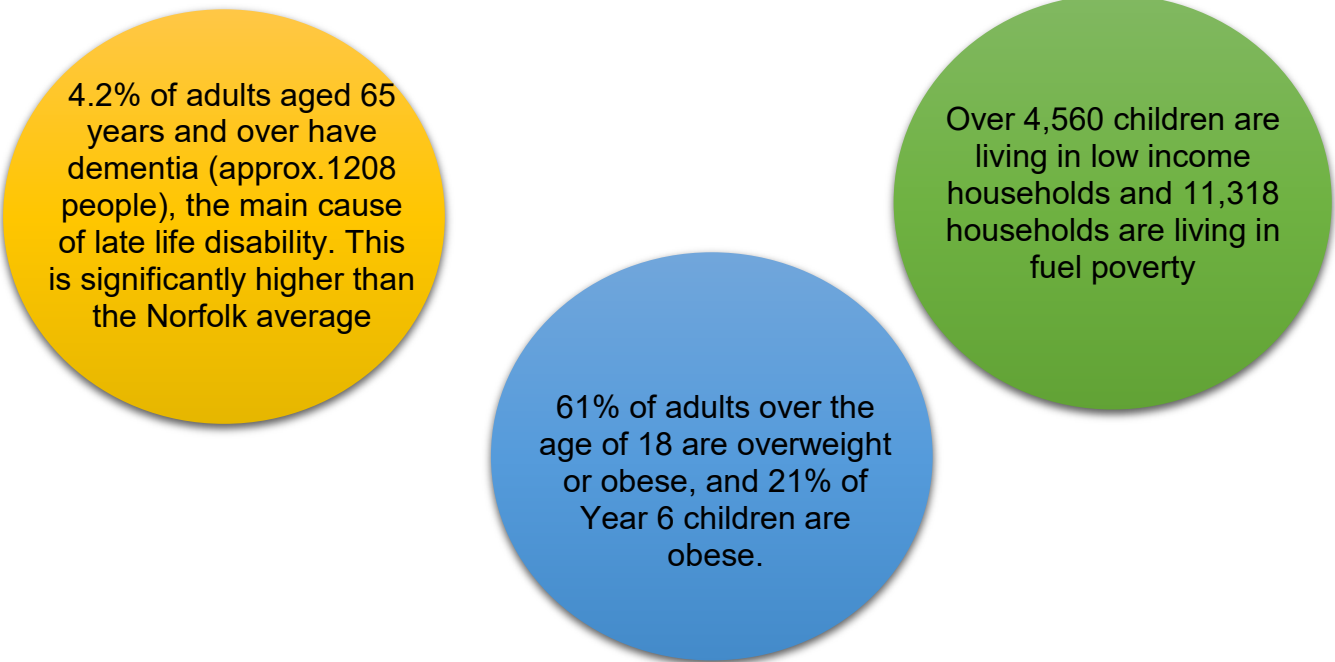
As our average life expectancy in Broadland is higher than both Norfolk and England as a whole and while our population lives longer on average it therefore faces specific health care needs. For example we know that the risk of dementia increases with age.

Broadland is a very rural area as the 15<sup>th</sup> 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 Broadland alongside the pockets of deprivation.



Although Broadland 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 Broadland.



4.2% of adults aged 65 years and over have dementia (approx. 1208 people), the main cause of late life disability. This is significantly higher than the Norfolk average

Over 4,560 children are living in low income households and 11,318 households are living in fuel poverty

61% of adults over the age of 18 are overweight or obese, and 21% of Year 6 children are obese.

## 5. 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 Broadland.

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.

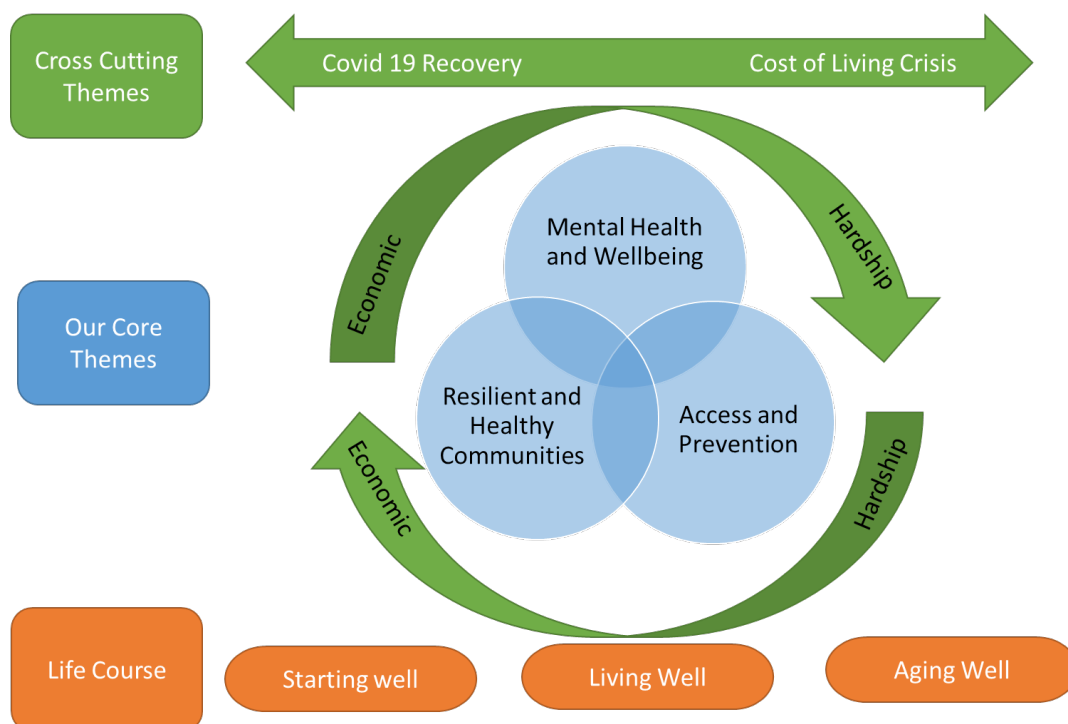
Early intervention and laying the foundations for better health are key to helping people stay healthy, happy and independent for as long as possible. This includes a focus on the wider determinants of health such as economic hardship, education, employment, housing and climate change.

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).

## 6. 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 Broadland, 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 core 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 8 deaths per 100,000 residents during 2019-21, do present an increased risk for our male population
- There are over 1200 people over 65 years living with dementia in Broadland
- 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.
- Broadland 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 57.0% higher than the England average.
- The number of emergency admissions per head of population for strokes is considerably higher than England average.
- In Broadland, 24% 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:

- 12% of births (125 annual births) were to mothers who were smokers at the time of delivery, which is 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 20.5% of Broadland residents experiencing issues with bones, joints and/or muscles.
- The rate of hip fractures in those 65 and over is above the England average.

## 7. 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 the difference in 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 nationally:

- 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.

## **8. 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.

## **9. 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 action 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 Broadland 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 Broadland 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.