

Communities Committee

**Minutes of the Meeting Held on Wednesday 1st July 2015
10:00am Edwards Room, County Hall, Norwich**

Present:

Mr P Smyth (Chair)

Mr R Bearman (Vice-Chair)
Mr C Aldred
Ms E Corlett
Mrs H Cox
Mrs M Dewsbury
Mr N Dixon
Mr D Harrison
Mr S Hebborn

Mr H Humphrey
Mr J Law
Mr M Sands
Mr N Shaw
Mrs M Somerville
Mr D Thomas
Mr J Ward
Ms S Whitaker

Mr R Bearman, Vice-Chair, in the Chair at the start of the meeting.

1. Apologies and substitutions

- 1.1 Apologies were received from: Mrs J Brociek-Coulton (Ms E Corlett substituted); Mr W Northam, (Mrs M Somerville substituted) and Mrs M Wilkinson (Ms S Whitaker substituted).

2. To agree the minutes of the meeting held on 13 May 2015.

- 2.1 The minutes of the meeting held on 13 May 2015 were agreed as an accurate record by the Committee and signed by the Vice-Chair.

3. Declarations of Interest

- 3.1 There were no declarations of interest.

4. Local Member Issues / Member Questions

- 4.1 There were no member questions.

5. Update on Key Service Issues and Activities

- 5.1 The Committee received the report from the Executive Director of Community and

- Environmental Services which provided Members with fortnightly updates about key service issues and activities. The update enabled Members to discuss the latest position and identify any areas where the Committee would like to receive further information or updates.
- 5.2 The Zinio project would allow members of the public to use their library cards to access 40 popular magazines through the library internet service. There would be no cost for users as it was part of the free lending service and would replace the limited choice which had previously been available at each library for the same cost.
- 5.3 The Committee **RESOLVED** to note the report.
- 6. Re-Imagining Norfolk – Service and Financial Planning 2016-19 for Communities**
- 6.1 The report from the Executive Director of Community and Environmental Services was received. The report provided detailed financial information specific to Communities Committee to inform planning. To help frame the discussion for the Committee, the Executive Director of Community and Environmental Services gave a short presentation (attached at Appendix A) highlighting context, opportunities, risks and performance challenges to help inform future scenario planning for the service.
- 6.2 The Committee agreed that it was too early in the process to agree the outcomes, or results, that the Committee planned to achieve in its areas of responsibility in pursuit of the Council's priorities.
- 6.3 The Committee **RESOLVED** to;
- Note the framework and milestones for delivering Re-imagining Norfolk and the Council's multi-year financial strategy.
 - Commission executive directors to investigate potential models of 'services for the future' and prepare options of what these services could look like in three years' time, with 75% of addressable spend, for consideration by the Committee in September 2015.

Mr P Smyth, Chair, in the Chair.

- 7 To receive any items of business which the Chairman decides should be considered as a matter of urgency**
- 7.1 There were no items of urgent business.
- 8. The Director of Public Health Annual Report**
- 8.1 The Committee received and **noted** a presentation from the Interim Director of Public Health, a copy of which is attached to these minutes. (Appendix B).
- 8.2 The Committee requested some analysis be carried out on the numbers of over-85 deaths in women and how many of these could be related to the recent deaths of

husbands or partners.

- 8.3 The Interim Director of Public Health would be presenting the Annual Report to the Health and Wellbeing Board at its next meeting on 15 July. Once finalised, the report would be circulated to all Members and published on the JSNA (Joint Special Needs Assessment) website.

- 8.4 The Committee **noted** the presentation.

- 8.5 As this was the last Communities Committee Lucy MacLeod would be attending before she left the County Council, the Committee thanked her for the work she had carried out whilst Interim Director of Public Health and wished her well for the future.

9. Communities Committee Finance Monitoring Report at Period 02 2015-16.

- 9.1 The report from the Executive Director of Community and Environmental Services was received. The report provided the Committee with information on the latest monitoring position for the Committee for 2015-16 and information on emerging issues and the position on the expected use of reserves for Communities purposes.

- 9.2 The Committee **RESOLVED** to note:

- The forecast revenue outturn position for 2015-16 as at Period 02.
- The forecast capital outturn position for the 2015-16 capital programme.
- The current forecast for use of reserves.

10. Performance and Risk Monitoring Report – Q4

- 10.1 The report from the Executive Director of Community and Environmental Services was received. The report reviewed the Quarter 4 (January to March 2015) performance results for the service areas covered by the Communities Committee as well as giving a year-end review of performance as a whole during the year 2014-15.

- 10.2 Further analysis was being carried out to manage sickness absence, which in the main was due to a small number of long-term illness and planned surgery absences. Service departments were managing sickness absence within their areas and if members had any specific questions, they could contact the Assistant Directors in the service departments.

- 10.3 A written response would be provided to a question regarding the national 80% target for 'Registration of Part B deaths', as it was well above both the Norfolk performance (28%) and the national performance (43%) for 2014/15.

- 10.4 A written update would be provided to Members on the work being undertaken on the NCC website as part of the Customer Services Strategy.

- 10.5 Members expressed some concerns over the Digital Norfolk Ambition project and were advised that the Policy and Resources Committee had recently agreed to set

up a working group to consider the progress of the project.

- 10.6 With regard to the savings identified by the Fire & Rescue Team and the proposal to offer office accommodation free of charge to Norfolk County Council, work was being undertaken in conjunction with the Corporate Property Team to ascertain suitable premises and analyse the possible savings.
- 10.7 A written response would be provided to Mr N Shaw in response to his request for information about the full costs of the ICT department. The Executive Director of Community and Environmental Services advised that the ICT department had undergone a total reorganisation as part of the DNA project in April 2014 after which approximately one third of the staff had been removed from the establishment.
- 10.8 Members had previously agreed to hold a workshop on performance indicators and how these could be refined. The Business Intelligence and Performance - Senior Analyst would circulate some suggested dates for this workshop to take place.
- 10.9 The Committee **RESOLVED** to note the report.

11. Internal and External Appointments


- 11.1 The Committee received the report from the Executive Director of Resources setting out in the appendix, the outside and internal appointments relevant to Communities Committee.
- 11.2 The Committee **RESOLVED** to agree the appointments to the external bodies, internal bodies and Champions position as set out in Appendix C to these minutes.
- 12** In response to a question from the Chair, the Conservative Group Spokesperson briefly confirmed his party's position on participation in committee working groups

The meeting closed at 12.40pm

Chairman




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Re-imagining Norfolk

Context, opportunities, risks, and performance challenges to inform future scenario planning for communities committee services





Re-imagining Norfolk

The Council's strategy for change


With public sector partners and Norfolk people, we need to make the case for Norfolk as:

'a great place to live, work and do business'

Strategy elements

1. **Norfolk's ambitions and priorities** – placing people at the forefront of our plans, making sure everything we do improves their opportunities and wellbeing.
2. **A 'Norfolk public service'** – working with other partners to provide seamless, targeted services designed around people's lives, achieving better outcomes at less cost.
3. **Improving the Council's internal organisation** – more strategic, smaller, able to change swiftly while saving money.





Our ambition & priorities

- Our **ambition** is for everyone in Norfolk to succeed and fulfil their full potential.
- Our **four priorities** are:
 - Excellence in education
 - Real jobs
 - Good infrastructure
 - Supporting vulnerable people




Their importance

- Our **four priorities** are critical for Norfolk to thrive and ensure people lead independent, fulfilling lives.
- Just as important is for our most **vulnerable residents** to have continued access to community services.
- As the Council works to redesign itself over the next three years, its ambition and priorities will be drawn into a **sharper, sustained focus**. Every decision the Council makes will be set against this strategic framework.




Re-imagining communities...

Norfolk's changing picture ...

40 years ago...

- Councils seen as the provider of services
- A series of separate but largely disconnected services, led by demand and need
- Funding more closely related to need and demand locally and despite protestations at the time, kept pace with need
- Large number of local public service bodies operating primarily independently
- Contact with customers primarily face to face or by letter



Communities – now



A new context ...

- Our population is growing and people are living longer
- Demand has long outpaced available resources
- Seen more as a commissioner and enabler of services – business like and getting best value for money
- Changing expectations and lifestyle – people travel more, greater health and well-being aspirations, 24/7 access, modern family set-ups
- New duty to improve health
- Increased opportunities for independence, including through technology

Future funding



Looking ahead to 2019:

- Government grant to reduce further
- Planning estimates point to an overall shortfall of £111m over the next three years – equivalent to 15% of our current expenditure
- Agreed to draw up plans for £169m savings – 25% - to give 'headroom' for choices

The need for change



- We simply cannot afford to continue to deliver the same level of type of services in the same way. There is a need to take a 'whole system' approach that includes the customer and community in the value chain.
- The services of the future need to enable communities to reduce reliance on high cost services.
- The types of services our customers want and the ways they want to access them are changing.

Transformation so far



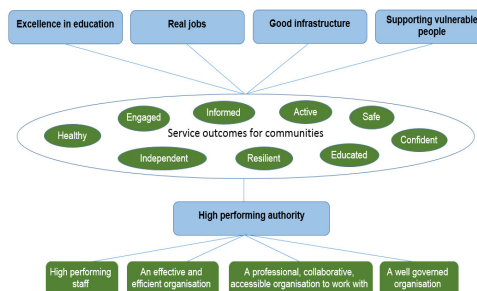
- Significant change has already taken place ...
 - Public Health functions transferred to NCC
 - Self-service libraries (and unmanned being tested)
 - Significant partnership and collaborative working
 - Creation of Safer Norfolk Community Interest Company
- But we need a more radical redesign based on agreed outcomes to get us where we need to be.

Re-designing for less



- So we can have choices about the future, we need to re-design services based on having **75% of our current budget** by the end of 2018/19.
- Re-designing is **challenging** – it will mean 'letting go' of traditional ideas about service delivery (so helpful to think first about the outcomes or results we want to achieve...)

Proposed outcomes – or results – to be achieved



Re-imagining timetable



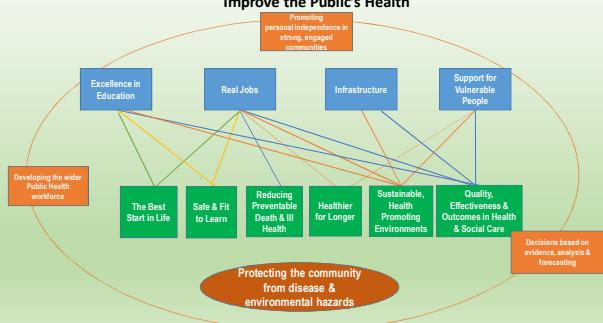
- Re-imagining Norfolk will be a multi-year strategy, backed up with sound financial plan
- By October - high level three-year strategy setting out how the Council intends to meet future challenges
- Specific spending plans for 2016/17 worked up through committees during November, December and January
- The full strategy and year one budget signed off by Full Council in February 2016

Appendix B

Report of the Director of Public Health 2014

Lucy Macleod, Interim Director of Public Health

How Norfolk County Council Priorities Improve the Public's Health



Norfolk 2014 – The Headlines

Excellence in Education- The best start in Life

- ✓ Child poverty – still an unacceptably large gap between the most and least deprived
- ✓ Smoking in Pregnancy – improving, but not enough
- ✓ School Readiness – all measures improving, but still below national average
- ✓ Excess Weight in 4-5 year olds – levelling off and average
- ✓ Excess Weight in 10-11 year olds – level and better than average
- ✓ 15 year olds smoking – national figures falling sharply for “regular”, but static for “occasional”.
- ✓ Infant Mortality – slight upward trend – requires observation

Excellence in Education - Safe and Fit to Learn

- ✓ Hospital Admissions for injuries – 0-4 and 0-14 Norfolk is above the national average, worst in Region and appears to be rising. For 5 -25 year olds better than national average.
- ✓ Emotional Wellbeing of Looked After Children – Considerably improved and now slightly above average
- ✓ First Time Entrants into the Criminal Justice System (10-17) – still poor
- ✓ Adult Alcohol Related Admissions to Hospital – Has risen for both sexes, but especially women. Potential implications for child safety and for Foetal Alcohol Syndrome
- ✓ Hospital Admissions for Child Self Harm – better than average, but rising
- ✓ Teenage Mothers (12-17 year olds) – decreasing, but still above national and regional average
- ✓ Children in Care with up to date immunisations – remains below average
- ✓ Permanent Exclusion from Secondary School – Above Regional and National average

Real Jobs –Reducing Preventable Death & Ill Health

Introduction of a ‘living wage’ generated the largest beneficial impact on health, and led to a modest reduction in health inequalities. (ScotPHO – December 2014)

- ✓ 16-18 year olds not in employment, education or training – falling, but still higher than average
- ✓ Gap in employment level compared to overall rate – Considerably above average for those with Long Term Health Conditions and Mental Health Conditions. Slightly above average for those with Learning Disability. For those with mental health conditions the problem is particularly accentuated for women.
- ✓ Sickness Absence in Norfolk is average but increasing slightly
- ✓ Death from circulatory disease in younger women (<75) is not falling as fast as the national average.
- ✓ Early death (<75) from preventable liver disease is rising for women
- ✓ Excess early death in adults with serious mental illness is rising

Real Jobs – Healthier for Longer

The review “Is work good for your health and wellbeing” (2006) concluded that work was generally good for both physical and mental health and wellbeing. The strategy for public health takes a life course approach and this indicator provides a good indication of the impact limiting long-term illness has on employment among those in the “working well” life stage.

- ✓ Norfolk has a higher than average proportion of overweight and obese adults
- ✓ Recorded diabetes is higher than average
- ✓ Preventable sight loss from 3 major causes is falling
- ✓ Norfolk has a high rate of people of working age claiming Disability Living Allowance
- ✓ Unemployment is average, but long term unemployment relatively low
- ✓ 40.6% of adults in Norfolk have no qualifications or level one qualifications. This is higher than national or regional averages.

Infrastructure

- ✓The rate of people killed and seriously injured on the roads remains high
- ✓Health and social care systems are under considerable pressure. It is important to project the impact of proposed housing growth.
- ✓Going forward the increase in over 55s will be considerably more than in younger age groups
- ✓People in Norfolk are less likely to report being unhappy than the average or elsewhere in the region
- ✓The percentage of people using outdoor space for leisure or exercise is average

Vulnerable People

- ✓Although the number of people with learning disability who have stable and appropriate accommodation is average overall, the numbers for women are below average,
- ✓The number of people in contact with secondary mental health services who have stable and appropriate accommodation is below average particularly for women
- ✓Flu vaccination rates remain low.
- ✓The rate of falls in Norfolk is better for all age groups than the average
- ✓Suicide rates are similar to the national average, but higher than the Region.
- ✓Excess winter deaths measured over a three year period are higher than average in women and particularly in the over 85s

Key points

- There are a number of areas where outcomes for women are worse than for men. This requires further investigation
- Ongoing work to look at the projected impact of housing growth should inform infrastructure planning
- Outcomes for children are improving, but continued commitment is key
- Further analysis is required on the causes of childhood hospital admissions for injury.
- Further analysis is required of the female alcohol related admissions data to understand the potential impact on children.
- Further work is required to understand and address the road traffic deaths and injuries

Mental Health in Norfolk

From the Report of the Chief Medical Officer 2013.....

- Mental illness is the largest single cause of disability and represents 28% of the national disease burden in the UK. It is the leading cause of sickness absence in the UK, accounting for 70 million sick days in 2007.
- There is a very significant overall treatment gap in mental healthcare in England, with about 75% of people with mental illness receiving no treatment at all.
- There is an unacceptably large 'premature mortality gap': people with mental illness die on average 15–20 years earlier than those without, often from avoidable causes.
- Despite a national policy focus on mental illness, there has been a real-terms fall in investment of resources in mental health services in England since 2011.

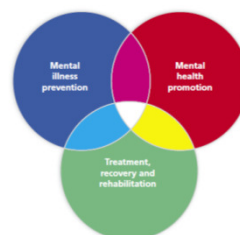
What is Mental Health?

- Mental health is an integral part of health.
- Mental health is more than the absence of illness.
- Mental health is intimately connected with physical health and behaviour.
- *The twin aims of improving mental health and lowering the personal and social costs of mental ill-health can only be achieved through a public health approach. Within a public health framework, the activities that can improve health include the promotion of health, the prevention of illness and disability, and the treatment and rehabilitation of those affected. These are different from one another, even though the actions and outcomes overlap. They are all required, are complementary, and no one is a substitute for the other.*

(WHO 2005)

A complex system....requiring an integrated approach

Figure 1.1 Public mental health: a conceptual model derived from the WHO Public Mental Health framework



Davies and Mehta (2014)

Key Statistics from the CMO Report - Children

- Bullying worsens childhood and adult mental health and is experienced by between a third and half of British school children and young people
- More than 75% of adults who access mental health services had a diagnosable disorder in prior to the age of 18.
- Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems and to become involved in offending.
- Children and young people from the poorest households are three times more likely to have a mental health problem than those growing up in better-off homes.
- **There are effective, evidence-based clinical intervention and prevention strategies**
- Evidence-based practice may reduce costs by up to 35% and duration of treatment by up to 43%.
- Early intervention may reduce the risk of later disorder and save money.

Key Statistics from the CMO Report - Adults

- Most adults with mental illness experience their first episode of mental illness before the age of 16.
- Adversity in childhood increases the likelihood of mental illness in adulthood: e.g. non-consensual intercourse before the age of 16 increases the odds of psychosis in adulthood 10-fold.
- People with extensive experience of physical and sexual abuse both as a child and as an adult are 15 times more likely to have multiple mental disorders than people without such experiences.
- People living in cold homes¹⁰ and those who are in debt have higher odds of mental illness, even after controlling for low income.
- Common mental disorders are twice as frequent in carers who are caring more than 20 hours a week than in the general population.

Key Statistics from the CMO Report – Older Adults

- Of people who use specialist mental health services, 34% are aged 65 and over, yet only 16% of the general population are in this age bracket.
- Mental disorders in older people reduce quality of life, increase use of health and social care facilities and are associated with a range of adverse outcomes when co-occurring with physical disorders.
- Around 10–20% of people aged 65 and over in the community have depression, 10 as do 20–30% of those in care homes or on general hospital wards.
- Some 20% of men and 10% of women aged 65 and over are drinking alcohol in harmful quantities. These data represent increases of 60% and 100% over the past 20 years.

Summary and Recommendations

- Safe, integrated mental and physical healthcare should be a shared goal across sectors and is crucial to achieve parity of esteem and outcomes in mental and physical health. This includes the mental health of people with physical illness and the physical health of people with mental illness.
- Improving the mental health of people in Norfolk is clearly much broader than service commissioning or delivery by one sector or one organisation
- Lack of integration is costing money throughout the public sector, the third sector and local business...
- ...and more importantly opportunities are being missed to prevent mental ill health or to address problems at an early stage. Individuals are suffering as a result.
- The 2013 CMO Report provides a framework for integrated strategic planning in relation to mental health and there is an evidence review of interventions and programmes that have been shown to be effective.
- My recommendation is that a multi agency strategic planning/systems leadership group be established and that the Health and Wellbeing Board should take ownership of an ambition to deliver an integrated approach to public mental health in Norfolk.

Communities Committee Boards Appointments at Committee July 2015

A. Communities Committee Boards/Working Groups

1. Area Museums Committees:

As below, plus 1 named substitute for each Group represented. These bodies are provided for in the Museums Agreement. They are area based committees so their composition will be determined by the group representation in the areas concerned.

Breckland – 5

3 Conservative - Will Richmond, Mark Kiddle-Morris; Harry Humphrey
2 UKIP - Stan Hebborn, Paul Smyth

Great Yarmouth – 4

2 Labour - Pat Hacon and Mick Castle
2 UKIP - Rex Parkinson-Hare, Jonathan Childs

King's Lynn & West Norfolk – 5

1 Labour - David Collis
2 Conservative - Harry Humphrey and Michael Chenery
2 UKIP - Toby Coke, Stephen Agnew

North Norfolk – 5

2 Lib Dem - James Joyce, Eric Seward
2 Conservative - Michael Chenery, Tom FitzPatrick
1 UKIP - Michael Baker

Norwich – 6

3 Labour - Vacancy, Mike Sands, Bert Bremner
1 Lib Dem - Brian Hannah
2 Green - Adrian Dearnley, Elizabeth Morgan

2. Community Engagement Steering Group – 7

Provides guidance and acts as a sounding board for officers on issues around community engagement.

2 Conservative - Judy Leggett and Harry Humphrey

1 UKIP - Stephen Agnew

2 Labour - Julie Brociek-Coulton and Mike Sands

1 Green – Richard Bearman

1 Lib Dem – David Harrison

1 of the appointments should be a member of Children's Services Committee and 1 of Adult Social Care Committee

3. Fire Joint Consultative Forum – 7

1 Labour (Emma Corlett)

1 Lib Dem (Dan Roper)

4 Cons (Wyndham Northam, Harry Humphrey, Nigel Dixon and Nigel Shaw)

1 UKIP (Jonathan Childs)

4. Joint Road Casualty Reduction Partnership Board (4 – 1 from Communities Committee)

A partnership that brings together appropriate public, private and voluntary sector commissioner and provider organisations in Norfolk to reduce the number and severity of road traffic casualties on roads in Norfolk, and to increase public confidence that all forms of journeys on roads in the county will be safe.

The Partnership Board requires a member from the following Committees

Environment, Development and Transport

Communities

Health and Well-Being Board

Children's Services

Jonathan Childs represents Communities Committee

5, Norfolk Community Safety Partnership Sub Panel (3 County and 7 District Members)

3 County Councillors (1 Conservative, 1 Labour, 1 UKIP)

1 Con (Harry Humphrey)

1 Labour (Mike Sands)

1 UKIP (Colin Aldred)

B. Communities Committee Outside Bodies

1. Whitlingham Outdoor Education Centre Partnership (1)

Roger Smith

The Partnership exists to promote and co-ordinate the recreational activities delivered by forum members in the Whitlingham area, particularly in areas in and adjacent to Whitlingham Country Park.

2. LGA Fire Services Commission (1)

Paul Smyth

3. Visit Norwich Limited (1)

Mike Sands

To make the Norwich area a competitive city area destination in domestic and international markets by developing, integrating and supporting all aspects of the visitor economy and attracting new investment, more visitors and increased spend.

4. The Forum Trust Ltd (1)

Bert Bremner

The Forum Trust is the independent, self-financing, charitable organisation which manages The Forum building.

5. Theatre Royal Trust – The Board (1)

Wyndham Northam

6. St. George's Trust (1)

Michael Carttiss

St George's Theatre Trust is a charity re-created in 2010 to operate St George's Theatre on behalf of Great Yarmouth Borough Council.

7. Norfolk Rural Community Council (1)

Margaret Dewsbury

Norfolk Rural Community Council is an independent charity founded in 1986 to support communities across Norfolk. It lobbies on rural issues at strategic level, providing a voice for the local communities of Norfolk.

8. Norfolk Playing Fields Association (2)

Richard Bearman
Will Richmond

The Association aims to encourage and develop the playing of all games, sports and pastimes, and to extend the benefits of playing fields, playgrounds and open spaces to all members of the community.

9. Norfolk Association of Local Councils Executive Committee (1)

Paul Smyth

NALC represents and supports the work of Parish and Town Councils in Norfolk

10. Norfolk Can Inspire (1) (Chairman of NCC is a Trustee)

Chairman of the Council

NCI is a registered Charity set up to help create opportunities for work experience with community/voluntary groups to help people (particularly those with no academic qualifications) more employable.

11. Norfolk and Norwich Association for the Blind (1)

Jonathan Childs

Aims are to provide accommodation and care, community visiting services and educational and recreational facilities for the visually impaired and blind in Norfolk.

12. Norfolk and Norwich Novi Sad Association (NCC Chairman is Honorary Vice-President)

Chairman of the Council

The Norfolk and Norwich Novi Sad Association was set up in 1985 to support the twinning of the two cities and to further twinning links and activities.

13. Norfolk Arts Forum (2)

Richard Bearman
Margaret Dewsbury

14. Kings Lynn Festival – Vice President (1) (Chairman of Council)

Chairman of Council

15. H.M.P. Bure Liaison Group (3 local members)

Local members:

Wroxham Division (Tom Garrod)

Hoveton and Stalham (Nigel Dixon)

Aylsham (David Harrison)

This Group acts as a channel of communication between those individuals, organisations and bodies whose policy and practice in relation to the operation of HMP Bure might affect local communities within close proximity to the prison establishment.

16. Hunstanton Convalescent Trust (1)

John Dobson

The HCT is a charity who helps people who are on a low income, physically or mentally unwell and in need of a convalescent or recuperative holiday, with a preference for those living in Norfolk and Cambridgeshire.

17. Great Yarmouth Sports and Leisure Trust (1)

Pat Hacon

Established for public benefit primarily for the community and visitors to the Borough of Great Yarmouth and the surrounding area. To provide or assist in the provision of facilities for recreation or other leisure time occupation in the interest of social welfare and to promote and preserve good health through community participation in healthy recreational activities.

18. Friends of Gressenhall Committee (1)

Mark Kiddle-Morris

19. East of England Trading Standards Association Member Group (1)

Paul Smyth

- To develop a Member body of the EETSA to provide political engagement in relation to EETSA's activities.
- To provide governance and scrutiny for EETSA's activities through monitoring.
- To provide support to the development of EETSA across the region.
- To keep an overview of EETSA's activities and those of other regional Trading Standards Associations.

- To monitor EETSA and to receive regular reports on progress in the development and implementation of infrastructure.

20. Broads Tourism (1)

John Timewell

21. Active Norfolk Board (1)

Hilary Cox (as the Council's Cycling and Walking Champion appointed by EDT Committee)

The organisation provides a coherent and structured approach to the development of sport and physical activity in Norfolk through a strong and integrated partnership. The partnership involves all those involved in sport and physical activity but, principally, the Local Authorities, School Sports Partnerships and the National Governing Bodies of Sport. Funded mainly by Sport England but also receives funding and support from the County Council and all the Local Authorities.

22. West Norfolk Partnership (1 plus 1 substitute)

Jason Law
Harry Humphrey (Sub)

The Partnership is a group of organisations that represent the public and voluntary sector. Current priorities include Health and Social Care, Improving Attainment and Rural Communities.

24. South Norfolk Alliance (1)

Margaret Dewsbury

The South Norfolk Alliance is the Local Strategic Partnership (LSP) for South Norfolk.

25. Norfolk Museums Development Foundation (2)

This Foundation has been established for the purposes of fundraising for the Museums Service

Elected members representation to be:

- Chair of the Joint Museums Committee (Cllr Ward)
- Elected Member with lead responsibility for Cultural Services at NCC (Richard Bearman)

26. Charles Burrell Benefit Society (1)

Ian Monson (3 year appointment, expires March 2018)

Administers the Charles Burrell Centre (formerly High School), in Staniforth Road, Thetford. The Society provides and manages the centre which provides the location and facilities for businesses, charities and community groups.

27. Norfolk Tobacco Control Alliance (1)

Paul Smyth (Council representative chairs the Alliance)

A strategic partnership which can influence the health of the population and address Health Inequalities

Member Champions

Armed Forces – David Collis

Restorative Approaches – Brian Hannah