Report to Overview & Scrutiny – 15th July 2026
Supporting residents with health related barriers

Table of Contents

1. Executive Summary

1.1 This report responds to Overview & Scrutiny's request for further consideration of how North Norfolk District Council supports residents experiencing health related barriers. It uses deprivation data to identify communities where prevention, early intervention and co-ordinated partnership activity are most likely to improve outcomes.

1.2 The evidence demonstrates that health related barriers are strongly associated with deprivation, particularly where income, employment, health, and access related challenges overlap. The report concludes that the most effective response is through existing partnership arrangements, supplemented by continued use of deprivation data alongside household level vulnerability data, as well the development of a North Norfolk Anti-Poverty Strategy providing a complementary framework for addressing the wider determinants of health.

1.3 Overview & Scrutiny is asked to support this approach through the recommendations in section 10.

2. Purpose and scope

2.1 This report has been prepared as a follow up to the meeting held on 22 April 2026. It supports a forward looking discussion about how North Norfolk District Council and its partners are strengthening prevention, improving co-ordination, and making better use of data to support residents experiencing health related barriers.

2.2 The report does not seek to review or evaluate the effectiveness of existing People Services activity or current partnership arrangements. Instead, it builds on existing good practice around targeted prevention, and outcome focused delivery.

3. What the data tells us

3.1 The 2025 Indices of Deprivation provide insight into communities experiencing disadvantage across a range of measures, including income, employment, health, and barriers to housing and services. Whilst North Norfolk is not amongst the most deprived districts nationally, the data highlights communities where multiple forms of deprivation coincide and may contribute to poorer health and wellbeing outcomes.

3.2 The evidence suggests three factors are particularly relevant when considering health related barriers in North Norfolk:

- Barriers to Housing and Services
- Health and Disability
- Income and Employment Challenges

3.3 These factors are closely interconnected. Challenges relating to income, employment, housing, transport, and access to services can all influence an individual's ability to maintain good health, access support, and participate fully in community life.

3.4 The data shows that deprivation is not distributed evenly across the district. Market towns and coastal communities experience multiple forms of deprivation, while many rural communities face significant barriers in accessing housing, transport, and essential services.

3.5 Priority wards are already used to help inform the targeting of preventative activity and partnership resources, whilst recognising that health related barriers and deprivation are not limited to these areas alone.

3.6 A summary of wards appearing across multiple deprivation domains is shown in Table 1. More detailed information is provided in Appendix A. **It should be noted that whilst not all wards are illustrated in the table below based on Norfolk Insights data, it is acknowledged that specific pockets of deprivation do exist and are accounted for in the work of the council to improve inequalities for residents and communities.**

Table 1 *(Source: Health inequalities - JSNA - Norfolk Insight)*

Ward	Income	Employment	Health	Housing & Services
North Walsham East	✓	✓	✓	
Stalham	✓	✓	✓	
Suffield Park	✓	✓	✓	
Lancaster South	✓	✓	✓	
North Walsham West	✓	✓		
Wells with Holkham	✓	✓		
Holt	✓	✓		
Mundesley		✓		✓
Cromer		✓	✓	

3.7 To summarise the data in table 1:

- Four wards experience deprivation across income, employment, and health domains: North Walsham East, Stalham, Lancaster South and Suffield Park.
- Rural and coastal communities experience significant barriers to services and housing.
- Health related barriers are closely linked to wider socio-economic factors.

- Preventative interventions focus on places and population groups experiencing overlapping disadvantage.

3.8 The deprivation analysis can be supplemented by Low Income Family Tracker (LIFT) data, summarised in Appendix Table A5, which provides household level insight for the wards identified in Table 1. The data has deliberately been limited to these wards so that household vulnerability indicators can be read alongside the deprivation analysis. Table A5 shows, for each priority ward, the number of households receiving Housing Benefit and Council Tax Support and the proportion of those households that also experience additional indicators of vulnerability, including unemployment, disability, caring responsibilities, children in the household, those not in employment, training, or training (NEET)s, and those living below the poverty line. This strengthens the case for using the identified priority wards as a starting point for targeted prevention and partnership support, while recognising that it is not a district wide assessment of need.

4. Utilising the Health and Wellbeing Partnership as the delivery mechanism

4.1 The North Norfolk Health and Wellbeing Partnership (NNHWP) provides an established mechanism through which the District Council, Norfolk County Council, NHS organisations, Department for Work and Pensions (DWP), Norfolk Constabulary, health providers, voluntary and community sector organisations, and other local partners work collectively to improve health inequalities, and health and wellbeing outcomes for residents and communities across North Norfolk.

4.2 The North Norfolk Health and Wellbeing Partnership Strategy 2023–2026 north-norfolk-health-and-wellbeing-partnership-strategy.pdf provides the current framework for partnership activity. The deprivation and LIFT data presented within this report demonstrates how data analytics supplement the work of the Partnership in reviewing priorities, targeting preventative interventions, and monitoring outcomes over time. This analysis supplements the wider range of intelligence already used by the Partnership, including health inequalities data and neighbourhood health profiles.

4.3 Table A5 provides further insight into the characteristics of households within the identified wards. This is significant because many households in receipt of Housing Benefit and/or Council Tax Support (HB/CTS) within priority wards also face additional challenges, including economic inactivity, disability, caring responsibilities, and financial hardship. The information therefore offers a valuable evidence base to support discussions around where co-ordinated preventative interventions may achieve the greatest impact.

4.4 As part of future discussions, the Partnership may wish to present how the strategy is addressing the needs of population groups that are more likely to experience multiple and overlapping health, financial, housing, and access related challenges. These groups include:

- Older people living alone.
- Residents with long-term health conditions or disabilities.
- Households experiencing fuel poverty.
- Economically inactive residents facing health related barriers to employment.
- Unpaid carers.
- Individuals experiencing rural isolation.
- Residents living in temporary, insecure, overcrowded, or otherwise unsuitable housing.

4.5 The findings presented in this report supplement the work of the Partnership in identifying target locations and population groups for co-ordinated action, and a wider evaluation of broader health inequalities. By combining deprivation, benefits, and wider health and wellbeing data, partners better

understand local need and direct resources towards early intervention and preventative activity. This approach is consistent with the objectives of the Partnership Strategy and its focus on reducing inequalities and improving outcomes for North Norfolk residents.

4.6 The Health inequalities work stream currently provides comprehensive data analysis which has led to the development of PITs and specific priorities for the partnership to target. These priorities focus the direction of work for the NNHWP, allocation of funding and development of partnerships. The partnerships five priorities and Golden Thread approach are illustrated below.

4.7 The Partnership provides the most appropriate mechanism for co-ordinating activity across organisations and addressing the interconnected issues of health, poverty, housing, and access to services. It is proposed that a North Norfolk Anti-Poverty Strategy could provide a complementary framework for tackling the wider determinants of health, including income, housing, financial resilience, and access to services. Together, these approaches build on the work already carried out by People Services and the Partnership, providing a continued co-ordinated and preventative response to disadvantage across the district.

5. Response to Overview & Scrutiny

5.1 This report responds to Overview & Scrutiny's request by:

- Identifying communities experiencing multiple forms of deprivation
- Highlighting the relationship between deprivation and health related barriers

- Supporting a preventative and evidence led approach
- Providing a basis for discussion with the Health and Wellbeing Partnership regarding its priorities and areas of focus

5.2 The proposed approach supports Corporate Plan priorities by:

- Reducing inequality
- Supporting vulnerable residents
- Strengthening communities
- Preventing demand escalation through early intervention
- Working collaboratively with partners

5.3 The report is intended to support discussion on how existing partnership arrangements continue to contribute to improved outcomes for residents experiencing health related barriers, rather than proposing new governance structures or delivery mechanisms.

6. Next steps

6.1 Subject to the views of Overview & Scrutiny, the Health and Wellbeing Partnership will be invited to present its current priorities and work programme, including how deprivation, health inequality and other relevant evidence have informed its approach.

6.2 This discussion may provide an opportunity to consider:

- priority communities and population groups
- existing partnership activity
- outcome measures and performance monitoring arrangements
- opportunities to further strengthen prevention and early intervention

6.3 Any future development of a North Norfolk Anti-Poverty Strategy should take account of this discussion and be aligned with existing partnership priorities and activity. This will strengthen the Councils position in moving forward with clear position statements and values for LGR and establish the clear role of the Health and Wellbeing Partnership.

7. Implications for future action and outcome measures

7.1 The evidence indicates that future action should continue to focus on early support, targeted prevention, and a continued strong co-ordination across partners. A North Norfolk Anti-Poverty Strategy would provide a clear framework for addressing the wider determinants of health, while the Health and Wellbeing Partnership would provide the delivery and oversight mechanism for aligning activity, reviewing data, and monitoring progress.

7.2 Suggested outcome measures include improved access to early support, reduced escalation into crisis services, increased financial resilience, improved housing stability, improved resident wellbeing, stronger community participation, and better targeting of partnership activity in priority wards and rural communities.

8. Risks and dependencies

8.1 Delivery of improved outcomes for residents experiencing health related barriers is dependent upon funding being directed towards preventative partnership working, effective partnership working, the availability of robust data, and the continued alignment of local priorities with wider county and health objectives.

8.2 These risks can be mitigated through regular review of data, clear partnership oversight, and agreed outcome measures.

9. Conclusion

9.1 The evidence presented in this report demonstrates a clear relationship between deprivation and health related barriers within North Norfolk, particularly where disadvantage is concentrated across multiple domains.

9.2 The analysis highlights the importance of addressing the wider determinants of health, including income, employment, housing, and access to services, alongside more traditional health and wellbeing interventions.

9.3 The report concludes that the most effective response is to strengthen preventative and evidence led activity through the existing North Norfolk Health and Wellbeing Partnership, supported by continued use of deprivation and household vulnerability data to inform priorities and resource allocation.

9.4 The development of a North Norfolk Anti-Poverty Strategy would provide a complementary framework for addressing the wider determinants of health and improving outcomes for residents and communities experiencing disadvantage.

9.5 Table A5 reinforces these conclusions by showing that, within the wards identified through the deprivation analysis, many households already experiencing financial vulnerability through receipt of Housing Benefit and Council Tax Support also face additional barriers linked to unemployment, disability, caring responsibilities, and poverty. This demonstrates the importance of combining ward level deprivation data with household level insight so that preventative support can be better targeted towards both the places and the household circumstances where overlapping disadvantage is most evident.

10. Recommendations

10.1 That Overview & Scrutiny notes the report and invites the North Norfolk Health and Wellbeing Partnership to present its current priorities and work programme for 2026, including how those priorities have been informed by available evidence and local need.

10.2 That Overview & Scrutiny endorse the development of a North Norfolk Anti-Poverty Strategy to provide a co-ordinated framework for addressing the wider determinants of health, including income, employment, housing, financial resilience, and access to services.

10.3 That the North Norfolk Health and Wellbeing Partnership be invited to comment on and inform any future development of a North Norfolk Anti-Poverty Strategy, including how such a strategy may complement existing partnership priorities and activity.

10.4 That deprivation, health inequality, and household level vulnerability data, including LIFT data, be reviewed periodically by the Partnership to inform priority setting, resource targeting, and outcome monitoring.

10.5 That the council continues to invest in the Low Income Family Tracker as a strategic intelligence tool, enabling People Services and the Health and Wellbeing Partnership to identify overlapping household vulnerability, target preventative support and monitor outcomes over time.

Appendix A: Detailed deprivation data

The data presented in this appendix is intended to support strategic decision making and the targeting of preventative activity. It does not provide a complete picture of need at ward level and should be considered alongside local intelligence, service demand data and partner insight when determining priorities.

Table A1. District level deprivation overview

North Norfolk Indices of Deprivation 2025 overview (Source: Health inequalities - JSNA - Norfolk Insight)

This table provides a district wide overview of North Norfolk's relative position nationally across key deprivation indices. Whilst the district sits broadly around the national midpoint for income, employment, and health deprivation, it performs significantly worse in relation to barriers to housing and services. This highlights the challenges associated with rurality, transport, housing affordability, and access to essential services, which are important contributors to health inequalities within North Norfolk.

Domain	Rank	National Percentile	Interpretation
Income	162 of 296	**54.7th percentile**	Less deprived than around 55% of authorities
Employment	126 of 296	**42.6th percentile**	More deprived than average nationally
Health	142 of 296	**48.0th percentile**	Close to the national midpoint
Barriers to Housing & Services	32 of 296	**10.8th percentile**	Among the most deprived authorities nationally for access to housing and services

Table A2: Priority Wards appearing across multiple deprivation indices (Combined income, employment, and health deprivation scores)

This table identifies wards that appear within the most deprived locations for income, employment, and health indicators. Wards appearing across multiple domains are more likely to experience overlapping social, economic, and health challenges and may benefit from targeted preventative activity and partnership intervention. The table should be used to inform prioritisation rather than as the sole determinant of resource allocation.

Ward	Income Score	Employment Score	Health Score	Appears in Multiple Domains?
Cromer	—	2	3	Yes
Holt	3	3	—	Yes
Lancaster South	3	3	2	Yes
Mundesley	—	3	—	Yes
North Walsham East	2	1	2	Yes
North Walsham West	3	3	—	Yes

Stalham	2	3	3	Yes
Suffield Park	3	3	3	Yes
Wells with Holkham	3	3	—	Yes

Table A3: Barriers to Housing and Services (Priority communities by tier)

Overall rank in England = 32 out of 296 (where 296 is the least deprived)

This table identifies communities affected by significant barriers to housing and access to services, identified by a deprivation score of 1. These challenges may include access to healthcare, public transport, employment, education, and affordable housing. The concentration of rural and coastal wards within this category illustrates the importance of connectivity and accessibility as determinants of health and wellbeing in North Norfolk.

North Norfolk Ward	
Bacton	Hickling
Coastal	Happisburgh
Erpingham	Hoveton & Tunstead
Gresham	Mundesley
Priory	Roughton
St Benets	Stibbard
Stody	The Raynhams
Trunch	Walsingham
Worstead	

A4. Priority Communities

The tiered approach provides a practical framework for targeting prevention and early intervention activity.

- Tier 1 communities experience the strongest concentration of multiple deprivation and may warrant enhanced partnership focus.
- Tier 2 communities experience deprivation across two domains and should be monitored alongside Tier 1 areas.
- Tier 3 communities reflect North Norfolk's significant challenges relating to housing and service accessibility, particularly within rural and coastal locations.

The framework is intended to guide prioritisation while recognising that need exists across the district.

Tier	Basis for prioritisation	Priority communities
Tier 1	Multiple deprivation across three domains	North Walsham East; Stalham; Lancaster South; Suffield Park
Tier 2	Multiple deprivation across two domains	Cromer; North Walsham West; Holt; Wells with Holkham
Tier 3	Housing and service access deprivation	Rural and coastal communities identified within Appendix A

Table A5: LIFT household vulnerability indicators in priority wards

LIFT data provides additional household level insight for the wards identified in Table 1. The table has deliberately been limited to those wards so that the household level indicators can be read alongside the deprivation analysis. The percentages show the proportion of households receiving Housing Benefit and Council Tax Support in each ward that also fall within each vulnerability indicator. This helps identify an overlapping need within financially vulnerable households in the priority wards. **The table should not be read as a district wide comparison or as a complete assessment of need across North Norfolk.**

Ward	HB/CTS Households (denominator)	Households with Children	Households Not in Work	Disabled Households	Households with a Carer	Households with NEETs	Households Below Poverty Line
North Norfolk total	***6,875***	***2,473***	***6,225***	***2,505***	***1,043***	***234***	***2,545***
North Walsham East	**416**	114 (27.4%)	372 (89.4%)	159 (38.2%)	83 (20.0%)	20 (4.8%)	172 (41.3%)
North Walsham West	**465**	94 (20.2%)	426 (91.6%)	174 (37.4%)	67 (14.4%)	17 (3.7%)	170 (36.6%)
Stalham	**476**	95 (20.0%)	430 (90.3%)	170 (35.7%)	73 (15.3%)	12 (2.5%)	186 (39.1%)
Lancaster South	**478**	73 (15.3%)	425 (88.9%)	170 (35.6%)	58 (12.1%)	14 (2.9%)	182 (38.1%)
Suffield Park	**188**	24 (12.8%)	175 (93.1%)	58 (30.9%)	20 (10.6%)	4 (2.1%)	60 (31.9%)
Cromer	**487**	50 (10.3%)	443 (91.0%)	172 (35.3%)	41 (8.4%)	11 (2.3%)	142 (29.2%)
Holt	**385**	92 (23.9%)	352 (91.4%)	140 (36.4%)	57 (14.8%)	16 (4.2%)	124 (32.2%)
Wells with Holkham	**216**	33 (15.3%)	198 (91.7%)	95 (44.0%)	26 (12.0%)	8 (3.7%)	61 (28.2%)
Mundesley	**203**	42 (20.7%)	183 (90.1%)	80 (39.4%)	32 (15.8%)	5 (2.5%)	69 (34.0%)

Source: Low Income Family Tracker data, North Norfolk District Council. Percentages calculated using HB/CTS households in each ward as the denominator.

Key point: Table A5 shows that many households receiving Housing Benefit and Council Tax Support in the priority wards also experience additional indicators of vulnerability. In most of the selected wards, around nine in ten HB/CTS households are not in work, around one-third or more include a disabled household member, and around three in ten or more are below the poverty line. This reinforces the value of using LIFT data alongside deprivation data to understand both where disadvantage is concentrated and what types of household need are present within those communities.

Data limitations: *Deprivation data identifies areas where disadvantage is more concentrated but does not mean that all residents within those areas experience deprivation, nor that need is absent elsewhere. LIFT data relates specifically to households receiving Housing Benefit and/or Council Tax Support and should be interpreted accordingly. The findings should be considered alongside local intelligence, service demand data, and partner insight to support evidence based decision making.*