

**Norwich City Council**  
**SCRUTINY COMMITTEE**

## **Item 6**

**REPORT for meeting to be held on 20 March 2014**

### **Healthy city**

**Purpose** Overview of the progress being made between partners and the council and consideration of possible further scrutiny options

**Conclusion** As outlined in the report, rather than focussing on 'measures' that are designed to deliver in the long term, it might be better for the committee to look at 'specific actions' designed to have a long term impact and possibly the evidence base for undertaking those activities.

If members request future scrutiny work programme items as a result of this discussion, there will be an opportunity to include them, on the future work programme of the committee at the annual scrutiny work programme setting meeting, after the local elections.

**Recommendations** that the scrutiny committee;

- a) Indicate if there are possible issues for scrutiny that may be scoped and considered for inclusion to the 2014 - 2015 scrutiny committee work programme.

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## Background

1. [Cabinet](#) agreed on 11 July 2012 to sign the Zagreb Declaration and to make an application to join the UK Healthy Cities Network.
2. Key to the network is a commitment to promote health rather than necessarily being able to point to specific health indicators within an area. As the Cabinet report stated:

*A healthy city is not one that has achieved a particular health status. A healthy city is defined by a process, not an outcome. It is conscious of health and striving to improve it. Thus any city can be a healthy city, regardless of its current health status. The requirements are:*

- *a commitment to health and*
  - *a process and structure to achieve it.*
3. The report outlined some of the health challenges and inequalities within Norwich and a further detailed report was discussed at [Scrutiny](#) on 8 November 2012.
  4. The support for and work to achieve this status and use it as a vehicle to tackle health problems and the underlying determinants of health were fully supported by the NHS Norwich Clinical Commissioning Group and led to the establishment of "[Healthy Norwich](#)" as a banner beneath which to organise activities co-ordinate work and resources. This was formally launched on 14 November 2013.

## Joint working arrangements

5. Following acceptance into the Network a Healthy Norwich steering group was established comprising staff from NHS Norwich CCG, Public Health and the city council. This group aims to meet every quarter with regular feedback into the [Norwich Locality Board](#)
6. Necessarily each of the bodies within both the steering group and wider Locality Board has their own organisational priorities and financial constraints. The principle wherever possible is to join up work and activity to support shared objectives without having to ignore individual priorities. Therefore whilst groups will come together to share work and communications, leads in different areas will vary and differing amounts of support offered on a case by case basis

7. Some examples demonstrate this approach:

- The council was invited to bid for funds to support an “Ageing Better” programme funded by the Big Lottery. Agreement to support and back the bid was given by the HN steering group. We then worked up and supported a process to enable a voluntary sector body to take over the design of the bid (submission of which is due soon) with reports back into the Locality Board supported by data, contacts and information across a range of partners
- Both the “Cycle Ambition” and “Walk To...” bids to attract funding and boost physical activity were supported by NHS Norwich CCG (and other partners) and this approach helps support successful bids and can help co-ordinate promotion and linkage of services
- Some monies from second homes were distributed to district councils from the Norfolk Health and Well Being Board to support local health improvement works. The Locality Board has agreed some broad principles to support work around self harm as an identified issue locally. The city council is working jointly with NHS Norwich CCG to commission some voluntary sector led support
- A recent Locality Board event to look at priorities for future joint action across agencies had “Healthy Residents” as a key theme and is likely to form an important part of future co-ordinated activity

## Key themes

8. Seven broad themes have been identified as an initial focus for the Healthy Norwich Programme:

- 1) **Physical activity** – improving awareness of the benefits of an active lifestyle, and improving access to activities in the city.
- 2) **Diet, nutrition, and healthy weight** – supporting people to make healthier food choices, and providing services to people seeking to achieve a healthy weight.
- 3) **Education, training, and employment** – recognising that the socio economic status of individuals impacts upon health and wellbeing; seeking to reduce the numbers not in education, training, and employment and promote the “living wage” for those in employment ; working with the education and employment sectors to raise awareness of health issues, and reduce sickness absence.
- 4) **Sexual health** – promoting safe sex, providing local and confidential sexual health services, and reducing sexually transmitted diseases and unintended pregnancies.

- 5) **Smoking, alcohol, and drug misuse** – helping people to stop smoking through the provision of local smoking cessation services, and reducing drug and alcohol misuse.
  - 6) **Health screening and prevention** – improving access to screening opportunities, and encouraging people at risk of future ill-health to participate in regular health screening.
  - 7) **A healthy urban environment** – making health and wellbeing a key consideration in urban planning, housing, and transport for the city.
9. These themes underpin the NHS Norwich CCG [Health and Well Being Strategy](#) and serve as a series of topics to plan HN activity.

### Initial progress

10. As detailed above not all partners could or should take the lead or contribute to every one of these themes in equal measure. Consequently success needs to be considered looking across activities of many organisations. Long term improved health outcomes may of course take many years to become apparent. However taking action now based upon evidence which shows delivery of long term improvements can be tracked
11. Some examples of work delivered under the Healthy Norwich “brand” include:
  - No Smoking activity and messages (“Stoptober” in October 2013)
  - Joint work on sales of super strength alcohol
  - Action taken by individuals or firms and organisations on “pledges” signed at the HN launch
  - Initial trial of £66,000 CCG-funded grants to local organisations meeting one or more of the seven key themes
  - Cycling and walking initiatives
12. Details of this funding along with the CCG’s own evaluation and progress of the project can be found in [the paper to their own governing body](#) in November 2013
13. Some of this work will be evaluated by the steering group over coming months to assess impact and future viability

## Future work

- 14 Some future plans include:
- Sponsorship of the corporate games to encourage physical activity in the workplace
  - Further work around smoking and alcohol and the night time economy
  - Additional support around walking and cycling, linked to the capital projects
  - Joint commissioning of work around self-harm
- 15 A recent steering group recognised the need to look to build projects on, for example, sexual health, screening and affordable warmth and decent housing (especially in the private sector)

## Opportunities for Scrutiny

- 16 There is already a [Health Overview and Scrutiny Committee](#) at Norfolk County Council, to which this Scrutiny sends a representative. Consequently there may be opportunities to consider the work done there as it impacts Norwich whilst avoiding duplication. It is there, for example, where scrutiny of the county Health and Well Being Strategy may take place along with broader strategic decision making
- 17 Scrutiny may want to consider if they wish to do further work on activities primarily delivered by the city council, primarily by other health partners or jointly? That decision may then affect the themes which could be considered, taking for example the seven key themes of the Programme as a starting point. Therefore if primary interest were in sexual health or screening then the focus of activity would be upon work done by Public Health and the CCG for example. If it were physical health it may be a combination of city and county council activity along with, perhaps, Active Norfolk and some CCG input
- 18 Given the time taken to impact long term health improvements it may be unrealistic to focus solely on measures such as improving life expectancy or reducing inequality between income levels. Scrutiny would therefore perhaps be better to look at specific actions designed to make a long term impact and possibly the evidence base for undertaking those activities
- 19 Ultimately any further work will need to be agreed by Scrutiny at its work programme setting after the local elections in May. Any recommendations here could be fed into that wider discussion in three months' time