

MINUTES

SCRUTINY COMMITTEE

16:30 to 19:15

8 November 2012

- Present: Cllrs Stephenson (Chair), Bradford, Brimblecombe, Button, Galvin, Grenville, Lubbock, Manning, Sands (M), Stonard, Storie, Howard
- Apologies: Cllr Gee

1. MINUTES

RESOLVED to approve the accuracy of the minutes of the meeting held on 11 October 2012.

2. WORK PROGRAMME

Members considered and noted the committee's work programme and the forward agenda.

In reference to the street and gully cleaning item on the recommendation and request tracker, it was mentioned that the neighbourhood manager hoped to be able to arrange a walkabout in Gladstone Street and meeting for early in the New Year.

2. Q2 PERFORMANCE AND BUDGET MONITORING

Phil Shreeve, Policy and performance manager, introduced the report.

In response to a question, the Deputy chief executive (operations) explained that the affordable housing policy is based around viability and each variation from policy is treated on merit.

A question was asked of the figure given at VMS5 and whether the actual figure given is inflated by one or two particularly bad cases disproportionately inflating the total. It was confirmed that this is the case but that improvements have been achieved since the publishing of the figures and that the oldest case that had not been worked on was now dated 26 September.

Members also requested further information regarding the levels of avoidable contact and what issues were most commonly leading to contact.

RESOLVED that:-

- a) the Q2 report data be noted; and
- b) officers gather together and circulate to members the information requested regarding avoidable contact.

4. DEPRIVATION, INEQUALITY AND WELFARE ISSUES (FOOD BANK FOLLOW UP)

Rachael Metson, Partnerships Manager, introduced the report. A presentation was then given by Dr Augustine Pereira that set out the policy context of the Marmot Review 2010, which identified wider social determinants of health, and applied this to the data analysis evidencing specific health inequalities in Norwich.

In answer to a member question, Dr Pereira confirmed that the statistics used did take into account industrial accidents.

Another member raised the significance of Norwich joining the World Health Organisation UK Healthy City Network. Rachael Metson explained that membership is not about achieving any particular health status- good or bad, but it demonstrated a joint commitment to work together to improve the health outcomes for people in Norwich. Dr Pereira added that the 'Healthy Cities' programme would present great opportunities to learn from other cities across the world and encourage multi-agency integration. For greater Norwich it means a formal commitment has been made to embed health and health equity in all local policies made for the future of the greater Norwich area Discussion ensued in which it was agreed that both short term goals (e.g. cutting the rate of smokers) and long term goals (e.g. improved life expectancy) could be achieved. It was also established that four key elements will contribute to success – making best use of total resource; agree common objectives when target setting; ensure best return from any investments; make certain that clinicians and practices are signed up and committed to the 'Healthy Cities' programme'.

Dr Pereira then explained that a proportion of the budget would be specifically ring-fenced for health improvement work to encourage a virtuous circle where funding is channelled to prevention rather than healing.

During discussion, the role of early years education as an important factor in breaking the deprivation and ill health cycle was raised. It was explained that the county council are engaged in the Norwich Healthy City programme both through the Norwich Locality Board and directly working with the city council and health colleagues.

In answer to a member question, Rachael Metson confirmed the commitment to involve communities at a local level in the development of health improvement activity. She outlined how the city council and health colleagues had recently achieved this in establishing community based evidence and a list of community led projects and interventions as part of a Big Lottery application.

Discussion around work being carried out by Norwich City Council then took place, and it was emphasised that the provision of a living wage and projects such as the 'Big Switch' could help address debt issues which in turn could impact upon mental health, healthier food choices, heating homes, etc.

It was then suggested that the scrutiny committee should be involved in the development of a 'social barometer' as a means to measure success, currently being scoped by public health city and county council officers.

RESOLVED :-

1) to note :-

- a) that Healthy City work programme was being developed collaboratively across responsible agencies and supported the 'totality of resource' approach with partners.
- b) The findings of Marmot and the report/presentation and to the desire to keep the issue of inequality and deprivation at the top of the agenda.

2) to recommend that :-

- a) the council develops a scheme of accreditation with employers in the City who sign up to 'a living wage';
- b) existing and future opportunities for community gardening projects that grow healthy food but can also reduce social isolation and improve health outcomes, be considered;
- c) scrutiny committee has an opportunity to input into the development of the social barometer;
- d) as part of the scrutiny review of community centres, the council is to explore the use of centres in the delivery of community based health and wellbeing projects with partners - such as working with the county council in linking in with the early years project. Also to consult with the Clinical Commissioning Group regarding the task & finish group – 'community space' findings;
- e) within the Healthy City Programme the council continues to look at how it can support with partners evidence based solutions to address health inequalities in Norwich
- f) officers to look at how the scrutiny committee can scrutinise the Norwich 'Healthy City' programme as it develops and in the longer term

CHAIR