

## Foreword

North Norfolk District Council (NNDC) has a long and ongoing commitment to the good health of the people of North Norfolk. We are the only District in Norfolk with a full time officer dedicated to improving the health of our citizens. In this document you will read of the approach to health which we intend to take in the future.

Health in its widest context means different things to different people. There is no doubt that people who may be vulnerable due to age, disability, illness, economic or social disadvantage are more likely to suffer bouts of physical, mental and social imbalance and frequently a shorter life span.

Our District is a rural one, with a high number of older people, scant public transport and a diminishing number of shops and post offices. Isolation and loneliness can also have a negative effect on people's sense of wellbeing and inclusion.

In today's society where many more health giving opportunities prevail, there remains a challenge in promoting the message that every man, woman and child deserves a life of good physical, mental and social health; a life of harmony, health and happiness, free from anxiety, fear and failure in a clean and pleasant environment.

Preventing ill health, maintaining and improving good health, vitality and fulfilment is the purpose of this Health Improvement Strategy, whether in the workplace, at home or anywhere in the community.

Cllr. Penny Bevan Jones

Member Champion Health and Older People

## Introduction

NNDC has a vital role in influencing the health of the local community and in reducing health inequalities.

Health inequality for some people begins at birth due to gender, ethnicity, biological or genetic disposition. While the impact and effect of this inequality may be reduced it cannot be avoided.

However, the health inequalities experienced by many people are avoidable. The fact that people's health, wellbeing and life expectancy can be significantly affected and reduced by factors such as access to health care, education, work and environmental conditions, leisure opportunities, housing and the community in which they live is both unfair and unacceptable

In rural North Norfolk, the increasing and ageing population is putting pressure on all organisations that have a responsibility for health and social care services. In the current economic climate, the Council and other public organisations are also being tasked with reducing spending and improving efficiency whilst still maintaining and even improving public services.

However, the ongoing economic restraints will mean that, in the coming years, difficult decisions in relation to health service provision will have to be made. It is therefore extremely important that NNDC has a strategy which clearly identifies what it will do strategically to improve health outcomes. All areas of Council activity will have a part to play but there are certain areas where the Council can have a greater health improvement role and can influence health outcomes and reduce health inequalities, such as in housing, leisure and cultural services, environmental health, communities, planning policy, benefits and indeed, as a large employer.

Some of the current corporate responsibilities, duties and powers the Council has in relation to health and wellbeing are cited in a number of legislative documents. These include:

- The power to do anything considered likely to achieve the promotion or improvement of the economic, social and environmental wellbeing of the area. – Local Government Act (2000)
- A duty to safeguard, promote and co-operate to improve the welfare and wellbeing of children.” – The Children Act (2004)
- A duty to produce and deliver in partnership a Sustainable Community Strategy – a key long-term planning document for improving the quality of life and services in a local area. – Sustainable Communities Act (2007)
- A duty to be involved and co operate in the development of a Local Area Agreement and in the implementation of agreed outcomes – Creating Strong, Safe and Prosperous Communities (2008)
- Decisions of a strategic nature should give due regard to reducing the inequality of outcomes which result from socio-economic disadvantage. - Equality Act (2010)

The new Government has set out its long term vision for the future of the NHS in the White Paper, Equity and excellence: Liberating the NHS (July 2010)

The White Paper identifies a range of proposals which will aim to:

- Put patients and the public first
- Improve healthcare outcomes
- Increase autonomy, accountability and democratic legitimacy
- Cut bureaucracy and improve efficiency

The changing structures for health will place new duties and responsibilities on Local Authorities. These will link into the localism agenda being rolled out by the Government.

The Health Strategy will ensure that the Council has the flexibility to respond to the new duties, requirements and opportunities identified in the White Paper and subsequent Health Bill.

## Development

The Health Strategy has been developed:

- To respond to the recommendations made in the Improvement and Development Agency (IDeA) report following the NNDC Health Peer Review in November 2009. Strategic focus and improved partnership working will ensure relevant services maximise opportunities to improve and influence health.
- To proactively respond to Government legislative changes regarding health and social care and to maximise beneficial partnership and commissioning opportunities.
- To respond to existing and future community health issues, particularly those likely to increase health inequalities.
- To improve and develop Council services that are seen to influence and impact on health and health outcomes.
- With input from and support of key partners such as
  - NHS Norfolk,
  - North Norfolk Community Partnership (NNCP),
  - Norfolk County Council and
  - Third Sector organisations.

By gaining the support and early involvement of these partners, we will enhance and enable innovative multi-agency working to address health needs.

- To be a model and framework of good practice that can be replicated by other second tier local authorities.

- To contribute to the achievement of national and local policies and strategies aimed at improving health and wellbeing and reducing health inequalities.

### Aims

The Council's contribution to local health outcomes and reducing health inequalities will increase through:

- Improved partnership working, particularly with existing partners such as NHS Norfolk and Norfolk County Council and new potential partners such as North Norfolk Practice Based Commissioning Consortium.
- Sharing relevant intelligence and information with partners about specific and potential local health inequality or deprivation issues.
- Focussing the provision of direct services on outcomes that have the greatest health and wellbeing benefits for key groups.
- Facilitating, enabling and supporting communities, community groups and Third Sector organisations to deliver in areas which will improve health and wellbeing.
- Closer engagement with Town and Parish Councils to support, enable and empower them to work with their local communities to improve health and wellbeing.

### Key Strategic Priorities

- The impact that Council services have or can have on health outcomes both directly or indirectly will be identified and maximised.

- Council services will wherever possible align with the relevant aims of key partners whilst focussing on:
  - **Localism of health delivery** – this is a key feature of the NHS Norfolk Strategy and offers increased opportunities for organisations at a local level to work together to improve and achieve health outcomes.
  - **Prevention of ill health and promotion of healthy lifestyles** - this is the key recommendation from the Marmot Review on health inequalities where the Councils can play an active and successful role
  - **Maintaining activity, independence and support for older people** – this priority arises directly from the demography of North Norfolk and, if successful, will have an immediate effect on other health priorities.
- Priorities and actions will be based on sound evidence of need and be outcome focussed. They will be informed by partners’ strategic documents such as Norfolk Action, Living Longer, Living Well, Norfolk Children and Young People’s Plan, NHS Norfolk’s Bold and Ambitious and Joint Strategic Needs Assessment.
- Services will have the flexibility to respond to and be driven by health outcomes.
- Services will support both short and long term outcomes that have health benefits now and in the future. It is recognised that certain interventions will have positive long term effects but that in some areas, the Council must act now to get “ahead of the curve”.

## Strategic Actions

- The Council will ensure its services are targeted proactively to improve physical, mental, economic and social health and wellbeing and to reduce inequalities.
- The Council will be clear about what it can do to influence and improve health and, equally importantly, what it is unable to do. The focus and delivery of some services may change, increase or reduce to ensure the achievement of agreed health outcomes.
- A communication plan for health improvement will be written. This will identify how organisations and the public will be kept up to date about progress on Council health issues, projects and any changes in service delivery. Communication is a two way process so the plan will also explain how organisations and in particular the public can contact the Council about health related service delivery and health outcomes.
- A local health forum for North Norfolk will be established with key partner organisations to work together on agreed local health priorities.
- The Council's strategic commitment to health will be demonstrated in key documents such as the Corporate Plan. This will identify key health priorities, outcomes, activities and actions.
- The contribution that Council services make in the delivery of health outcomes and the reduction of health inequalities will be identified in relevant service strategies and business plans
- The Council will demonstrate through its actions that it is an organisation which delivers on its key health priorities and outcomes.

- Internal health related functions and services will be monitored through the Council's scrutiny role.

### Conclusion

NNDC recognises that it has a key leadership role in health improvement and the reduction of inequalities. This strategy and its associated Action Plan identifies how the Council will work proactively to deliver on health priorities and take the lead in North Norfolk to improve on local health outcomes.

In addition, it is recognised that, initially, whilst it has been developed with partners, the Strategy is that of the Council. However, we fully recognise that we cannot deliver without the engagement of partners and vice versa. We therefore believe that the Strategy should eventually be seen to evolve into a Health Strategy for North Norfolk generally rather than solely for NNDC activities. This could be then owned by all relevant partners. However at this stage, we feel that the Council needs to develop a Strategy that will work alongside others'.

|

## Bibliography

The Health Strategy has been informed by the following documents:

Bold & Ambitious - NHS Norfolk's Strategic Plan 2009 – 2014

Equity and Excellence – Liberating the NHS – Department of Health 2010

Fair Society, Healthy Lives – The Marmot Review 2010

Health Inequalities – Progress and Next Steps – Department of Health 2008

NNDC Healthy Communities Peer Review - I&DeA 2009

Healthy People, Healthy Places – LAAs and Health – I&DeA

Healthy Balance – Audit Commission 2010

Living Longer, Living Well – The Norfolk Older People's Strategy 2009 -2011

Norfolk Action - Norfolk's Local Area Agreement 2008 – 2011

Norfolk Joint Strategic Needs Assessment - NHS Norfolk 2008

North Norfolk Health Profile ERPHO 2010

Strong and Prosperous Communities - Department for Communities and Local Government – 2006

The Social Determinants of Health and the Role of Local Government – I&DeA 2010

Valuing Health: developing a business case for health improvement – I&DeA 2009

## Health Strategy Action Plan

2010 - 2011

### Corporate

	Action	Timescale	Lead Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Leadership</u>	Health to be identified as a priority in strategic Council documents.	April 2011	Strategic Director Environment (SDE)	Demonstrate Council's corporate commitment to health		
	Training for Councillors and key staff on Council's role in health.	December 2010	SDE/Health Improvement Officer (HIO)	Increased knowledge of health responsibilities and local health and inequality issues		
	Induction programme for new Councillors and staff to include health role.	May 2011	HIO / Democratic Services			

	Action	Timescale	Lead Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Community Engagement</u>	Community Engagement Strategy to inform practice when consulting with local communities	December 2010	HIO	Wider, more effective and representative engagement with communities		
	Existing community services and activities to be used to engage and consult with local communities re health.	December 2010	HIO	Community input will be used to effectively and efficiently target services and resources		
	Communication plan for health improvement will be written. This will identify how organisations and the public will be kept up to date about progress on Council health outcomes, projects and any changes in service delivery.	December 2010	HIO/ Communications Service	Improve information and communication between Communities, Council and partner organisations		

	Action	Timescale	Lead Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Partnerships</u>	NNDC to have increased representation or input into relevant strategic county and local health groups.	April 2011	SDE / HIO	Improved partnership working and raised awareness of contribution NNDC can have to health outcomes. Specifically, to contribute to emerging Health and Wellbeing Board		
	Proactively work at all levels with partners to achieve key strategic objectives.	Ongoing	SDE/HIO	Improved health outcomes and reduced inequalities		
	Promote NNDC's role in contributing to or delivering services to meet other partners' objectives.	Ongoing	SDE / HIO	Increased partnership working, improved health outcomes and reduced inequalities		

	Action	Timescale	Lead Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Inequalities</u>	<p>Data and information from key documents, partners and communities will direct services and actions to improve health outcomes and reduce health inequalities.</p> <p>The level of intervention, service and support will reflect geographical, population and community needs</p>	Ongoing	HIO	<p>Improved health outcomes and reduced inequalities across North Norfolk.</p> <p>Additional focus on geographical communities or groups with increased inequalities.</p>		
<u>Performance</u>	Relevant Service Business Plan/s to identify and implement actions to improve health outcomes and reduce inequalities. Monitored through TENS System	May 2011	Service Managers	Monitor Corporate and Services performance on health outcomes.		

	Action	Timescale	Lead Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Performance cont'd</u>	Scrutiny function to be used to monitor Health Strategy Action Plan.	Ongoing	HIO / Democratic Services	Cross party committee to monitor and improve policy and practice		

### **Key Strategic Priorities**

	Action	Timescale	Lead Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Localism of health delivery</u>	Multi agency Health Forum to be set up with key local partners to agree shared priorities. Forum will link into NNCP Quality of Life group through to NNCP Board. Partners to include NNDC, NNPBC, NHS Norfolk, Age UK, Mental Health Trust, Norfolk County Council.	November 2010	HIO	Multi agency Forum to focus on improving health outcomes and reducing inequalities in North Norfolk  Increased partnership working.  Shared knowledge and practice		

	Action	Timescale	Lead Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Prevention of ill health and promotion of healthy lifestyles</u> <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Smoking</li> <li>• Alcohol</li> <li>• Physical activity</li> <li>• Sport</li> <li>• Healthy Eating</li> <li>• Long term health conditions</li> <li>• Sexual Health</li> <li>• Disability</li> <li>• Mental Health</li> </ul>	Data to be gathered from relevant services on their current contribution to this priority. This will be assessed and compared to priorities from the Health Forum and relevant health and inequalities issues identified from documents such as North Norfolk Health Profile	November 2010	Service Managers / Health Forum	<p>Improve health outcomes / reduce inequalities for residents in North Norfolk.</p> <p>Council proactively leading on health improvement in North Norfolk.</p>	LAA 1.5 LAA 3.3 LAA 3.4 LAA 3.6 LAA 5.1 LAA 5.2 LAA 5.7 LAA 6.1 LAA 6.3 LAA 6.9 LAA 6.11 LAA 6.12 LAA 8.1 LAA 8.2 LAA 8.5 LAA 8.6 LAA 8.8 LAA 8.9	NI 175 NI 187* NI 1* NI 4 NI 18 NI 21* NI 115 NI 8* NI 39 NI 55 NI 56 NI 121* NI 123 NI 119* NI 120* NI 122* NI 137* NI 184*

	Action	Timescale	Lead Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Prevention of ill health and promotion of healthy lifestyles</u> cont'd	Agreed targets for services will be set to improve outcomes for this priority. This will include baseline data, actions, performance indicators, milestones, measurable outputs and outcomes.	February 2011	Service Managers	Effective and efficient use of resources.  Evidence based impact of health interventions		
	NNDC to raise focus of Fit for Business - workplace health initiative	May 2011	Fit For Business Team	Council supporting staff to improve health and wellbeing		
	At least one new multi agency project based on priorities identified by the Health Forum and endorsed by NNCP Board to be set up to contribute to this priority. Eg. Grow your own / healthy eating.	First project by April 2011	Health Forum	Project meeting area(s) of expressed or identified need or gap in service provision.  Demonstration of effectiveness of partnership working		NI 175 NI 187

	Action	Timescale	Lead Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Maintaining activity / independence / support for older people</u> <ul style="list-style-type: none"> <li>• Leisure / Activities</li> <li>• Social isolation</li> <li>• Home support</li> <li>• Financial support</li> <li>• Access</li> <li>• Information</li> <li>• Safety</li> <li>• Fit / healthy</li> </ul>	<p>Data to be gathered from relevant services on their current contribution to this priority. This will be assessed and compared to relevant known need, health and inequality issues from documents such as North Norfolk Health Profile and Health Forum priorities.</p>	November 2010	Service Managers / Health Forum	<p>Older people supported to live independently at home.</p> <p>Identification of current service provision and activity</p>	<p>LAA 1.5 LAA 3.3 LAA 3.4 LAA 3.6 LAA 5.7 LAA 6.3 LAA 6.11 LAA 6.12 LAA 7.7 LAA 8.1 LAA 8.10</p>	<p>NI 21* NI 139* NI 8* NI 119* NI120* NI122* NI137*</p>
	<p>Agreed targets for services will be set to improve outcomes to include baseline data, actions, performance indicators, milestones, measurable outputs and outcomes.</p>	February 2011	Service Managers	<p>Effective and efficient use of resources.</p> <p>Evidence based impact of health interventions</p>		

	Action	Timescale	Lead Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
	<p>At least one new internal or multi agency project based on priorities identified by the Health Forum and endorsed by NNCP Board will be set up to contribute to this priority.</p> <p>E.g Information pack on Council or partner agencies initiatives which support this priority such as benefits, leisure, housing, handyman services to be given to people when they apply for or renew a bus pass.</p>	<p>First project by April 2011</p>	<p>Health Forum</p>	<p>Project meeting area(s) of expressed or identified need or gap in service provision.</p> <p>Demonstrate impact of partnership working on health outcomes</p>		

## Services

	Action	Timescale	Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Environmental Health</u> <ul style="list-style-type: none"> <li>• Commercial</li> <li>• Environmental protection</li> <li>• Leisure and Culture</li> <li>• Licensing</li> </ul>	<p>Services to map current provision against Key Strategic Priorities identifying existing provision, outputs, outcomes and Performance Indicators.</p> <p>Based on priorities agreed with Health Forum additional or refocused actions / targets for services will be agreed.</p>	<p>November 2010</p> <p>February 2011</p>	<p>Service Managers</p> <p>Service Managers</p>	<p>Raise profile amongst officers of services contribution towards health</p> <p>Identification of current activity against Key Strategic Objectives.</p> <p>Services meeting area(s) of expressed or identified need or gap in service provision. Increased action on health outcomes and inequalities</p>	<p>LAA 5.5</p> <p>LAA 5.7</p> <p>LAA 6.9</p> <p>LAA 8.1</p> <p>LAA 8.2</p> <p>LAA 8.5</p> <p>LAA 8.6</p> <p>LAA 8.8</p> <p>LAA 8.9</p>	<p>NI 8</p> <p>NI 39 (county)</p> <p>NI 55 (county)</p> <p>NI 56 (county)</p> <p>NI 110 (county)</p> <p>NI 115 (county)</p> <p>NI 121 (county)</p> <p>NI 123 (county)</p> <p>NI 184</p>

	Action	Timescale	Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Supporting Communities</u> <ul style="list-style-type: none"> <li>• Health</li> <li>• Community Safety</li> <li>• NNCP</li> <li>• Community Development</li> <li>• Community Liaison</li> <li>• Voluntary Norfolk</li> </ul>	<p>Services to map current provision against Key Strategic Priorities identifying existing provision, outputs, outcomes and performance indicators.</p>	November 2010	Service Managers	<p>Raise profile amongst officers of service contribution towards health</p>	<p>LAA 5.1 LAA 5.2 LAA 5.5 LAA 6.1 LAA 6.3</p>	<p>NI 1 NI 4 NI 21 NI 27 NI 55</p>
	<p>Based on priorities agreed with Health Forum additional or refocused actions / targets for services will be agreed.</p>	February 2011	Service Managers	<p>Identification of current activity against Key Strategic Objectives.</p> <p>Services meeting area(s) of expressed or identified need or gap in service provision.</p> <p>Increased action on health outcomes and inequalities</p>	<p>LAA 6.11 LAA 6.12 LAA 8.5 LAA 8.6 LAA 8.8 LAA 8.9 LAA 8.10</p>	<p>(county) NI 56 (county) NI 119 NI 120 NI 121 NI 122 NI 123 (county) NI 137</p>

	Action	Timescale	Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Strategic Housing</u> <ul style="list-style-type: none"> <li>• Housing Support</li> <li>• Aids and adaptations</li> <li>• Home Improvement Agency</li> </ul>	Strategic Housing strategy and action plan will reflect the priorities of the health strategy	November 2010	Service Managers	Raise profile amongst officers of services contribution towards health	LAA 3.1 LAA 3.2 LAA 3.3 LAA 3.4 LAA 3.6 LAA 7.7	NI 139 NI 141 NI 142 (county) NI 187
	Provision of Housing Options advice, homelessness prevention, homelessness management and provision of temporary accommodation.	February 2011	Service Managers	Identification of current activity against Key Strategic Objectives.  Services meeting area(s) of expressed or identified need or gap in service provision.		
	Support to homeowners to maintain and improve their homes to the Decent Homes Standard and alleviate fuel poverty.			Supported housing and housing related support to promote and maintain independent living.		
	Enforcement of housing standards in line with Housing Health and Safety Rating System			Meeting housing need and provision of affordable housing.		
	Licensing of Houses in Multiple Occupation			Increased action on health outcomes and inequalities		

	Action	Timescale	Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Revenue and Benefit</u> • Help and Advice Team	Services to map current provision against Key Strategic Priorities identifying existing provision, outputs, outcomes and performance indicators.	November 2010	Service Managers	Raise profile amongst officers of services contribution towards health  Identification of current activity against Key Strategic Objectives.		NI 181
	Based on priorities agreed with Health Forum additional or refocused actions / targets for Services will be agreed.	February 2011	Service Mangers	Services meeting area(s) of expressed or identified need or gap in service provision.  Increased action on health outcomes and inequalities		

	Action	Timescale	Responsibility	Outcome	Local Area Agreement (LAA) target	National Indicator (N.I)
<u>Planning and Design</u>  Planning Policy	Raise awareness of the impact planning policy has on health	November 2010	Service Managers	Raise profile amongst officers of services contribution towards health	LAA 1.5	NI 175 (county)
	Ensure compliance with adopted Core Strategy and make explicit links between Core Strategy objectives and the Health Strategy in providing policy advice on significant planning applications.	February 2011	Service Managers	Ensures that the wider determinants of health are considered as part of the planning process  Planning decisions to contribute towards health improvement and reduce inequalities		

Local Area Agreement (LAA) and National Indicator (N.I) Definitions

NI \* - reported at District level

<b>Service</b>	<b>LAA / NI</b>	<b>Definition</b>
Environmental Health ( EH)	LAA 1.5 / NI 175	Access to services and facilities by public transport, walking and cycling (PD)
Supporting Communities (SC)	LAA 3.1	Net additional homes provided (SH)
	LAA 3.2	Number of affordable homes delivered (SH)
Strategic Housing (SH)	LAA 3.3 / NI 187*	Tackling fuel poverty (SH)
Revenues and Benefits (RB)	LAA 3.4	Decent homes in Private Sector (SH)
	LAA 3.5	Homelessness measure (SH)
Planning and Design (PD)	LAA 3.6	Housing adaptation measure (SH)
	LAA 5.1 NI 1*	Percentage of people who believe people from different backgrounds get on well together in their local area (SC)
	LAA 5.2 NI	Percentage of people who feel they can influence decisions in their locality (SC)
	LAA 5.5 NI 110	Young people's engagement in positive activities ( EH, SC)
	LAA 5.7	Participation in cultural activities (EH)
	LAA 6.1 NI 18	Adults re offending rates for those under Probation supervision (SC)
	LAA 6.3 NI 21*	Dealing with local concerns about anti social behaviour and crime issues by the local council and police (SC)
	LAA 6.9 / NI 115	Substance misuse by young people (EH)
	LAA 6.11	Reduction in overall crime (SC)
	LAA 6.12	Safeguards against poor treatment of vulnerable adults (SC)

	LAA 7.7 (NI 139*)	Number of vulnerable people supported to maintain independent living (SH)
	LAA 8.1 / NI 8*	Adult participation in sport and active recreation (EH)

Service	LAA / NI	Definition
---------	----------	------------

LAA 8.2 / NI 39	Alcohol harm related admission rates (EH)
LAA 8.5 / NI 55	Obesity amongst primary school aged children in reception Year (EH, SC)
LAA 8.6 / NI 56	Obesity amongst primary school aged children in Year 6 (EH, SC)
LAA 8.8 / NI 121*	Mortality rate from all circulatory diseases at ages under 75 (EH, SC)
LAA 8.9 / NI 123	Reducing 16+ current smoking rate prevalence (EH, SC)
LAA 8.10	Mental Health of adults and older people (SC)
NI 119*	Self reported measure of people's overall health and wellbeing (SC)
NI 120*	All age all cause mortality rate (SC)
NI 122*	Mortality rate from all cancers at all ages under 75 (SC)
NI 141	Percentage of vulnerable people achieving independent living (SH)
NI 137*	Healthy life expectancy at age 65 ( SC)
NI 184	Food establishments in the area broadly compliant with food hygiene law