

BROADLAND COMMUNITIES, HOUSING AND PLANNING POLICY DEVELOPMENT PANEL

Minutes of a meeting of the Broadland Communities, Housing and Planning Policy Development Panel of Broadland District Council, held on Wednesday, 5 April 2023 at 6.00 pm.

Committee Members Present: Councillors: N Brennan (Chairman), J Ward (Vice-Chair), A Crotch, N Harpley, E Laming and D Thomas

Apologies for Absence: Councillors: K Leggett and M Murrell

Cabinet Member in Attendance: Councillor: F Whymark

Officers in Attendance: M Pursehouse (Assistant Director of Individuals and Families), A Langley (Health and Wellbeing Partnership Officer) and D Matthews (Democratic Services Officer)

16. DECLARATIONS OF INTEREST

No declarations of interest were received.

17. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllrs K Leggett and M Murrell.

18. MINUTES

The minutes of the meeting held on 8 February 2023 were confirmed as a correct record.

19. BROADLAND HEALTH AND WELLBEING PARTNERSHIP'S HEALTH AND WELLBEING STRATEGY

Members considered the report which set out the Broadland Health and Wellbeing Partnership's Health and Wellbeing Strategy for endorsement and adoption by the Council.

The Council had a leading role within the Partnership and officers had taken on

the task of leading the development of the Strategy to set the direction and future priorities of the Partnership. The Partnership had endorsed the Strategy on 1 March 2023 and each partner member was now seeking adoption of the strategy through their own governance process.

The Assistant Director Individuals and Families explained that the Partnership was supported by the Health and Wellbeing Partnership Officer and Coordinator, jointly funded by the Council and Integrated Care.

The aim of the Partnership was to start to bring together interested partners with a common goal of delivering improved health and wellbeing outcomes.

The Council had originally endorsed the approach of revising the Broadland Health and Wellbeing Strategy in February 2022 and the Partnership was now presenting the stage for adoption.

The Health and Wellbeing Partnership officer went on to outline the three core themes identified in the strategy:

- Mental Health and Wellbeing
- Access and Prevention
- Resilient and Healthy Communities

The report listed the priority action areas within these three themes.

Discussion then took place during which officers answered members' questions. A member asked if the Strategy had been compiled before the consultation on the potential closure of the Walk in Centre in Norwich and officers confirmed the Strategy had been finalised before the consultation. The Strategy was however a fluid document which would need ongoing review to reflect changes such as this.

Officers concurred with a comment made that often residents and community groups were not aware of the wide range of support services available and that there was a need for some form of single database of local services in the area. It was acknowledged that this was a massive undertaking and a challenge to compile and keep up to date with changing services. Officers added that other wellbeing partners had also acknowledged the desire to establish such a data base. In response to a question about what more could be done in relation to "prevention", officers highlighted the need to focus efforts on prevention rather than dealing with issues which had already arisen. There was a need to identify those areas which were not working well, to reduce demand for support and redirect funds to prevention work. There were challenges currently in redirecting resources for preventative work.

With regard to the evaluation of schemes, it was also acknowledged that 1 or 2 year funded projects were difficult to manage and that longer term funded schemes, for example 5 year schemes, were needed to enable projects to be properly established with appropriate staffing and support to enable them to achieve useful outcomes. Funding was being set aside for proper evaluation and it was hoped the proposed strategy would support these efforts and help make things work differently. Officers explained that ongoing monitoring would be undertaken by the leadership steering group which met monthly to provide

oversight. The Overview and Scrutiny Committee had also asked for regular updates to evaluate and review outcomes. A comment was made that it was important to try and avoid duplication. The success of the proposal was dependent on health partners buying into the proposals. The strategy was a dynamic document which needed to be flexible to respond to ongoing changes. One of the challenges was the non-alignment of the existing local authority and integrated care board boundaries. A query was raised about how the Partnership would engage with the extensive range of voluntary and charity groups in the region and officers confirmed that Voluntary Norfolk was a partner member together with other key organisations representing a wide range of charities and voluntary organisations. It was acknowledged that trying to engage with many community groups was still challenging – many were not very visible. Transport was also acknowledged as a continued barrier to access services and help and it was noted that Norfolk County Council was a partner member and this topic would be a focus of attention.

Members welcomed the Strategy and it was

RESOLVED

To invite Cabinet to recommend Council to endorse the Health and Wellbeing Strategy as a partner organisation in the Broadland Health and Wellbeing Partnership.

(The meeting concluded at 6.30 pm)

Chairman