



SCRUTINY COMMITTEE

16:30 to 19:15

19 October 2017

Present: Councillors Wright (chair), Brociek-Coulton (vice chair) Bogelein, Button (substitute for Bremner), Driver (substitute for Manning) Grahame, Haynes, Jones (B), Malik, Packer and Thomas (Va)

Apologies: Councillors Bradford, Bremner, Coleshill and Manning

Also present: Nadia Jones, Norfolk County Council, public health, Rachel Hunt, Norwich Clinical Commissioning Group, Stephen Hulme, Active Norfolk Mary Fisher, Making It Real

1. Declarations of interest

There were no declarations of interest.

2. Public questions/petitions

The following public question was received from Richard Bearman:

“On page thirty nine, the report refers to access to green spaces as important for both physical and mental health and well being. Introducing regular (thirty minutes a day) physical activity is the recommended minimum by Healthy Norwich. What are the city council and Norwich Clinical Commissioning Group doing to make access to all green spaces easier by cycling or walking?”

The chair gave the following response:

"In November 2014 this committee undertook a piece of work entitled 'street scene and road safety overview' and as part of that inquiry took evidence from Norfolk County Council and the Norwich Clinical Commissioning Group. Part of that submission related to encouragement of healthy and sustainable transport modes such as walking and cycling by the introduction of 20mph zones.

At the meeting Doctor Augustine Pereira from Norfolk County Council presented a report and outlined the key findings of the research into the efficacy of 20mph speed limits in reducing fatalities and the benefits of 20mph speed limit zones. He also referred to the “softer outcomes” of 20mph zones which included making it safer to walk and for interaction between neighbours. Doctor Chis Price from the Norwich Clinical Commissioning Group added that walking to schools strengthened communities and encouraged exercise as part of life.

The rollout of 20mph zones continues across the city, with initial feedback that I have suggesting that pedestrians feel safer walking around, and as a consequence are more likely to walk.

In addition, the ‘Pushing Ahead’ initiative is a Department for Transport funded project of £1.6m over three years, delivered by Norfolk County Council and Active Norfolk in partnership with Norwich City Council and Great Yarmouth Borough Council. The primary aim of the fund is to reduce single occupancy car journeys by encouraging modal shift to cycling and walking. The project will aim to do this through various methods, primarily targeting workplaces, communities and schools with a combination of training, awareness raising and events.

It is hoped that if this project is successful then more people in Norwich will be cycling and walking, the knock on effect of which will be more local journeys by bike or on foot, be it to work, the shops or the park etc.

The development of the pedalway network – again something that this committee has previously addressed – had the aim of opening up further opportunities to access open space. The pink pedalway improved cycling and walking access to Mousehold Heath with the opening up of a new facility between Heathgate and Gurney Road and the surface and lighting improvements on the link between Gurney Road and Valley Drive. It also improved the access to Chapelfield Gardens. As part of the implementation of the yellow pedalway a route across Pointers Field was created which as well as giving access to the open space, provides a convenient walking and cycling route between Aylsham Road and Angel Road.

Looking forward the city and county council have recently been successful in securing a grant from the Department for Transport to produce a Local Cycling and Walking Investment Plan which will look to identify where the gaps are in the walking and cycling network and identify key areas for investment.

While this is not specifically targeted at access to open spaces, the resulting improvements should see greater access to the wide range of open spaces throughout our city.”

Richard Bearman asked the following supplementary question:

“Cycling enhancements can be made at low cost across the network of council owned community centres; for example the cycle parking at Eaton Park community centre is not to modern Sheffield standard?”

The chair replied that additional cycle parking at Eaton Park would be included as part of the upgrade work undertaken on the tennis courts.

3. Health inequality in Norwich

The chair took this item first.

The strategy manager presented the report. He thanked the speakers for attending to give context to the information within the report.

He said that access to GPs was only one of the factors that affected an individual's health outcomes. He drew member's attention to the map showing the spread of deprivation within Norwich on page 36 of the agenda pack.

Nadia Jones, Norfolk County Council public health, presented to the committee. She gave an overview of public health statistics. She said that many public health staff had a medical background but they were mostly looking at preventative measures and the promotion of wellbeing with immunisation being a good example of this work. She highlighted the work being undertaken in conjunction with other district authorities around wider health inequalities and said that healthy choices and lifestyle had a great impact on health inequality.

A public health profile was being pulled together which aimed to rank factors across local authorities. Child poverty had a huge impact as well as attainment of GCSEs. Norwich was ranked ninth worst for GCSE attainment and pupil absence was also high. Other notable factors included statutory homelessness for vulnerable people, fuel poverty, hospital admissions for deliberate injuries and high smoking rates.

A member asked whether any work had been undertaken with regards to ease of access to alcohol. It was noted that data around alcohol licensing would be the remit of the city council and not public health.

Members discussed suicide rates and the breakdown of age and gender, with three quarters of suicides in Norfolk being men in their fifties. Data was gathered by the coroner's office and was available online.

Employment was also a factor in health inequality with those who earn higher salaries in Norwich tending to live outside of the city. This meant that meaningful employment was lower. Mary Fisher added that the disabled community was less likely to have any kind of employment which meant that they had less money to spend on healthy living.

Rachel Hunt, Clinical Commissioning Group (CCG) gave an overview of the work of Health Norwich. She said that it was a programme of work to acknowledge Norwich as a World Health Organisation healthy city on the worldwide stage.

Three key areas had been identified to add value to; smoking cessation, healthy weight and lifestyle and affordable warmth. Primary children were being encouraged to take part in the 'daily mile' – running one mile a day to instil healthy behaviour.

A member commented that school run traffic was a key factor in healthy behaviours and that parents should be encouraged to stop driving children to school. Members also discussed the measures being taken to reduce sugar intake with Anglian Water

producing a short animation for schools to show the risks of consuming too much sugar.

Work was also being undertaken by the CCG around breastfeeding with champions identified to raise awareness of the importance of maintaining breastfeeding and creating a breastfeeding culture. A member commented that more work was needed with regards to promoting this to new mothers and those supporting them. Rachel Hunt said that information was being provided to new mothers on combination feeding and also wider information around breastfeeding.

In response to a member's question, Rachel Hunt said that preventing ill health was achieved by equipping young people with the skills they need to live a healthy lifestyle. Grants had been awarded to schools to fund 'grow your own' programmes as well as other activities within the community such as the 'Good Gym'. Ensuring that young children were being as active as possible was vital to preventing a diabetes and obesity crisis. Social prescribing was also being piloted in two GP surgeries which would inform how this was rolled out across Norwich.

(Rachel Hunt left the meeting at this point)

The chair introduced Mary Fisher, representative of Making it Real. She explained that Making it Real was a partnership between those who use and those who design services. She had asked service users whether they felt they experienced health inequality and what Norwich City Council could do about this.

Housing was the biggest issue as some properties were not sufficiently accessible. For those with disabilities requiring carers, carers were not able to afford their own properties. She suggested that the council could build affordable housing for care workers to live in. Access to toilet facilities for those with complex needs was also an issue to allow these service users to attend events, go shopping or visit a GP. She suggested that the council could work with those who use services when designing new schemes. She added that businesses needed to be encouraged to take on those with disabilities.

Members were pleased to note the imminent opening of an adult changing place in the Chapelfield shopping centre as there was currently only one in the city.

The chair thanked Mary Fisher for her participation in the meeting after which she left

The chair invited Stephen Hulme, strategic lead for physical activity for Active Norfolk to address the committee. Stephen explained that aims of the sector were to advocate the importance of physical activity, increase participation, improve health by decreasing inactivity and look to improve communities through sport and physical activity.

The benefits of physical activity were underestimated as he said that it reduced the risk of many diseases and conditions, could aid recovery of conditions such as heart disease and type 2 diabetes, led to a reduction in falls by improving mobility and could improve mental health and resilience.

Stephen said that a locality approach had been taken to understand how Active Norfolk could contribute to the wellbeing of residents in different areas. Data relevant to physical activity had been reviewed, including factors such as instances of disease and anti-social behaviour. Where there was a high prevalence of these factors, the mapping exercise aided with understanding these geographically and thematically. Four priorities had been identified in areas that the greatest contribution could be made, which were healthy weight, anti-social behaviour, access to skills and employability. Where a need was identified, a service audit was undertaken to investigate how to attract investment to fill service gaps. Organisations with an interest in health outcomes could also be involved in projects.

A programme called 'Man vs Fat' had been set up as weight loss programmes weren't often targeted at men. The programme worked with football clubs at a national level and was postcode restricted to ensure those most at need could benefit from it.

A member asked if any broader work was being undertaken that wasn't geographically restricted. Stephen Hulme said that Active Norfolk was trying to offer activities outside of the usual avenues. A pilot was being worked on through primary care on a physical education pathway. This would be expanded if positive results were achieved.

In response to a member's question, the director of customers and culture said that Norwich City Council had a sports development team which worked with Active Norfolk and the neighbourhood team. This was a good example of partnership working around health outcomes.

Members discussed the mapping of community resources and ensuring that these were accessible to all. The director of communications and culture said that this was a piece of work being undertaken as part of the work on the Digital Sharing Platform and was about linking the resources so they could be easily found.

RESOLVED

- (1) To ask the chair of scrutiny to liaise with the leader of the council around progressing accessibility charter and to acknowledge all recommendations from June scrutiny committee meeting on city access
- (2) To ensure provision of web information linked across organisations
- (3) To ensure health and wellbeing is taken into consideration when the review of parks and open spaces takes place
- (4) To scrutinise the river Wensum strategy to ensure health inequality actions are considered
- (5) To scrutinise the social value and procurement framework as part of next year's work programme; and

- (6) For the strategy manager to feedback to members regarding the significantly negative outliers for Norwich from the Public Health Outcomes Framework

4. Minutes

RESOLVED to agree the minutes of the meeting held on 21 September 2017.

5. Scrutiny committee work programme 2016 -17

Members discussed the item on access to justice and whether scrutiny of the topic should take place over two meetings, November and December.

It was suggested that this could be added to the December meeting if the items on equality information and performance indicators could have questions in advance of the meeting and a written report be submitted by the representative on the meeting of the Norfolk Health Overview and Scrutiny Committee.

RESOLVED to include access to justice in the December meeting of the scrutiny committee.

CHAIR