

There are 350 affordable homes in the pipeline of which 38 will be completed in 23/24.

I am chairing a Task & Finish Group (a sub group of the Overview & Scrutiny Cttee) looking into causes and prevention of and solutions to homelessness. We hope to report back in a couple of months which will explain what more we can do to reduce the number of homeless households in our district.

The Integrated Housing Adaptations Team have spent over £1 mill of Disabled Facilities Grant.

Sustainable growth

At a January Business event, 83% of businessmen and women said they were optimistic about the future.

The greatest challenges given was recruiting and training staff, financial stability, workforce development, transport and availability of sites.

Grants of £389k from the Rural England Prosperity Fund have been offered to businesses and community groups for net zero infrastructure, diversification of rural businesses, funding for community groups and volunteering.

Grants of £311k from the UK Shared Prosperity Fund have been awarded to community infrastructure projects, the local visitor economy, supporting digitalisation and developing a business support programme.

Environmental services

Serco is proposing another rounds change starting April 8th, caused by the change in location of the waste disposal site for recyclables. There will be information coming out from Serco very shortly. Let's hope that it's better implemented than last time! As ever, contact me with problems though apparently the Serco Customer Care Centre is working well.

Complaints to the Private Sector Housing team have increased, mainly around damp and mould. Please contact me if you have any problems.

Finance

By the time you read this the budget will have been agreed. £975k of savings been identified with another £ 250k still to be identified. This means the use of reserves is low. These savings are mostly from streamlining internal processes.

Customer service

Call wait times were down to 2min 41sec in January with 71% queries answered by the Customer Service team.'

Other news

BANKING HUB TO COME TO HOLT

As a result of much hard work, Holt has secured a full banking hub. Given the closure of all the banks, this will be a lifeline for all the surrounding villages and communities that need a banking service locally. The process will now be that an organisation called Cash Access UK will assess and find suitable premises. They will then work to perhaps have a different banking organisation visit the hub, one day a week, every week. The details are yet to be finalised.

BLAKENEY SURGERY

Health bosses (in the form of the Integrated Care Board) met last month to decide the fate of Blakeney Surgery. The good news is they didn't agree to close it, but unfortunately they didn't decide to keep it open. What they did agree was another round of consultation with patients, which sounds good except that it will only be about how and where we Blakeney patients get our meds.

Let me explain how this is wrong.

Our ability to see a GP or nurse at Blakeney was taken away before Covid. If we had been consulted at that time - as was our right - we would have protested strongly. But we weren't given that opportunity.

We asked health bosses if they would do that consultation now, but so far they have refused, saying it would be inappropriate to do this now for something that happened in the past. They have only offered to ask our opinion regarding the meds collection which is all that Blakeney now offers.

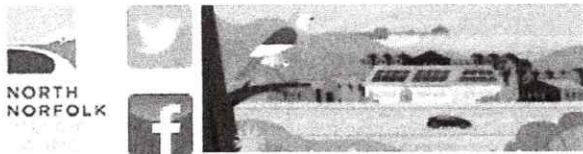
This is hugely disappointing. Blakeney Parish Council has been fighting for three years to keep Blakeney Surgery open and offering doctor and nurse appointments as well as meds. We know how much this means to you. After all, 1500 of you signed our petition to Save Blakeney Surgery and many hundreds wrote letters and filled in questionnaires. We know you don't want to make a major expedition to get to one of the other surgeries, or feel you live in a healthcare desert.

A meds service in Blakeney is essential but we don't think it's enough. We want some way of seeing a doctor or nurse in Blakeney, even if it's not at the surgery. We want some form of transport to take us to Kelling or Melton for urgent or specialised appointments. We want well-being clinics in the community. Given how much better off the practice should be if it closes Blakeney Surgery, we think these are the least they can offer.

We will keep fighting to get you all we can.

Blakeney Parish Council's Annual Meeting on 7th March will focus on Blakeney Surgery. All welcome to attend.

Victoria Holliday
District Councillor
Coastal
07557054629



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Stiffkey Parish Clerk <clerkstiffkey@gmail.com>

March District Cllr report v 2

Cllr. Victoria Holliday <Victoria.Holliday@north-norfolk.gov.uk>

24 March 2024 at 18:29

To: Stiffkey Parish Clerk <clerkstiffkey@gmail.com>, beestonpc <beestonpc@btinternet.com>, Tracey Bayfield <clerk@blakeneyparishcouncil.org.uk>, "wivetonpc@gmail.com" <wivetonpc@gmail.com>, Gemma Harrison - Parish Clerk <clerk.cley@gmail.com>, Clerk Salthouse <salthouseclerk@gmail.com>, "kellingparishcouncil@gmail.com" <kellingparishcouncil@gmail.com>, Weybourne Parish Clerk <weybournepc@gmail.com>

From NNDC

Planning

The current phase of the new Local Plan examination is complete. There may be modifications to the plan coming out of these hearings which will go out to public consultation and possibly another round of Hearings. The new Local Plan hopefully will be finalised by the autumn.

There is a new national system of accreditation for surveyors working in building control. Surveyors employed by NNDC have undertaken the necessary validation process.

A government consultation on the expansion of certain permitted development rights (ie development which does not require a planning application) runs till 9th April.

<https://www.gov.uk/government/consultations/changes-to-various-permitted-development-rights-consultation/changes-to-various-permitted-development-rights-consultation>

Benefits

The Household Support Fund has been extended to September 2024. This helps the most vulnerable households with the cost of essentials. NNDC operates an emergency support fund for help with grocery costs.

From 6th April it will be easier to obtain a Debt Relief Order which means more residents can access debt relief.

There will be 53 Mondays in the financial year 24/25 which means those on Universal Credit miss out on a week's Housing Costs.

Almost £100k has been allocated in Discretionary Housing Payments to support tenancy issues, homelessness prevention and to support people to stay within the community.

As of 29th February, there were 2490 households on the housing waiting list. 227 homes were let so far this year. There were 54 households in temporary accommodation (down 22% from Feb 23) and 9 rough sleepers in February.

38 affordable homes will be completed in 23/24.

Eligibility criteria for warm homes grants have been simplified. These are for homes with energy ratings of D-G. This is well worth applying for: get in touch with me if you're interested.

The Integrated Housing Adaptations Team have spent over £1 mill of Disabled Facilities Grant to enable residents to stay in their own homes.

There are 93 Ukrainian guests in North Norfolk.

Finance

The Council Tax premium of long term empty properties (an additional 100% after 12 months) starts 1st April.

Licensing

The consultation on the increase in taxi fares by 15% has concluded and new fares are in place.

Environmental services

The Great British Spring Clean runs until the end of March. Litter picking sets are available to borrow from NNDC at any time.

Information should have been sent to you by Serco about the new waste rounds change starting April 8th. As ever, contact me with problems though apparently the Serco Customer Care Centre is more efficient.

Public Space Protection Orders regarding dog restrictions are out for consultation till 11th April.

Property Services

Work on the Albert Street, Holt toilets will start shortly.

Customer Service

The average wait time for residents calling into NNDC was 3 mins 31 sec'

Other news

BLAKENEY SURGERY

The Integrated Care Board is asking for more feedback on the proposed closure of Blakeney Surgery by April 2nd. However as before the focus is - erroneously - on the withdrawal of medicines collection from Blakeney not the withdrawal of face to face appointments which were taken away without the correct process. The decision to close the surgery permanently will now be made May 7th. Please join us in writing to object to the withdrawal of both doctor and nurse appointments (and the withdrawal of medicines collections) to nwicb.contactus@nhs.net with a copy to Sadie Parker (Sadie.parker@nhs.net) by April 2nd to express your views. We will be writing to the Secretary of State for Health to ask for her intervention against the proposed closure.

Digital switchover

This is an industry led switch to digital landlines with the old analogue lines switched off by the end of 2025.

To be sure, vulnerable customers, ie those who are dependent on landlines, need to contact their provider about they should be preparing for this change. I would encourage you to reach out to those who you think are in this category.

If residents do not have a mobile, they will be provided with a battery back up unit by their providers for power cuts.

There will be no extra cost to residents who can continue to use their existing handsets. I have lots of questions about how this will work given our poor mobile phone and broadband coverage and am chasing answers from our MP.

Victoria Holliday
District Councillor
Coastal
07557054629



Blakeney Surgery Update

Public Meeting @ Blakeney Village Hall

As already reported to councillors. This meeting was largely the ICB canvassing for support with regard to medicine collection. The mitigation measures were clearly the concern for the ICB but failed to concentrate on the real issues for which mitigation is required if the surgery is closed – and that is addressing what closure will mean in terms of face-to-face appointments for residents registered with Holt Medical Practice.

The ICB have postponed the decision to May 7th.

All communication outside of the meeting continued to focus on medicine collection.

HOSC Meeting @ County Hall, Norwich

Six people were allowed to speak – including Duncan Baker MP and Cllr Victoria Holliday. The focus was on the following:

1. Debunking some of the assertions made by Holt Medical Practice
2. The Financial position (cost/patient ratio/GP salaries and partner benefits)
3. The Medical position (infection control/surgery suitability)
4. Governance (procedural/role of the ICB/responsibilities)
5. Impact (inequalities/net zero/transport and access)

While it was clear the Committee were sympathetic and largely on side with the impact of any closure, it was also clear that they would be unable to act on anything until a decision had actually been taken by the ICB. Anything they are likely to do is going to be reactive.

The ICB re-iterated its position that no decision had yet been made but continued to obfuscate over the real issues – incorrectly and erroneously insisting that the issue was solely about medicine collection and consequently viewing the consultations undertaken as being sufficient.

Healthwatch also spoke. Essentially in favour of the ICB. In my opinion, the representative was very disappointing in his deliberately inflammatory comments and lack of awareness of the central issues. Given that the role of Healthwatch is to ensure the ICB listens to Patient, Carer and Community feedback – he raised more questions as to the ethics of Healthwatch than he did in terms of addressing issues of appropriate community involvement in this process.

Holt Medical Practice did not attend. This was noted by a number of councillors.

Councillors can watch the session on the County Council You Tube channel via the following link:
https://www.youtube.com/watch?v=bBw9SWJ_4QQ

I did have the opportunity to re-iterate many of the concerns once the meeting had ended with the CEO of the ICB.

The issue will most likely be back on the HOSC agenda once the ICB have made their formal decision.

Next Steps

Given the need to be proactive, a letter will now be prepared, using the data presented at the HOSC meeting for direct submission to the Secretary of State asking for the issue of closure to be referred for her oversight and decision given that the ICB has not followed its own procedures.

Health and Wellbeing

Updates:

Dentistry

The ICB are currently reporting a surplus in their dental budget. This would seem in contradiction to the need, but they report attracting new dental providers and putting in place a long-term solution is the reason for this. The PC will need to continue to monitor this. It should become clearer if progress is being made in May when the end of year figures are available.

I would recommend the PC keeps a watching brief on this and reassesses at the July meeting, with a view to seeing if we need to undertake a survey to see how many residents no longer have (and need) access to NHS dental services and what we can do to address this.

Prescriptions:

The Prescription Ordering Service (POD) is due to close by the end of June. The current POD service allows patients to order repeat medications over the phone or online. This will now shift to online only – primarily via the NHS app or GP website. GP practices are meant to put in place systems which allow those not online to order repeat prescriptions. This shift will obviously disproportionately affect those not using online services or without access to the internet. Wells currently still offers telephone repeat prescriptions services, but it is not clear if this will continue beyond June. For those patients registered at Holt, telephone ordering is not in place so must be done in person or via post. Cost and inconvenience will be exacerbated by the close of Blakeney Surgery as it will then require a trip to High Kelling or a postal arrangement.

I would recommend the PC keeps a watching brief on this and reassesses at the July meeting, with a view to seeing if we need to consider a scheme to drop off repeat prescription requests for those unable to use online services.

Provision of a defibrillator in Stiffkey For discussion at Parish Council Meeting on 25 March 2024

Do we need one?

Risk assessment: Probability 1 times Consequences 5 = 5, Moderate- reduce risks if reasonably practicable.

Over 30,000, out of hospital, cardiac arrests per annum

Every minute without CPR and Defibrillator reduces survival chances by 10%

Defibrillator can double chances of survival and up to 75% if used within 3 Minutes

Defibrillator needs to be used together with CPR

Types of Defibrillator

Either semi automatic or fully automatic. Both will only operate if heart beat indicates need once pads are attached. Semi automatic then requires operator to press button to deliver shock while fully automatic delivers shock automatically once need detected and audible warning given.

Cost examples:

Zoll 3 AED Fully Automatic which comes complete with CPR depth monitor at a sale cost of £1195 plus VAT

Heated outdoor cabinet Aiva unlocked £500 plus VAT

Installation approximately £250

Electricity approximately £1 to £2 per month

Replacement pads every 2 to 3 years or after use, £60 plus VAT adults, £90 plus VAT Childs

Battery replacement every 3 to 5 years, £65 plus VAT

Funding

We can apply for funding or decide to self fund with donations or fundraising

Funding available from British Heart Foundation and Department for Health and Social Care as well as the Lottery Fund and others.

- British Heart Foundation

Funding starts from September 2024

Includes: Defibrillator, cabinet, replacement pads and batteries

RevivR online CPR training

Available to Parish Councils, Social Clubs and Community Centres

Conditions:

Keep in provided cabinet, unlocked, uncoded

Constant electricity supply

Register on "the Circuit" national defibrillator network

Promote RevivR CPR training in community

- DHSC

Applications close 21 September 2024

Match funding only, Fully funded already allocated by October 2023.

Available to Parish Councils and Community Centres and any UK organisation not supported by Department for Education

Conditions:

24 hour access

Constant electricity supply

c.£750 Match funding

Not a school

Potential Locations

Village Hall
 Phone Box Wells Road
 Shop
 Vale Farm
 Bus Stop Camping Hill

Ideal positioning would be within 2 minutes fast walking distance of the most concentrated areas of population. This would give a return trip time of 4 minutes.

The chosen location must be easily accessible by vehicle or on foot 24 hours per day, 365 days per year. The site should also be well lit.

With the length of the village it is impossible to cover all houses with one unit. We have to take a view on the best initial site for one machine. This can be moved if and when others are obtained. Multiple defibrillators could be provided eventually either by fundraising or persuading local businesses to provide additional ones of their own to meet their specific requirements as well as covering part of the residential area of the village.

Whilst it would be good to end up with three or four defibrillators covering the village, one is still better than none.

CPR

David Hooper has been very helpful sharing some of his extensive knowledge of both defibrillators and CPR with me. In his words, a defibrillator is like the ignition of a car which is of little use without fuel. The 'fuel' in treating a cardiac arrest is provided by CPR and is the most important part of the initial treatment.

We feel that, as well as providing a defibrillator together with a training course for its use, we should also provide CPR training for groups of people who are interested.

Providers of CPR training:

Norfolk Accident Rescue Service - on site
 St Johns Ambulance - on site
 British Heart Foundation - on line via RevivR
 Red Cross - on site
 East England Ambulance Service
 Magpas Community CPR and Defibrillator Training
 East Anglian Air Ambulance Community CPR Sessions - on site, up to 15 people FOC
 Our CFR's

Community Heartbeat Trust

This is a charity specialising in giving advice on purchasing and installing a defibrillator. They offer various levels of assistance.

Advice on type, locations, health and safety, insurance is all free but as a charity they would welcome a donation

They will supply all the equipment for purchase or they will provide a managed solution where they supply and maintain the defibrillator for a certain period of time, which is normally four years, when the equipment and maintenance become our responsibility.

I think their service is aimed more at village halls and scout hut environments where VAT can not be reclaimed and health and safety and insurance may not be sufficient. When I spoke to them they suggested they don't help many Parish Councils.

I am happy to enquire further with them if it is felt a route worth investigating.

Summary

If we decide it is the right thing to provide a defibrillator, the first thing we need to decide is how we plan to fund its purchase and running costs.

Before we can apply for funding we need to decide where a defibrillator would be sited and show we have the property owners consent and that a constant electricity supply is available.

CPR training can then be considered either as an add-on to the defibrillator training or as a separate project.

Coastal Forum – 5th March 2024**Key points from the meeting:**

Erosion events continue to be significant along the coast with additional costs incurred as a result of clean up and repair. This has been exacerbated because much of this needs to be undertaken as Health and Safety priorities. The use of drones has been expanded to try and monitor this more effectively in terms of utilisation of human resources. Gabions a particular concern.

The shoreline management plan (SMP 5 Hunstanton to Kelling Hard covers Stiffkey) has now been incorporated into explorer and information can be accessed via a postcode search. Details now also include the action plan. Erosion rates and flooding risk data will be added. Searches can be undertaken via the following link: <https://environment.data.gov.uk/shoreline-planning>

Coastal Adaptation priorities for the next 12 months are currently being set and will be available at the next coastal forum meeting.

Calls remain for a dedicated coastal minister

Duncan Baker MP brought up the issues of the EA (Environment Agency) needing to be much clearer on how they engage the public and share information on the reality of what coastal erosion means and what the position is. There was a call for the EA to be more engaged with councils – including parish councils on established and changing positions (holding the line etc)

The impact of interventions and expectations is being explored by the Crown Estate as well as Coastwise. The Coastwise survey is now live. While it covers from Kelling Hard, it is open to anyone to completed and can be undertaken at the following link: <https://www.north-norfolk.gov.uk/tasks/projects/coastwise/coastwise-survey/>

In case you missed it – the AONB has been rebranded and is now the **Norfolk Coast National Landscape. (NCNL)**. This acronym will be particularly relevant in reviewing planning applications.

Natural England will be releasing the latest bird data on 24th March – it will include habitat and nesting details. Updates on Cockles and Mussels as well as Geese will follow shortly after.

The decision over the extension of the Sheringham shoal and Dudgeon Offshore wind farms is set to be made by 17th April 2024.

Key Points:

Geosphere is the organisation which has developed the mapping software. Parish Online is the Not-For-Profit that runs it.

A presentation and skills sharing for use of Parish Online site.

The session was designed to give an overview for how Parish Online can be used by councils and then to give an active demonstration as to how this is practically implemented.

The idea is to build up multiple layers of information on any given map. For example – asset management would enable any member of the public to see where the village has benches and also see a photo of that bench. The Parish Council (or clerk) would have that information and then additional information on another layer – such as the age, conditions, insurance value, last inspection details and so on.

Areas of Use include:

- Asset management – the ability to map where assets are, condition, last inspection etc
- Planning – to show areas such as conservation areas, SSSI, listed buildings in the vicinity, flood risks and so on
- Interactive Mapping – to allow members of the public (or councillors) to report issues – such as verge issues for the rangers, blocked footpaths and so on
- Publication of maps for visitors
- Event Planning – from local events through to climate resilience, disaster preparedness, flooding, location of grit bins and so on
- Facility situation – mapping proximities from key locations – for example, placement of defibrillators and therefore scope of reach

Membership of Parish Online allows the Parish Council to link to a number of organisations as well as access free licences for PSGA (geospatial maps) and APGB (aerial photography)

I think there are vast benefits for the use of this and we should at least as a PC explore how we could utilise this information. Given our asset register is being updated this would be an ideal opportunity to map our assets and then review this again at a future meeting – the July meeting would allow the work to be undertaken and all councillors to have a chance to feedback.

TAKE OUT FROM DIGITAL SWITCH OVER WEBINAR:

Speaking at the webinar were:

Duncan Baker, **MP**

Sarah Shepherd, **Tech UK** (the umbrella organisation working with all providers to deliver the digital switch over by 2025)

Femi Ogunbyi, **BT**

David Christie, **Virgin**

Vanessa Higham, **Vodafone**

The format was an intro from Baker followed by a presentation from Tech UK and verbal updates from BT, Virgin & Vodafone.

The overview (from Tech UK presentation):

Providers are still aiming for a full UK digital switchover by 2025, as the world moves to digital. The reason for the rollout is an aging analogue network with a 20% increase in fault rates.

The switchover should be seamless with providers contacting households by text, email, postcard or leaflet. Phone numbers will remain the same and mitigations are in place for vulnerable customers.

There are two new government/telecoms charters to protect vulnerable customers but those who are vulnerable should make their provider aware of their circumstances so that an individual plan can be put in place for them.

There are several websites all offering information regarding the switchover.

Tech UK has leaflets & information it is happy to share with parish councils so that information can be distributed to residents. I've asked for copies and will send to Julie when I get them. This is something we may wish to upload on to the website & perhaps look to put through people's doors.

Verbal Update from Providers

Prior to 2023 BT and other service providers had embarked on a bulk migration strategy across the UK which is why some households were automatically switched (including some in Stiffkey).

However, this strategy was paused when providers realised that there was a particular issue with vulnerable customers, especially those reliant on telecare alarms/services. They are currently gathering data regarding vulnerable customers, including the elderly and those with no mobile phone or mobile signal. Once they have better information, they will develop unique strategies for them. They are seeking to work closely with local authorities to identify vulnerable customers. They are also actively asking vulnerable customers to identify themselves. They continue to work closely with AgeUK and other NGOs.

Current mitigations for vulnerable customers, including those who are unable to make an emergency call in the event of a power cut (i.e. those with no mobile phone or no mobile signal in the home) are a 'hybrid mobile phone'

3/24, 7:39 AM

Gmail - Update from digital switchover webinar held on Monday 18 March

which will be able to call emergency services and an 'interim pre-digital landline solution' for telecare use/the elderly etc. These are both initiatives from BT. Virgin/Vodafone didn't mention anything but all providers are working v closely together on this so it's likely all providers will have a stop-gap solution.

Under the new charters, it is mandated that all vulnerable customers will receive an engineer visit to assess their requirements and they can nominate trusted individuals (friends, neighbours, family) to liaise with their provider to help them manage the process.

It is also mandated that a battery back up has to be provided to vulnerable customers with a minimum 1 hour charge. Virgin noted that its back up lasts 8hrs and Vodafone mentioned theirs lasts 4hrs but they're looking to extend this. BT didn't mention their equipment. However, they all took note that in rural areas power cuts can sometimes last for days so this is something they need to look at.

Nobody mentioned offering DECT phones FOC to vulnerable customers who currently have multiple old analogue plug in phones. BT has a wall adaptor it will send out for equipment that needs to be switched to enable use of the digital line.

If customers don't have broadband, just a landline, the price of line rental will not be affected & the router required for the digital switch will be provided FOC.

The physical copper/steel phone lines will not be upgraded for the digital switchover because digital phone lines piggyback on broadband availability therefore there is no imperative to upgrade the network.


Since the bulk migration pause, customers can elect to be switched over if they wish to do so & some households in Stiffkey have gone down this route.


Since the pause, BT stopped its huge advertising awareness programme but it is embarking on a national roadshow to raise awareness. The East of England roadshow will take place in May (date/venues tbc).


Cheers
Rocky


Fakenham and Wells Community First Responders


Appendix K

 Hours Logged	January	February	March	Totals
	Shifts:	8	18	20
Hours:	32:00	74:00	95:30	201:30

 Call Out Mileage	January	February	March	Total Distance
		0.0	55.4	29.8

 Emergency Responses CFR and Paramedic Arrival Times (minutes)	January		February		February		March	
	Category No Callouts		Category 2 Cough with Chest Pain		Category 1 COPD with DIB		Category 3 Faint and Fall to Floor	
	CFR	Paramedic	CFR	Paramedic	CFR	Paramedic	CFR	Paramedic
	Time:		00:14	01:28	00:13	00:19	20	NA
	Category 2 Abdominal Pain with DIB		Category 2 Breathless, Abdom pain		Category 3 Fall			
	CFR	Paramedic	CFR	Paramedic	CFR	Paramedic	CFR	Paramedic
Time:		00:15	00:43	00:10	00:38	00:02	02:03	
Category 2 Back Pain, Left Arm Pain		Category 2 Back Pain, Angina						
CFR	Paramedic	CFR	Paramedic	CFR	Paramedic	CFR	Paramedic	
Time:		00:13	00:20			00:12	00:56	

 Training Attended	January	February	March
			Basic Life Support Re-certification FREC3 Training Course (1 day)

 Ambulance Response Targets	Category 1	Category 2	Category 3	Category 4
	Immediately life threatening injuries and illnesses. Patients will be responded to in an average (mean) time of seven minutes, and within 15 minutes at least nine out of 10 times (90th percentile).	Emergency. These will be responded to in an average (mean) time of 18 minutes, and within 40 minutes at least nine out of 10 times (90th percentile).	Urgent calls, In some instances patients may be treated in situ or referred to a different care pathway. These types of calls will be responded to at least nine out of 10 times (90th percentile) within 120 minutes.	Less urgent. Patients may be given advice over the phone or referred to another service. These calls will be responded to at least nine out of 10 times (90th percentile) within 180 minutes.

Volunteering for

NHS
 East of England
 Ambulance Service
 NHS Trust

