



# **North Norfolk District Council**

## **Quality of Life Strategy**

**2022 - 2024**

## Table of Contents

Introduction .....	1
Background .....	1
The Purpose of the Quality of Life Strategy .....	1
Links to Other Strategies and Policies .....	1
Structure of the Quality of Life Strategy .....	2
Developing the Quality of Life Strategy .....	3
Understanding what is meant by Quality of Life .....	3
Centre for Thriving Places – Thriving Places Index .....	3
Co-op Community Wellbeing Index .....	4
Annual Population Survey .....	5
The Quality of Life Foundation .....	5
The Wider Determinants of Health and Health Inequalities.....	6
The Marmot Review .....	6
Health in Coastal Communities – Chief Medical Officer’s Annual Report 2021 .....	7
All Party Parliamentary Group (APPG) Rural Health and Care – Parliamentary Inquiry February 2022 .....	8
North Norfolk Health Profiles .....	9
Population and Life Expectancy .....	9
Early Years .....	9
Children and Young People .....	10
Adult Lifestyles .....	10
Long Term Conditions .....	11
Older People .....	11
Deprivation and Crime .....	12
The Corporate Plan .....	12
Consultation with Stakeholders .....	13
The Big Issues for North Norfolk .....	13

Sustainability (and Energy Use).....	13
Education and Learning .....	14
People and Community (and Participation) .....	14
Transport and Connectivity .....	14
Mental Health and Isolation .....	15
Housing .....	16
Covid Response and Recovery .....	16
Cost of Living .....	16
Levelling-Up .....	17
Ukrainian Refugee Resettlement .....	17
Working in Partnership .....	17
Conclusions and further work .....	18
Actions for the Quality of Life Strategy.....	18
Appendices .....	19
Bibliography .....	39

**List of Appendices**

Appendix 1 – Centre for Thriving Places – Thriving Places Index Scorecard ..... 19

Appendix 2 - Centre for Thriving Places – Thriving Places Index 2019 -2021 ..... 20

Appendix 3 – Co-op Community Wellbeing Index ..... 21

Appendix 4 – ONS4 Annual Residents Survey results as reported in the EDP  
23 March 2022 ..... 22

Appendix 5 - Wider Determinants of Health (Castleford and Rochford Health and  
Wellbeing Strategy 2022 – 2025 ..... 25

Appendix 6 – Progress on actions Quality of Life theme – Corporate Plan  
2019-2023 ..... 26

Appendix 7 – Quality of Life Action Plan ..... 32

## Introduction

### Background

The Council's Corporate Plan 2019 – 2023 sets out the Council's priorities. Quality of Life is one of the Council's six priorities. The Council recognises that whilst the majority of the residents of the District enjoy a good quality of life, the rurality and coastal location does present some challenges for our residents.

Public transport in large parts of the district is limited and expensive and those without personal transport will find it difficult to access a wide variety of public services. The younger and older members of our community along with those experiencing poor health or disability will feel the greatest impact. This will limit the opportunity of younger people in accessing post-16 education and jobs. It will also limit opportunities for their social interaction.

The District has an ageing population with the highest average age of any local authority area in England (48 years 11 months). The District Council is committed to improving the wellbeing of the older people in our community enabling them to live independently and enjoy opportunities for social interaction to prevent loneliness.

The Council is committed to maintaining and enhancing its sports and leisure facilities; beaches and open spaces; tourist infrastructure and public conveniences and supporting cultural events which form an essential element of the District's appeal as a place to live and visit and which have a positive impact on the mental wellbeing of residents.

The Council recognises the need to work in partnership with a wide range of agencies to provide support to and improve the quality of life of our most vulnerable residents. It supports this through active engagement in multi-agency partnership arrangements, integration of services and effective referral arrangements and shared office arrangements.

### The Purpose of the Quality of Life Strategy

This Quality of Life Strategy sets out the Council's priorities for Quality of Life. It also sets out the actions the Council intends to take to improve quality of life in the District.

- The Council's Corporate Plan objectives set out the key priority areas for Quality of Life, many of the actions linked to these objectives have been completed
- Our deeper exploration and understanding of quality of life and consideration of available evidence along with current national and international issues has identified some additional areas for action

The Strategy includes the actions and interventions which the Council will undertake to deliver the key priorities for Quality of Life and where it will seek to work in partnership with other statutory agencies, voluntary and community groups and residents.

### Links to Other Strategies and Policies

The Quality of Life Strategy has links with a wide range of other Council strategies and policies. In preparing the Quality of Life Strategy we consulted with internal stakeholders.

Our aim is to ensure that we do not duplicate other strategies and policies and that the Quality of Life Strategy aligns with those strategies and policies.

Other strategies and policies that have links to the Quality of Life Strategy include; Local Plans (existing and emerging), Environmental Charter, Net Zero Strategy, Tree Planting Strategy, Housing Strategy, Homelessness and Rough Sleepers Strategy, Sports Strategy, Play Strategy, Customer Service Strategy, Customer Charter, Economic Growth Strategy, Equality, Diversity and Inclusion Policy and Welfare Benefit and Take-Up Strategy.

North Norfolk District Council is a partner of the Norfolk and Waveney Health and Wellbeing Board and is a signatory of the Joint Health and Wellbeing Strategy 2018-2022.

### **Structure of the Quality of Life Strategy**

The Quality of Life Strategy has two main elements:

1. The process for developing the Strategy taking the Corporate Plan as a framework and looking at evidence of quality of life locally.
2. The proposed actions and intervention which the Council will undertake. We group these actions by quality of life theme:
  - Sustainability (and Energy Use)
  - Education and Learning
  - People and communities (and participation)
  - Transport and connectivity
  - Mental Health and Isolation
  - Housing
  - Covid Response and Recovery
  - Cost of Living
  - Levelling Up
  - Ukranian Refugee Resettlement
  - Working in Partnership

## Developing the Quality of Life Strategy

We have developed the Quality of Life Strategy through:

1. Understanding what is meant by Quality of Life
2. Consideration of the wider determinants of health and links to Quality of Life
3. Analysis of evidence on the needs and challenges in the District which fall under the umbrella of Quality of Life
4. Reviewing the Council's Corporate Plan Objectives and current activity related to Quality of Life
5. Consultation with internal stakeholders.

## Understanding what is meant by Quality of Life

The World Health Organisation defines quality of life as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.

We are aware that our residents will experience differing levels of quality of life at a point in time and over the course of their lives and this will be influenced by a number of factors including wealth, age, ill health and disability, ability to access services, isolation and control over their life.

This strategy seeks to focus on quality of life at a District population level rather than an individual level although the 'business as usual' services delivered by the Council and its partners have the ability to have a profound impact on the quality of life of individual residents and members of a household.

We have undertaken research to understand the issues relating to quality of life and have found the following to be most useful in developing our strategy and action plan.

### Centre for Thriving Places – Thriving Places Index

The Thriving Places Index (TPI) measures the drivers of wellbeing at a Local Authority level using a broad set of indicators selected from datasets produced by reputable sources such as the Office for National Statistics (ONS), Public Health England (PHE) and the Index of Multiple Deprivation (IMD). Indicators selected, measure or provide a proxy for the key factors known to have an influence on wellbeing. It enables wellbeing to be considered in the round rather than simply in a health context.

The TPI is published at Local Authority level covering both single-tier and two-tier Local Authorities. All of the data is secondary data not usually published at geographies lower than Local Authority level – there are some exceptions, such as indicators from the IMD which go down to Lower Super Output Area (LSOA) level.

The Index identifies **local conditions** for wellbeing (is the Local Authority creating the right conditions for wellbeing?) and measures whether those conditions are being delivered **equally** (is wellbeing delivered fairly across the local area?) and **sustainably** (is wellbeing being delivered sustainably?).

Each Local Authority area has a scorecard which shows the colour-coded scores for headline elements, domains and subdomains, with scores ranging from 0–10. Medium scores which are the same or very similar to the England average are coloured yellow; above or below averages scores are coloured in pale green and orange respectively; and

very high or low scores are coloured in dark green and dark red respectively. A high score doesn't necessarily mean a place is doing as well as it possibly could on what is being captured by that element, domain or subdomain, but that it is doing better than other places (appendix 1).

Data is available for most of the indicators for 2019, 2020 and 2021 which allows for comparison over time. We are doing well compared to the England average in the headline of Equality, the domains of Income, Green Infrastructure and Gender and the subdomains of Safety, Healthy and risky Behaviours, Mortality and Life Expectancy and Community Cohesion. We are doing less well compared to the England average in the headline of Sustainability, the domains of Energy Use, Education and Learning and People and Community and the subdomains of Transport, Mental Health, Participation, Housing, Adult Education and Child Education (appendix 2).

We have taken the areas where we are doing less well in North Norfolk compared to the England average (and which therefore suggest we need to improve) and these have been included in our list of Big Issues.

[Thriving Places Index | Centre for Thriving Places](#)

### **Co-op Community Wellbeing Index**

The Co-op Community Wellbeing Index (CWI) is the first measure of wellbeing at a local level across all four nations of the UK, with data covering more than 28,000 communities. The CWI allows users to view wellbeing scores across a range of different indicators from the quality of education, housing affordability and public transport links in an area, to the amount of green space and the number of community centres that are present providing a useful snapshot into the strengths and challenges facing each community.

The scores are displayed as between 0–100 with a high score representing a community that has scored well for a particular measure.

In developing the framework the Co-op worked with members of the public through workshops to understand what community wellbeing meant to them and to explore the key themes that contribute to a sense of leading a good life. In addition they reviewed evidence, frameworks and measures that already existed within the field of wellbeing and spoke to industry experts. The index has 3 pillars (People, Place and Relationships) and 9 domains that sit beneath these (3 per pillar) and one overall wellbeing score per community. There are over 50 different indicators within the index and for the vast majority data comes from open sources. The data is refreshed once a year to ensure that the information that it contains remains accurate, relevant and as up to date as possible (appendix 3).

The data is used by the Co-op to help understand more about how and where they should be targeting their work within communities and this has been made available as a tool for local authorities.

We see this as a useful tool to drill down at a grass roots level to explore quality of life further at a parish level alongside a new approach to Community Engagement. This will also provide a monitoring tool to see if and how quality of life is changing and allow us to undertake some further work to see how this is impacting across all parts of the local communities.

[Home | Wellbeing Index \(coop.co.uk\)](#)

## Annual Population Survey

The Office for National Statistics as part of its Annual Residents Survey uses four survey questions – known as the ONS4 – to measure personal well-being and averages the scores for each of the questions. The respondent scores each of the questions on a scale of 0 to 10 where 0 is ‘not at all’ and 10 is ‘completely’.

Measure	Question	North Norfolk score (results to 31/03/2021)
Life satisfaction	Overall, how satisfied are you with your life nowadays?	7.74
Worthwhile	Overall, to what extent do you feel that the things you do in your life are worthwhile?	7.83
Happiness	Overall, how happy did you feel yesterday?	7.62
Anxiety	On a scale where 0 is ‘not at all anxious’ and 10 is ‘completely anxious’, overall, how anxious did you feel yesterday?	2.6

[Personal well-being user guidance - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/personal-well-being-user-guidance)

The Eastern Daily Press ran an article with the latest results for Norfolk (up to 31/03/2021). The article also included graphs with results for Happiness, Life Satisfaction and Worthwhile over the last 10 years (appendix 4).

It was reported in the article that personal wellbeing in England during the first and second wave of the coronavirus pandemic was among the lowest levels recorded since the survey was launched in 2011.

People living in North Norfolk were the least anxious in the county.

## The Quality of Life Foundation

The Quality of Life Foundation is a charitable organisation committed to creating greater accountability and encouraging more sustainable models of development by making health and wellbeing central to the way we create and care for our homes and neighbourhoods. They describe quality of life as a person’s physical, social and psychological wellbeing and the level to which individuals may feel their lives to be happy, active, sociable, interesting and meaningful. It encompasses a multiplicity of desirable conditions that are overlapping and have different scales.

This can also be understood as a hierarchy of needs from shelter, food and safety up to belonging, self-esteem and self-actualisation as described by Maslow (Maslow, 1943, pp.370–396).

The Quality of Life Foundation commissioned a literature review and undertook research to explore the effect of the built environment on our quality of life and developed a framework through which practical steps could be taken to make a difference. They identified six themes with each having three sub themes.

<b>Control</b> <ul style="list-style-type: none"> <li>• Influence</li> <li>• Safety</li> </ul>	<b>Health</b> <ul style="list-style-type: none"> <li>• Housing</li> <li>• Air Quality</li> </ul>	<b>Nature</b> <ul style="list-style-type: none"> <li>• Green Space</li> <li>• Interaction</li> </ul>
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<ul style="list-style-type: none"> <li>• Permanence</li> </ul>	<ul style="list-style-type: none"> <li>• Recreation</li> </ul>	<ul style="list-style-type: none"> <li>• Environment</li> </ul>
<b>Wonder</b> <ul style="list-style-type: none"> <li>• Culture</li> <li>• Distinctiveness</li> <li>• Playfulness</li> </ul>	<b>Movement</b> <ul style="list-style-type: none"> <li>• Walking and Cycling</li> <li>• Public Transport</li> <li>• Cars</li> </ul>	<b>Belonging</b> <ul style="list-style-type: none"> <li>• Diversity</li> <li>• Neighbourliness</li> <li>• Services</li> </ul>

[PD20-0742-QOLF-Framework v09\\_LR.pdf](#)

## The Wider Determinants of Health and Health Inequalities

Our health is determined by a range of factors, these include:

- Age and genetic factors
- Health behaviours
- Socio-economic factors
- The built environment
- Clinical care

The social, economic and environmental factors are known as wider determinants of health. These influence our health more than other factors and many of them may be influenced by the work of the District Council. The differences in the care that people receive and the opportunities they have to lead healthy lives, can lead to differences in health outcomes and these are termed health inequalities (appendix 5 – Understanding the wider determinants of health).

### The Marmot Review

Sir Michael Marmot was asked in 2008 by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England. The final report 'Fair Society Healthy Lives' published in February 2010 concluded that reducing health inequalities would require action on six policy objectives:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

The Marmot Review describes how the social gradient on health inequalities is reflected in the social gradient on educational attainment, employment, income, quality of neighbourhood and so on. The Marmot Review stresses the importance of taking a life course perspective and recognising that disadvantage accumulates throughout life. It follows that those that do not get the best start in life are less likely to experience a good quality of life.

We therefore need to ensure our approach is designed to address the needs of all; children and young people as well as working age adults and older people.

[fair-society-healthy-lives-full-report-pdf.pdf \(instituteofhealthequity.org\)](#)

The Institute of Health Equity undertook a review in 2020 to mark 10 years from this landmark study. The report highlights that;

- People can expect to spend more of their lives in poor health
- Improvements to life expectancy have stalled and declined for the poorest 10% of women
- The health gap has grown between wealthy and deprived areas
- Place matters and has an impact on life expectancy (hence why the new arrangements for Health and Wellbeing Partnerships are at a district council level).

[Health Equity in England: The Marmot Review 10 Years On - The Health Foundation](#)

There have been two major reports in recent months which highlight the need for specific focus on action to reduce the impact of health inequalities on coastal and rural communities – Chris Whitty, Chief Medical Officer’s Annual Report 2021, Health in Coastal Communities and the report of the All Party Parliamentary Group, Rural Health and Care, February 2022.

**Health in Coastal Communities – Chief Medical Officer’s Annual Report 2021**

The central argument of this report is that *the health challenges of coastal towns, cities and other communities are serious, and their drivers are more similar than their nearest inland neighbour. This means a national strategy to address the repeated problems of health in coastal communities is needed in addition to local action. If the health problems of coastal communities are not tackled vigorously and systematically there will be a long tail of preventable ill health which will get worse as current populations age.*

The report identifies that *there are many reasons for poor health outcomes in coastal communities. The pleasant environment attracts older, retired citizens to settle, who inevitably have more and increasing health problems. An oversupply of guest housing has led to Houses of Multiple Occupation which lead to concentrations of deprivation and ill health. The sea is a benefit but also a barrier: attracting NHS and social care staff to peripheral areas is harder, catchment areas for health services are artificially foreshortened and transport is often limited, in turn limiting job opportunities. Many coastal communities were created around a single industry such as previous versions of tourism, or fishing, or port work that have since moved on, meaning work can often be scarce or seasonal.*

*Given the known high rates of preventable illness in these areas, the lack of available data on the health of coastal communities has been highlighted by the report with coastal communities having been long neglected and overlooked with limited research on their health and wellbeing. The focus has tended towards inner city or rural areas with too little attention given to the nation’s periphery. Data is rarely published at a geographical level granular enough to capture coastal outcomes, with most data only available at local authority or Clinical Commissioning Group (CCG) level. As a result, deprivation and ill health at the coast is hidden by relative affluence just inland which is lumped together. The report explores the experiences of local leaders, along with analysis of what data exist, to help understand the health and wellbeing of coastal communities.*

*Coastal communities are not homogenous, and each is shaped by its own unique history and culture. They do, however, share many similar characteristics, which lend to the development of common policy responses. A need has been identified for a national strategy informed by common groups, and underpinned by local actions aligned with a sustained evidence is needed to help tackle health inequalities in these areas.*

The report highlights *the significant strengths in coastal communities along with many exemplary and impressive examples of local work taking place to support the health of local*

*citizens. The vulnerability of these communities is not a new revelation, and the economic problems they face have been highlighted in several recent reports including in relation to the impact of COVID-19.*

[Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

## **All Party Parliamentary Group (APPG) Rural Health and Care – Parliamentary Inquiry February 2022**

*The report highlights that for too long people in rural and coastal areas have experienced poorer access to health and social care services than their counterparts in cities and towns. For many, the prospects of a healthy life are also worse, somewhat at odds with the perceived benefits of living the idyllic rural life.*

*It acknowledges that it is often more difficult to provide services to dispersed populations or those living in more remote coastal communities with provision of services generally being poorer than in more heavily populated parts of the country. Public transport is often a major impediment to accessing health and social care, not just for patients but also for staff travelling to work. Cars have become essential for most people living in sparsely populated communities with many more households owning a car than in urban areas. Ironically, vehicle ownership is often seen as a measure of affluence, rather than a necessity and cars owned in rural settings are on average older and less energy efficient. Similarly, housing is also more expensive (excluding London), often less well maintained and again less energy efficient. Poorer educational provision and facilities for young people, fewer day centres for those of more advanced years, lack lustre digital connectivity, poor housing stock, and economic uncertainty in agricultural and agrarian industries all influence the health and wellbeing of rural residents. It is not just access to healthcare that is compromised, but the very determinants of health itself.*

*In essence, rural residents are disadvantaged throughout the life-course compared to their urban counterparts. Access to maternity care is more problematical; the wider community services for children and young people are less accessible; primary and secondary care are less readily available for people of working age, including preventative and screening services; and the provision of both health and social services for the growing proportion of older citizens is increasingly inadequate. We are not offering equal care for all in England, despite the commitment to do so.*

Three of the 12 recommendations are particularly relevant to Local Authorities looking to address issues linked to quality of life;

Recommendation 1: Rurality and its infrastructure must be redefined to allow a better understanding of how it impinges on health outcomes

Recommendation 4: “Rural health” proof housing, transport and technology policy

Recommendation 12: Empower the community and voluntary sector to own prevention and wellbeing

[RuralHealthandCareAPPGInquiryRep.pdf \(rsnonline.org.uk\)](https://rsnonline.org.uk)

We know from our exploration of quality of life that health and health inequalities are significant factors and the conclusions and recommendations of these reports will help us to shape our actions in addressing quality of life

We can see how our actions delivered part of our Quality of Life Strategy will also have implications for our work on Health and Wellbeing and will support our leadership role in the setting up and development of the new Health and Wellbeing Partnership for the North Norfolk district. We will soon be turning our focus to the development of a Health and Wellbeing Strategy to influence our activity in addressing health inequalities and promoting healthy lifestyles and in turn hope to be able to harness the resources of the wider partnership to support this work.

## North Norfolk Health Profiles

The Health Profiles for the District produced by Public Health colleagues highlight the areas of concern when comparing the data for North Norfolk (selected area – black bar) compared to Norfolk and England.

[Health & wellbeing profiles - JSNA - Norfolk Insight](#)

### Population and Life Expectancy

Norfolk Health and Wellbeing Profiles  
Population and Life Expectancy

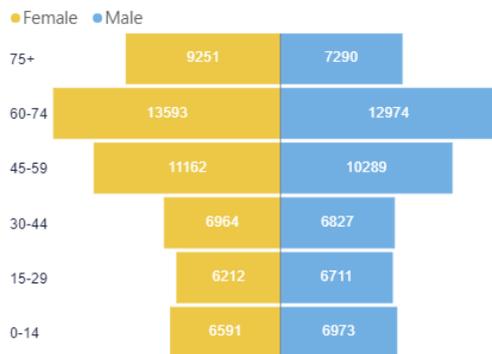
Select your district area: Multiple selections  
Select your electoral division (or district) area: North Norfolk



#### Population

Total number of residents in this area: 104800

#### Population pyramid:



Icons from FlatIcons.com

#### Life Expectancy (LE)

The average life expectancy of a woman in this area is: 85 years



The average life expectancy of a man in this area is: 81 years



#### Healthy Life Expectancy (HLE)

This indicator is an important summary measure of mortality and morbidity in itself. HLE shows the years a person can expect to live in good health (rather than with a disability or in poor health). This is only available at a Norfolk level. In Norfolk both men and women are expected to live to age 63 in good health.

This means that in this district, women can expect to live 22 years in poor health on average, and men can expect to live 17 years in poor health on average.



Although life expectancy in the District is better than that of both Norfolk and England, there is concern that these additional years are likely to be spent in poor health and that this will not only reduce the quality of life of the individuals concerned but could reduce the quality of life more generally at a community level as greater pressure is placed on services and in particular health and social care services.

### Early Years

We know how important getting off to a good start in life is. The early years development indicator shows that children in North Norfolk are not getting off to as good a start as those in Norfolk and England and this is likely to affect life opportunities in later years.

## Norfolk Health and Wellbeing Profiles Early Years

### Population

Every year around 680 babies are born in this area. There are approximately 4000 children aged 0-4 in this area. They make up 4% of the population (the Norfolk average is 5%).

### Breastfeeding

There is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infection.

In this area:



Icons from FlatIcons.com

Select your district area:  Norfolk County Council  
 Select your electoral division (or distict) area:

### A good level of development

This is a key measure of early years development across a wide range of developmental areas (physical development; and communication and language, and the early learning goals in the specific areas of mathematics and literacy).



### Accident and Injury hospital admissions

Injuries are a leading cause of hospitalisation and one of the main causes of premature mortality for children. They are also a source of long-term health issues, including mental health related to experience(s).

In this area:



There are approximately 115 children from this area (aged 0-14) admitted to hospital for accidents and injuries over the last 1 year/s.

## Children and Young People

GCSE attainment is lower than for Norfolk and England and although low in number there is some concern over the number of teenage pregnancies in the District.

## Norfolk Health and Wellbeing Profiles Children and Young People

There are approximately 14000 children aged 5-19 in this area. They make up 13% of the population (the Norfolk average is 16% of the population).

### GCSE Attainment

Children's education and development of skills contributes to the individual's and community resilience.



### Not in Education Employment or Training (NEET)

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression or early parenthood.

On average in Norfolk 3.8% of 17 and 18 year olds are NEET. In this area it is:



Icons from FlatIcons.com

Select your district area:  Norfolk County Council  
 Select your electoral division (or distict) area:

### Healthy Weight

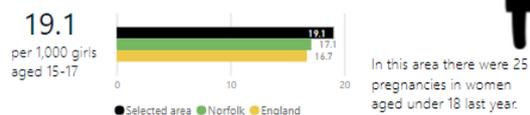
There is concern about the rise of childhood obesity and the implications of obesity continuing into adulthood. As children get older, the risk of obesity in adulthood and future obesity-related ill health is increased.



### Teenage Pregnancy

Most teenage pregnancies are unplanned and around half end in an abortion. While it can be positive for some, for many teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child.

NOTE: Teenage pregnancy data is not available at electoral division level



## Adult Lifestyles

The percentage of residents in the District who smoke is lower than in Norfolk but higher than in England.

## Norfolk Health and Wellbeing Profiles Adult Lifestyle

There are approximately 52100 adults aged 20-64 living in this area, they make up 50% of the population (the Norfolk average is 54% of the population).

Central government's prevention strategy states that healthy choices are not always easy or obvious. There is a role for local authorities and partners to create the environment that makes healthy choices as easy as possible.

### Smoking

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. Smoking is the leading cause of premature deaths.



There are approximately 8900 people who are smokers in this area.

Select your district area:

Select your electoral division (or district) area:

### Alcohol

Alcohol is England's second biggest cause of premature deaths behind tobacco. Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions.



Over the last 1 year/s there were 485 hospital admissions for alcohol specific conditions from this area.

### Healthy Weight

Excess weight in adults is recognised as a major determinant of premature mortality and avoidable ill health.



There are approximately 32500 people who are overweight or obese in this area.

Icons from FlatIcons.com

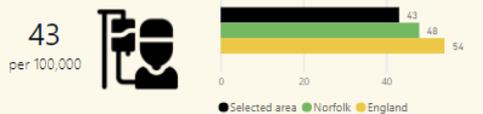
## Long term conditions

The percentage of the population in the District suffering from musculoskeletal conditions is significantly higher than in both Norfolk and England. The rate of suicide in the District is also of concern.

## Norfolk Health and Wellbeing Profiles Long-Term Conditions

Research shows that the top four causes of ill health in Norfolk are:

### Cancer - Rate of Preventable Cancer deaths:



Over the last 3 years there have been 175 residents from this area who have died from cancer that was considered to be preventable.

### Cardiovascular (Heart) Disease - Rate of All CVD deaths:



Over the last 3 years there have been 233 residents from this area who have died from cardiovascular disease.

Select your district area:

Select your electoral division (or district) area:

### Musculoskeletal - % of population suffering MSK conditions (conditions affect the bones, joints, muscles and spine)



There are approximately 22700 people with musculoskeletal conditions.

### Mental Health - Rate of Suicide deaths:



Over the last 1 year/s there have been 34 residents from this area who have died by suicide.

Icons from FlatIcons.com

## Older People

The proportion of the population aged 65 and over is significantly higher than the Norfolk figure at 33% and 25% respectively.

## Norfolk Health and Wellbeing Profiles Older People

There are approximately 34800 people aged 65 and over living in this area, they make up 33% of the population (the Norfolk average is 25% of the population).

### Hospital Admissions due to falls

Falls are the main cause of emergency hospital admissions for older people and significantly impact on long term outcomes. This is because they are a major contributor to people moving from their own home to assisted living.



In the last 1 years there were 625 hospital admissions due to falls from residents aged 65+ from this area.

Select your district area:

Select your electoral division (or district) area:



### Dementia

Dementia is the main cause of late-life disability.

4% of adults 65+ have dementia



There are approximately 1340 people aged 65+ living with dementia in this area.

### Older People in Residential Social Care

A significant life event that happens to many people in older age is going into residential social care.

1553 per 100,000



There are around 540 older people living in NCC nursing or residential care in this area.

Icons from FlatIcons.com

## Deprivation and Crime

Crime levels in the District are lower than in Norfolk.

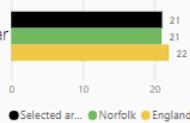
## Norfolk Health and Wellbeing Profiles Deprivation and Crime

### Deprivation and Poverty

Evidence says that people living in the most deprived areas face the worse health inequalities in relation to health access, experiences and outcomes.

What defines whether an area is a deprived area is based on a number of characteristics included in the 'Index of Multiple Deprivation' – including income, employment, education and training; health and disability; crime; barriers to housing and services; and living environment.

The level of deprivation in this area is similar to the Norfolk average.



North Norfolk ranks 127 out of the 317 LA districts in England (where 1 is the most deprived).

None of the neighbourhoods in North Norfolk are considered to be amongst the most deprived neighbourhoods in the country, but that does not mean that some people are not experiencing deprivation.

### Crime and Antisocial Behaviour

#### Antisocial behaviour

Last year there were 1222 recorded antisocial behaviour incidents in this area.

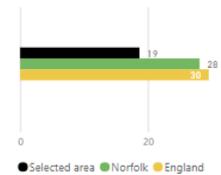
12 per 1,000



#### Violent Crime

Last year there were 1952 recorded violent crimes in this area.

19 per 1,000



#### Domestic Abuse

Awaiting data

## The Corporate Plan

Quality of Life is a key priority for North Norfolk District Council with a focus on supporting our communities to be strong and vibrant with a particular emphasis on accessibility and provision of services, encouraging activity and healthier lifestyles and promoting general wellbeing and positive mental health through investing in our cultural heritage and our natural assets.

One of the six themes within the current Corporate Plan is Quality of Life and within this theme there are a number of objectives most of which have been either completed or significantly progressed. The progress is summarised at appendix 6 to:

- Reassure stakeholders of action the Council is already taking (and therefore show where it is not necessary to include new action in the Quality of Life Strategy).
- Identify the resources already used to deliver quality of life objectives and which could, potentially be re-allocated (if current activity were stopped/reduced) to generate capacity for newer and higher priority Quality of Life actions.

Many of the other objectives under the other five Corporate Plan themes also contribute to quality of life, in order to avoid duplication we have made links to these areas rather than providing further commentary.

In addition the Council undertakes a wide range of activity supporting quality of life. This 'business as usual' activity and existing projects do not form part of the strategy.

[nndc-corporate-plan-2019-to-2023.pdf \(north-norfolk.gov.uk\)](https://www.norfolk.gov.uk/media/1000000/nndc-corporate-plan-2019-to-2023.pdf)

## Consultation with stakeholders

We have decided to defer plans to undertake a Quality of Life survey of our residents (an action within our Corporate Plan). This will now form a key strand in our ongoing strategy development and will be held over to inform the next strategy hence why this strategy has a shorter time period for its focus and delivery.

In January 2022 we formed a project group of internal stakeholders to inform the development of the Quality of Life Strategy. The group met three times over the course of the next three months. In addition key groups have been consulted during the strategy development process including the Operational Management Team and Management Team.

The Council recognises the importance of wider stakeholder consultation and is currently developing a Community Engagement Strategy. The Council will seek endorsement of its strategy through a number of routes including the Town and Parish Council Forum, the soon to be formed Health and Wellbeing Partnership and through grass roots engagement with communities over the strategy period. The Council will fully embed its community engagement framework to ensure robust stakeholder consultation for the subsequent strategy in 2024.

## The Big Issues for North Norfolk

These are the headline issues identified from analysis of quality of life indicators for the District along with the current and pressing issues being faced by the nation as we start to move towards recovery from the Covid pandemic.

### **Sustainability**

Sustainability covers a range of indicators including CO2 Emissions, Energy Consumption, Household Waste Generation, Household Recycling, Housing Energy Efficiency, Renewable Electricity Generation, Land Use Change and Tree Cover. In 2019 and 2020 our performance against these indicators was similar to the England average but in 2021 dropped to worse than the England average.

Indicators relating to **Energy Use** including Co2 Emissions and Energy Consumption are significantly below the England average. The Council declared a climate emergency in 2019 and is working hard to reduce its carbon emissions to net-zero by 2030 and has signed up to an Environmental Charter and these will form the main plank of the Council's efforts.

### **Education and Learning**

Although North Norfolk District Council is not directly responsible for the education of children we understand the importance of other aspects of quality of life that will impact on a child's ability to learn including a safe, warm, secure and stable home, in a clean and safe environment in a safe and welcoming community. Other key factors are encouragement and aspiration and being healthy and nourished. Early years and pre-school experiences will prepare a child for the more formal learning environment and play and positive parenting are essential as are recognising where parents need help and support.

We need to ensure that children and young people can see opportunity to reward their efforts in learning and obtaining qualifications through access to post 16 learning and vocational opportunities, apprenticeships and good quality jobs. We need to motivate our young people to remain in the area and contribute to creating a vibrant economy. It has already been identified that the lack of public transport is a barrier to accessing post 16 learning.

Where residents have not realised their learning potential at school they need to be able to access adult learning opportunities to realise that potential in later life.

Childcare quality is increasingly important where families are reliant on both parents working.

### **People and Community**

The indicators relating to People and Community include Participation, Culture and Community Cohesion. Participation is the weakest area out of these for North Norfolk, but it is also worth focusing on the social fragmentation aspect of Community Cohesion which is linked to suicide rates which are higher than the Norfolk and England average.

#### **Participation**

We recognise the need to improve our engagement with our residents and customers – our Community Engagement Strategy which is currently being developed and our Customer Service Strategy and Customer Charter will be key planks of this work. We are also improving engagement with Town and Parish Councils through the Town and Parish Council Forum. We are particularly keen to work with schools and colleges to ensure that the voice of young people is heard and informs council decision-making through the establishment of a Youth Council. We believe that positive work across all of these fronts will result in a greater desire for residents to want to influence decisions over their local community which will result in increased voter turnout in both local and national elections.

It is hoped that increased participation in local decision making will also increase the desire of residents to become more involved in their local communities across a spectrum of activity resulting in more and varied organised activities and events including sports clubs and societies managed by member organisations through volunteers.

#### **Transport and Connectivity**

We are aware that many of our residents are reliant on personal transport to access services, take their children to school, travel to work, provide informal care to family

members and for socialisation. We accept that for many car ownership supports personal freedom.

We are also aware however that we need to encourage residents to reduce their reliance on cars, to reduce emissions and pollution, to reduce congestion in our towns and villages and to make our roads safer for pedestrians and cyclists. By doing this we can also encourage our residents to be more active. The costs of driving have increased significantly in recent times and continue to do so and so providing viable alternative options will help residents with managing the costs of daily life and generally increase their quality of life.

We do not have control over the provision of public transport in the area but can use our influence as a community leader to highlight the importance of regular bus and train services to our towns and villages. We can support the voluntary and community sector to provide more flexible and bespoke options for the more vulnerable members of our communities through our Community Transport Fund.

We can be more flexible in how we support our customers by facilitating and encouraging digital transactions where appropriate and explore opportunities to take services to our more vulnerable customers where this is not possible. Ultrafast Broadband connectivity will support this whilst improving access to a wide range of services and opportunities including the ability to work from home thus reducing the need to travel and car usage. Our Customer Service Strategy and Customer Charter will form a key plank of this work.

We will not be able to eliminate the use of vehicles and are therefore supporting the provision of electric vehicle charging points in key locations within our towns to reduce emissions and support our Environmental Charter.

A key measure in the index is minimum journey time to key services by car, public transport or walking and cycling – it is unlikely that we will be able to sufficiently influence these to improve our performance.

	<b>North Norfolk</b>	<b>Norfolk</b>
Minimum journey time (minutes) to 8 key services by car	17.9	12.9
Minimum journey time (minutes) to 8 key services by public transport or walking	34.1	25.4
Minimum journey time (minutes) to 8 key services by bicycle	35.3	23.8

GOV.UK. (n.d.). *Journey time statistics, England: 2019*. [online] Available at:

<https://www.gov.uk/government/statistics/journey-time-statistics-england-2019>

## **Mental health and Isolation**

There are particular concerns relating to isolation which are in some cases linked to rural isolation and connectivity but which can also be linked to social isolation particularly for older and disabled people and for marginalised and disadvantaged groups. For the majority these will have an impact on an individual's general wellbeing but for others will manifest in severe and enduring mental illness which will then impact on physical health and relationships.

There is particular concern about the incidence of suicide and the potential for dementia diagnosis and loneliness experienced by our ageing population. This is made worse by the lack of domiciliary care to support older people to live independently in their own homes and the lack of suitable supported housing solutions for older people.

## **Housing**

We recognise the importance of good quality, secure and affordable housing on the health and wellbeing and quality of life of our residents. We are also aware of the devastating impact of homelessness and the marginalization of those who find themselves sleeping rough. We do not underestimate the size of the challenge when there is pressure on our housing stock to contribute to the delivery of a vibrant tourist economy and much needed jobs and limitations on delivering new housing due to the need to preserve our natural environment. For this reason Housing is one of our six themes in our Corporate Plan and we have a Housing Strategy and separate Homelessness and Rough Sleeper Strategy to focus our efforts.

## **Covid Recovery and Response**

It is too early to say whether we can now move our focus from Covid response and outbreak management to Covid recovery. The early indications are that the pandemic has exacerbated health inequalities and we await data to be able to determine the full impact.

For many the pandemic changed the way we lived, learnt and worked and for some these changes might become the new norm as we adjust to a post pandemic world. It has impacted jobs, finance, education, families, caring responsibilities and social life and placed immense pressure on essential workers. Some groups have been affected more than others and moving forward we will need to focus more of our efforts towards those with the greatest needs.

Many people's mental health has been affected due to factors including furlough, job losses, loss of income, reduced social contact and family bereavement. There is now even more demand for what were previously stretched mental health services. Physical health has also been affected due to limited access to primary and secondary health care services including prevention and screening and a hesitancy of patients to access services for fear of contracting Covid. Although most people who contracted Covid did not suffer unduly, some have suffered lasting respiratory and organ damage and some have developed the long term debilitating Long Covid condition. There is now a significant backlog for most health services. It is fair to say that we will be managing the impacts of the pandemic for years to come.

The Health and Wellbeing Partnerships in Norfolk have each been allocated £347,500 to address some of the worst impacts of the pandemic and to assist with Covid recovery. Decisions on how this is utilised will be taken by the Partnership once established in April (in shadow).

## **Cost of Living**

Just as we are planning for Covid Recovery we are also planning to mitigate the worst impacts of what has been described as a Cost of Living 'crisis'. Food banks have become an essential service within our communities for those who do not have sufficient money to pay bills including rent and utilities and are having to make difficult decisions between heating their homes and putting food on the table. The significant inflationary pressures on the cost of housing, food, energy and petrol will mean that many of our residents will be affected. This is likely to have a significant impact on the general wellbeing of many and for some will result in levels of anxiety and depression that will be harmful to both mental and physical health.

## **Levelling-Up**

The Government has set out its ambition for addressing the geographical inequality in opportunity that is present across the country. It aims to give everybody the opportunity to flourish, enabling people to live longer, more fulfilling lives and benefit from sustained rises in living standards and well-being.

Much of the approach, set out in the Levelling-Up White Paper, complements this Quality of Life strategy with additional policy initiatives, to drive Levelling-Up across the United Kingdom, and further White Papers designed to tackle the drivers of disparities in health outcomes expected in the near future.

It is anticipated that Levelling-Up will result in potentially significant investment in areas where the geographical inequality is identified.

## **Ukrainian Refugee Resettlement**

It is possible that our communities will continue to rally and respond to the plight of fleeing Ukrainians. As a result of this some local residents may reframe their lives such that their own worries will seem trivial in comparison. We need to play our part in this massive effort whilst still delivering services to local residents and meeting their needs and doing what we can to address the health inequalities we have identified. We have to be alert however to the community tensions that might at some point arise and recognise the need to provide support to both the Ukrainian refugees, our communities and individuals within our communities. Our Community Engagement Strategy and action plan and our Equality, Diversity and Inclusion Policy will be important to our success.

## **Working in Partnership**

We are ideally placed to identify, and tackle the causes of inequality within our district. In doing so we can improve the quality of life of our residents. We already provide services to our residents through the delivery of both statutory and discretionary services, which have been designed to reflect their needs.

The issues that make up a person's quality of life are both varied and complex and whilst, we as a District Council, can address some of those through delivery of our services, other elements are firmly within the scope of other organisations, such as clinical provision through the NHS and Public Health through the County Council. Due to the complex factors it is often the case that issues cannot be addressed unless partners work together.

In order to be effective and to maximise the effectiveness of the relatively small financial resources available to the authority it is necessary for us to work collaboratively with a wide range of partners. Some of these partnerships and joint working arrangements are well established and the Covid pandemic has provided opportunities to both strengthen these existing arrangements and develop new ones.

The introduction of the Integrated Care system and the soon to be established Health and Wellbeing Partnerships on existing District Council boundaries provides us with a perfect opportunity to provide leadership at a Place level.

As well as the statutory organisations, there is a range of community and voluntary groups who provide services and support, either across our district, or on a more local community level. The community and voluntary sectors have similar constraints of limited resource and capacity but play a vital role in quality of life for those they work with. The impact that can be

made on quality of life inequalities will be greater if we add value to the work of others and they add value to the work we do.

## Conclusions and Further Work

North Norfolk is an outstanding place to live, work, do business and visit. Many people choose to remain living in, move to or visit North Norfolk for the quality of life that it offers. The area is distinctive with large areas of outstanding natural beauty, long stretches of coastline and Broads which are a haven for wildlife and provide many and varied opportunities for leisure and recreation. There are many attractive villages and market towns with historical and cultural offerings. Yet these things which are valued as integral to quality of life can also bring challenges which can undermine their value for the more disadvantaged and marginalised within our communities.

Our Mission is to tackle these challenges head on to create a fair and welcoming inclusive North Norfolk where everyone can thrive, secure quality homes and good jobs whilst protecting and conserving our environment and delivering a sustainable future.

We know that improving quality of life for all will be challenging and that this will be difficult to measure. We have decided to develop this strategy around some immediate priorities and to review where we are after two years. During this time we will be putting in place robust mechanisms to engage with our communities at a grass roots level such that the next strategy will be informed by the priorities which are being communicated to us by our communities.

## Actions for the Quality of Life Strategy

We have developed a number of actions to deliver against the Big Issues identified in the Strategy. A detailed action plan is included at appendix 6.

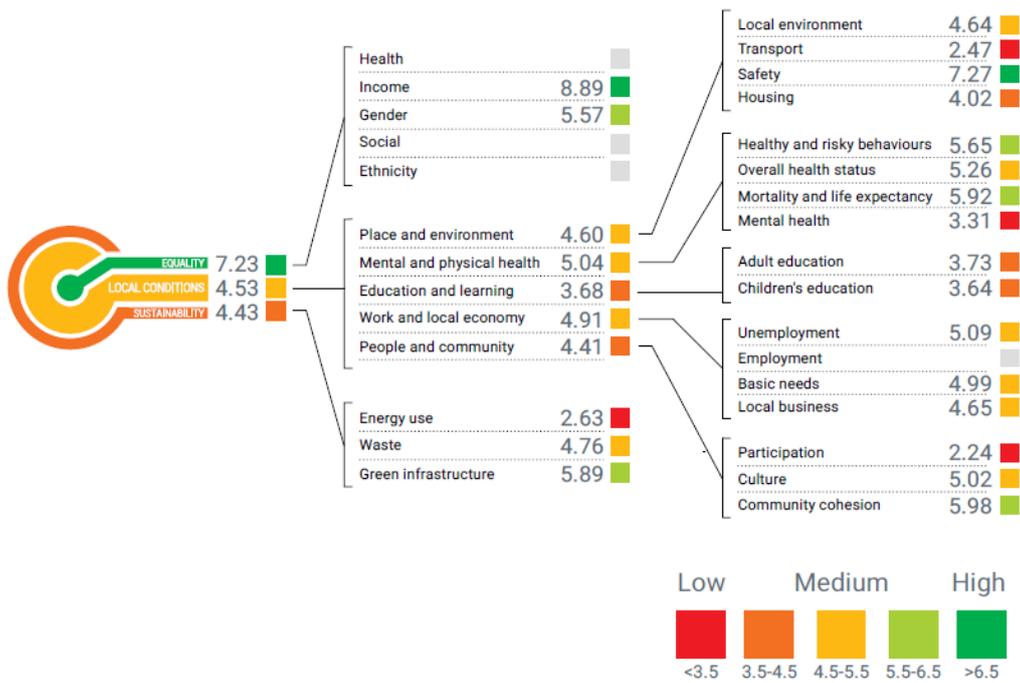
The action plan will be a living document and progress against our action plan will be monitored on a quarterly basis with a more formal annual review and report on progress. This will provide us to bring in more actions if circumstance and capacity allows. For this reason we have deliberately included the actions in a separate document rather than detailing them within the strategy document itself.

# Appendix 1 - Centre for Thriving Places, Thriving Places Index



## 2021 scorecard –

### North Norfolk



## Appendix 2 - Centre for Thriving Places, Thriving Places Index

Headline element	Domain	Subdomain	2019	colour	2020	colour	2021	colour
Local conditions			4.99	Yellow	5.03	Yellow	4.53	Yellow
	Place and Environment		4.96	Yellow	4.41	Orange	4.60	Yellow
		Local environment	5.58	Light Green	5.16	Yellow	4.64	Yellow
		Transport	3.03	Red	1.72	Red	2.47	Red
		Safety	7.33	Green	7.06	Green	7.27	Green
		Housing	3.90	Orange	3.70	Orange	4.02	Orange
	Mental and Physical Health		5.93	Light Green	5.77	Light Green	5.04	Yellow
		Healthy and risky behaviours	6.32	Light Green	6.21	Light Green	5.65	Light Green
		Overall health status	5.35	Yellow	5.26	Yellow	5.26	Yellow
		Mortality and life expectancy	6.12	Light Green	5.83	Light Green	5.92	Light Green
		Mental health					3.31	Red
	Education and Learning		3.24	Red	3.87	Orange	3.68	Orange
		Adult education	2.60	Red	3.85	Orange	3.73	Orange
		Children's education	3.89	Orange	3.89	Orange	3.64	Orange
	Work and local economy		5.46	Yellow	6.12	Light Green	4.91	Yellow
		Unemployment	8.12	Green	8.27	Green	5.09	Yellow
		Employment	3.71	Orange				
		Basic needs	4.78	Yellow	4.88	Yellow	4.99	Yellow
		Local businesses	5.21	Yellow	5.21	Yellow	4.65	Yellow
	People and community		5.36	Yellow	4.96	Yellow	4.41	Orange
		Participation	5.08	Yellow	3.30	Red	2.24	Red
		Culture	5.11	Yellow	5.02	Yellow	5.02	Yellow
		Community cohesion	5.88	Light Green	6.57	Green	5.98	Light Green
Sustainability			5.17	Yellow	4.77	Yellow	4.43	Orange
	Energy use				3.20	Red	2.63	Red
	Waste				4.79	Yellow	4.76	Yellow
	Green infrastructure				6.32	Light Green	5.89	Light Green
Equality			6.57	Green	6.82	Green	7.23	Green
	Health							
	Income		7.14	Green	8.16	Green	8.89	Green
	Gender		5.99	Light Green	5.48	Yellow	5.57	Light Green

NB: Income indicator is 80/20 percentile weekly earnings difference

### Appendix 3 - Co-op Community Wellbeing Index

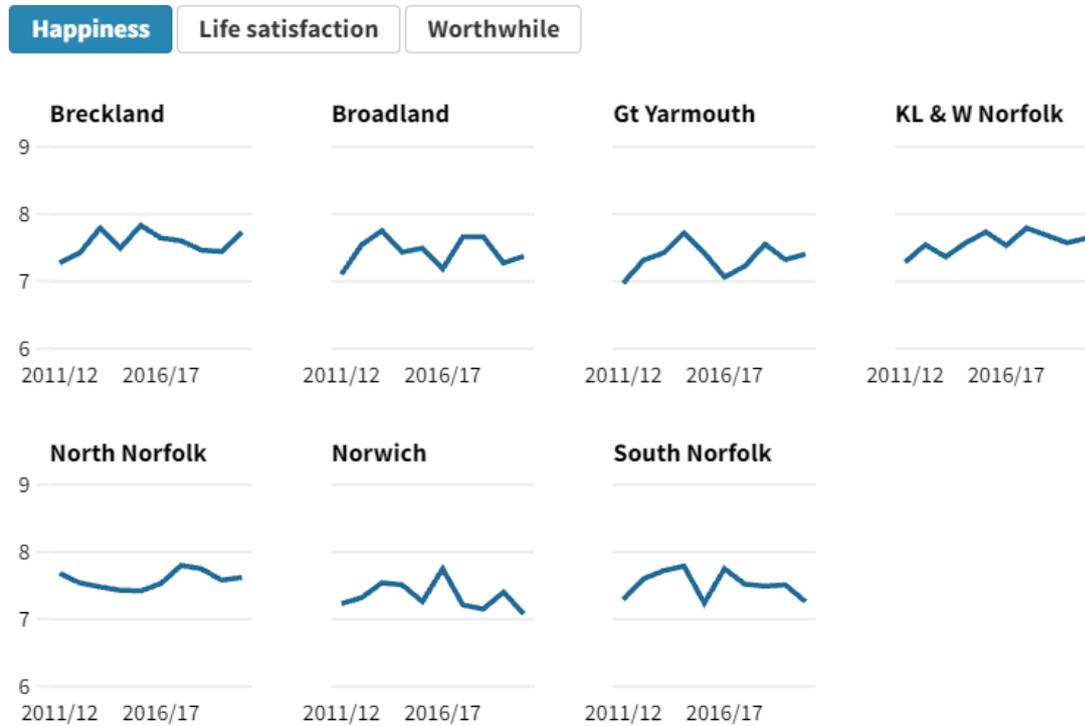
<b>People</b>	Health	Access to health services Hypertension and heart failure Drugs used in diabetes Anti-depressants Obesity Dementia
	Education and learning	Access to schools Access to good schools Access to adult education Access to libraries School quality
	Economy, work and employment	Proximity of work to home Hours worked Household income Vacant commercial units Free school meals Unemployment Distance to nearest shop Distance to nearest Post Office Presence of Co-op/SE/CO per 10,000 population
<b>Place</b>	Culture, leisure and heritage	Places of worship Types of workers Access for leisure Museums, art galleries, music halls and theatres Listed Buildings
	Housing, space and environment	Affordability Overcrowding Green space Public spaces Air quality Pollution
	Transport, mobility and connectivity	Communication, internet Public transport
<b>Relationships</b>	Relationships and trust	Social spaces Presence of young children One person household aged 50+ Proximity of work to home Household churn Long-term health status Crime in the locale Crime in the town centre Neighbourhood watch scheme
	Equality	House price gap Second home ownership Independent schools Qualifications Ethnic equality Relative affluence Long-term security
	Voice and participation	Voter turnout Co-op member engagement Signing of petitions

[cwi-technical-report.pdf \(coop.co.uk\)](http://cwi-technical-report.pdf(coop.co.uk))

**Appendix 4 – ONS4 Annual Residents Survey results as reported in the EDP 23 March 2022**

**Well-being in Norfolk in the last 10 years**

2011/12 to 2020/21



Source: [ONS - Annual Population Survey](#).

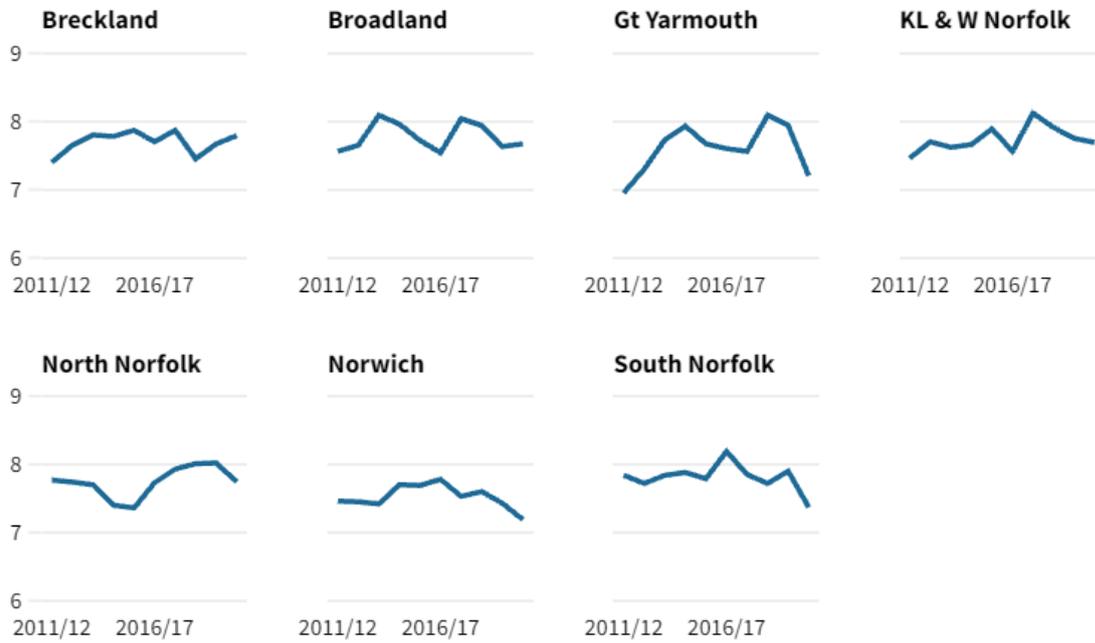
# Well-being in Norfolk in the last 10 years

2011/12 to 2020/21

Happiness

**Life satisfaction**

Worthwhile

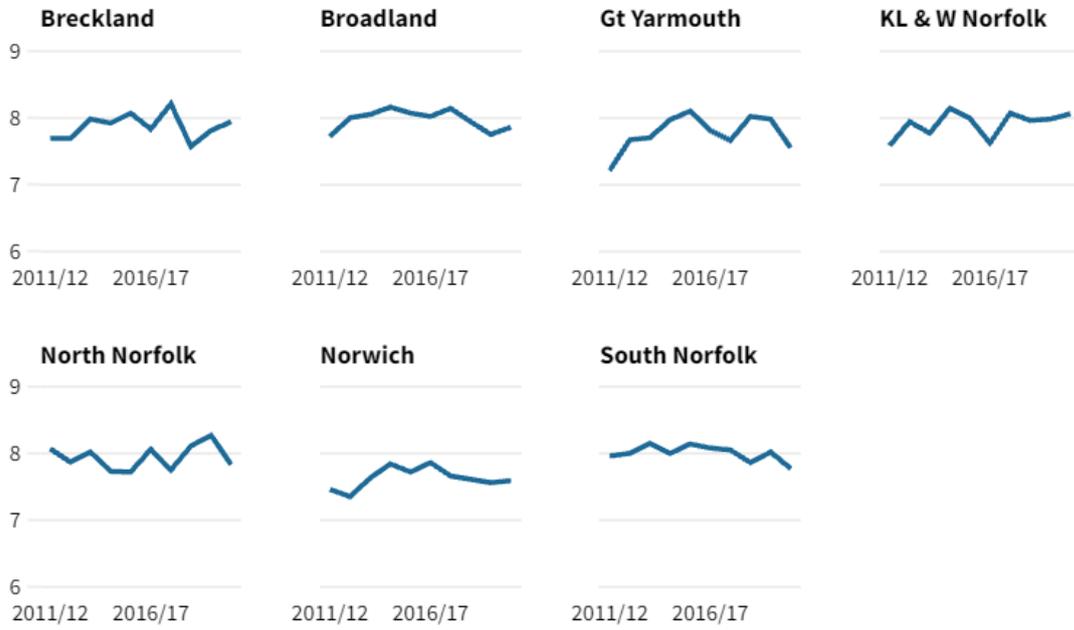


Source: [ONS - Annual Population Survey](#)

# Well-being in Norfolk in the last 10 years

2011/12 to 2020/21

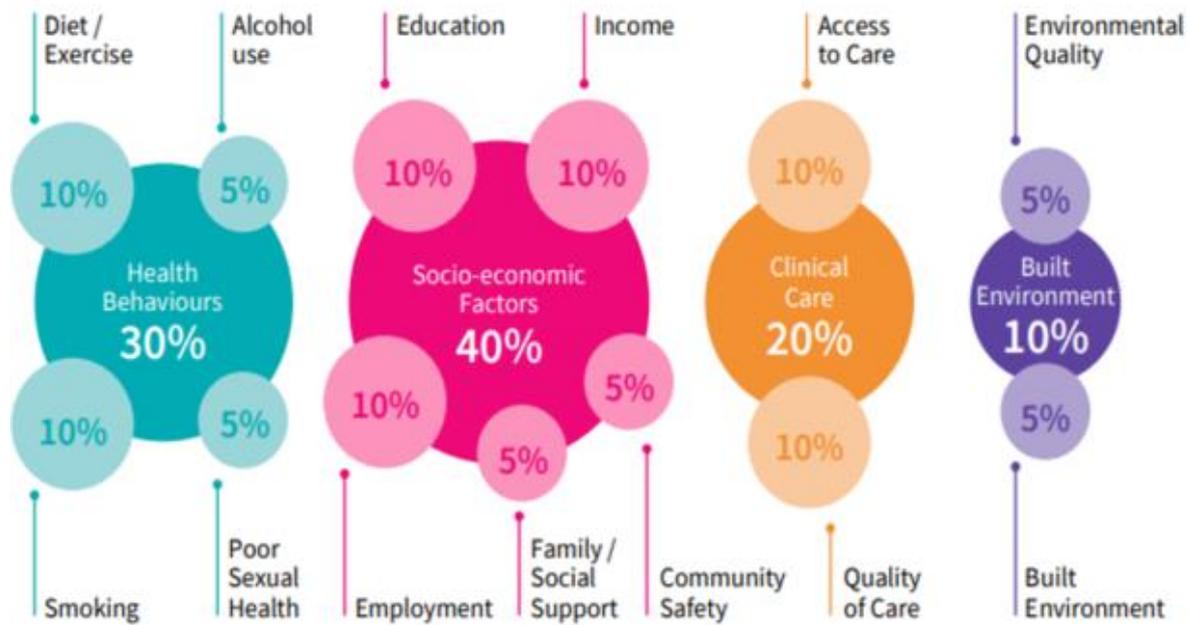
Happiness Life satisfaction **Worthwhile**



Source: [ONS - Annual Population Survey](#)

## Appendix 5 - Wider Determinants of Health

Castle Point & Rochford Health and Wellbeing Strategy 2022 - 2025



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status.

**Appendix 6 – Update on objectives contained within North Norfolk District Council  
Corporate Plan 2019 - 2024**

**6 pages currently**

**Appendix 7 – Quality of Life Strategy 2022 – 2024 Action Plan**

**8 pages currently**

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